

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes</b>												
<b>Alaska Pioneer Homes Management</b>												
FY2006 Fund Change Federal to InterAgency Receipts for Project Coordinator	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>PCN #06-0610 Project Coordinator is partially funded with federal receipts. The federal receipts will not be paid directly to the division, but will come to the division as inter-agency receipts from the Division of Senior and Disabilities Services within the department.</i>												
1002 Fed Rcpts (Fed)		-69.2										
1007 I/A Rcpts (Other)		69.2										
FY2006 Increase Interim Assistance Screening Program from Division of Public Assistance	Inc	38.5	28.5	0.0	0.0	10.0	0.0	0.0	0.0	0	0	0
<i>Increment to budget previously unbudgeted RSA: The Interim Assistance Screening Program, where staff from the AK Pioneer Homes provide the medical screening for APA-Interim Assistance clients when waiting for SSI determination, has been an unqualified success.</i>												
<i>In FY04 the Division of Public Assistance initiated a series of cost saving measures to reduce the upward trend in Interim Assistance costs. These cost saving strategies lowered Interim Assistance costs in FY04 to \$4,300.0 compared to \$4,700.0 for FY03. In FY05, APA increases in Interim Assistance are projected to be reduced from \$4,300.0 to \$3,600.0. The requested increment fully funds the AK Pioneer Homes' portion of the program.</i>												
1007 I/A Rcpts (Other)		38.5										
FY2006 AMD: Increment to Administer the SeniorCare Program for Six Months	Inc	71.4	32.5	0.0	38.8	0.1	0.0	0.0	0.0	0	0	0
<i>The SeniorCare Program expires January 1, 2006 unless extended by the legislature. The FY 2006 budget only included \$10.1 to administer this program for its final six months. This amendment increases this amount to the estimated costs required to administer the program through its closeout. The fiscal note prepared for this bill last session was in error and did not include all of the costs for six months of operations.</i>												
<i>The SeniorCare program is handled completely by a Senior Services Technician and one student intern. They work exclusively with the program to determine eligibility and process applications for payment. The Division does not have the resources to cover the personal services, warrant stock, postage, envelopes, etc. if this request is not funded.</i>												
<i>Expenditure Breakdown:</i>												
<i>The personal services increment funds a senior services technician and a student intern. These positions work exclusively with the program to determine eligibility, process applications, issue the warrants, maintain records and respond to inquiries. (\$37.7 less the \$5.2 amount included in the Governor's original budget)</i>												
<i>The contractual increment funds system maintenance for six months, postage, warrant stock and mailroom and computer services chargebacks. (\$42.8 less \$4.0 already budgeted)</i>												
<i>A small amount is added for miscellaneous office supplies. (\$1.0 less \$0.9 already budgeted)</i>												
1189 SeniorCare (DGF)		71.4										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	13.7	13.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		8.9										
1007 I/A Rcpts (Other)		4.8										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Alaska Pioneer Homes Management (continued)</b>												
FY2007 Fund Source Change for Project Coordinator PCN #06-0610	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Project Coordinator PCN #06-0610 is partially funded by federal receipts. It was previously thought these receipts would come to the Division as I/A from the Divisions of Health Care Services and Senior and Disabilities Services. This is not the case. The federal receipts are posted directly to the Division's appropriation.</i>												
1002 Fed Rcpts (Fed)		77.3										
1007 I/A Rcpts (Other)		-77.3										
FY2007 Additional Federal Funding for Project Director PCN #06-Z021	Inc	99.4	99.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Increase federal funding to cover costs of the Project Director position PCN #06-Z021. The incumbent's time will be spent almost exclusively on the State Veterans and Pioneer Home transition, issues and federal billing options.</i>												
<i>This position is essential to oversee the transition to the State Veteran's and Pioneer Home, to complete and submit the required federal reports and other documentation and to maximize the Division's federal reimbursement.</i>												
1002 Fed Rcpts (Fed)		99.4										
FY2007 Reduce Funding - SeniorCare Administration	Dec	-82.2	-37.7	0.0	-42.8	-1.7	0.0	0.0	0.0	0	0	0
<i>Transferred to the Division of Public Assistance</i>												
<i>Beginning January 1, 2006, the administration of the SeniorCare program is transferred to the Division of Public Assistance within the Department of Health and Social Services.</i>												
1189 SeniorCare (DGF)		-82.2										
FY2007 Reduce I/A - Interim Assistance Program transferred to the Division of Public Assistance	Dec	-118.0	-109.0	-1.8	-3.6	-3.6	0.0	0.0	0.0	0	0	0
<i>During FY 2006, the Interim Assistance Program, previously administered by the Alaska Pioneer Homes Management component, was transferred to the Division of Public Assistance within the Department of Health and Social Services.</i>												
1007 I/A Rcpts (Other)		-118.0										
FY2008 Decrease Federal Funding for Project Director	Dec	-99.4	-99.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Project Director position PCN #06-X104 was expected to be primarily funded with federal receipts. However, a mechanism to collect federal receipts to pay for the position has not been determined, so the excess federal receipts can be deleted.</i>												
<i>This position's primary function is to oversee the conversion of the Palmer Pioneer Home to the Alaska Veterans and Pioneers Home.</i>												
1002 Fed Rcpts (Fed)		-99.4										
FY2008 Decrease Unrealized Receipts	Dec	-3.3	-3.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>These receipts are the result of the Legislature's unallocated department wide reduction of general funds related to salary increases in FY07. Neither the inter-agency or Senior Care receipts are collectible.</i>												
1007 I/A Rcpts (Other)		-1.1										
1189 SeniorCare (DGF)		-2.2										
FY2008 PERS adjustment of unrealizable receipts	Dec	-24.4	-24.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-24.4										
FY2009 Decrease Federal Receipt Authorization	Dec	-23.8	-23.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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<b>Alaska Pioneer Homes (continued)</b>												
<b>Alaska Pioneer Homes Management (continued)</b>												
FY2009 Decrease Federal Receipt Authorization (continued)												
<i>The Project Coordinator is no longer working entirely on projects resulting in federal receipts. This results in a decrease to the federal recovery we may claim.</i>												
1002 Fed Rcpts (Fed)		-23.8										
FY2011 Reduce general fund travel line item by 10 percent.												
1004 Gen Fund (UGF)	Dec	-2.5	0.0	-2.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		-0.1										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	4.9	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$4.9</i>												
1002 Fed Rcpts (Fed)		0.4										
1004 Gen Fund (UGF)		4.5										
FY2013 Unrealized Authority												
<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)	Dec	-15.0	-15.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>* Allocation Total *</b>												
		-140.7	-133.6	-4.3	-7.6	4.8	0.0	0.0	0.0	0	0	0
<b>Pioneer Homes</b>												
FY2006 Federal Receipts Resulting from Certifying the Palmer Pioneer Home as a Veteran's Home	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Once the Palmer Pioneer Home is certified by the Veteran's Administration, the state can bill the VA \$26.95 per day for services provided to qualified Veteran residents. VA receipts are calculated for May and June, 2006 and are based on 95% occupancy by 16 VA residents who qualify for VA domiciliary care.</i>												
<i>Necessary construction at the home to qualify it as a Veteran's Home is anticipated to be complete May 2006.</i>												
1002 Fed Rcpts (Fed)		25.0										
1004 Gen Fund (UGF)		-25.0										
FY2006 Increase I/A resulting from a clarification of federal policy allowing elig Pioneer Home residents to receive Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The FY 2005 budget included federal receipt authority resulting from a clarification of federal policy allowing eligible Pioneer Home residents to receive Medicaid coverage.</i>												
<i>The Medicaid receipts will not be paid directly as federal to the Pioneer Homes, but will be received as interagency receipts from the Divisions of Health Care Services and Senior and Disabilities Services. This fund switch reflects that change.</i>												
1002 Fed Rcpts (Fed)		-1,438.2										
1007 I/A Rcpts (Other)		1,438.2										
FY2006 Inc I/A from Div Juvenile Justice for Youth Facility Meal Preparation & Medication Distribution	Inc	87.0	73.4	0.0	0.0	13.6	0.0	0.0	0.0	0	0	0

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<b>Pioneer Homes (continued)</b>												
FY2006 Inc I/A from Div Juvenile Justice for Youth Facility Meal Preparation & Medication Distribution (continued)												
<i>Increment to budget previously unbudgeted RSAs with Div. of Juvenile Justice (DJJ):</i>												
<i>Ketchikan Reg Youth Facility Meal preparation - DJJ req - \$34.0</i>												
<i>Mat-Su Reg Youth Facility Meal Preparation - DJJ req - \$33.0</i>												
<i>Johnson Youth Center Medication provision - DJJ Req - \$20.0</i>												
1007 I/A Rcpts (Other)		87.0										
FY2006 Increase I/A Authorization for Medicaid Provider Payments	Inc	1,344.8	1,344.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Due to a change in federal policy, Pioneer Home residents may now obtain Medicaid coverage and Pioneer Homes are eligible to be licensed as Medicaid Providers. This policy change will reduce the amount of GF payment assistance/state subsidy previously required.</i>												
<i>Total Medicaid receipt authorization required for FY05 was estimated at \$2,437.3 (\$1.4 million federal and \$1.0 GFM). The estimate was based on a nine-month period of operation in FY05. In FY06, when the program will run for 12 months, the Pioneer Homes will need an additional three months of Medicaid receipt authorization, or a total of \$3,249.7.</i>												
<i>Since the time the FY05 budget was prepared it has been determined that Medicaid receipts will be paid to the Pioneer Homes as interagency (I/A) receipts from the Divisions of Health Care Services and Senior and Disabilities Services.</i>												
<i>Of the \$3,249.7 needed, the Pioneer Homes will receive \$1,438.2 of the needed I/A authorization through a fund change with unneeded federal authorization. The Division has \$466.7 of I/A authorization already included in its budget. The balance of I/A required, \$1,344.8, is added here.</i>												
1007 I/A Rcpts (Other)		1,344.8										
FY2006 Pharmaceutical Costs and Receipts from Residents	Inc	1,500.0	0.0	0.0	0.0	1,500.0	0.0	0.0	0.0	0	0	0
<i>Increased SDPR receipt authorization is needed in order to accept payments from residents to offset costs for prescriptions filled at the Pioneer Homes Pharmacy.</i>												
1108 Stat Desig (Other)		1,500.0										
FY2006 Increase Staffing for Safety and Security of Residents	Inc	300.0	300.0	0.0	0.0	0.0	0.0	0.0	0.0	6	0	0
<i>This increment funds six additional Certified Nurse Aides. It adds two positions in each of the three homes that have the highest occupancy levels. Based on the October 2004 Occupancy Report, the Fairbanks, Ketchikan and Juneau Pioneer Homes were 93%, 96% and 87.5% occupied, respectively. The increment provides two additional direct-care staff in these highly utilized homes to help ensure we continue to maintain an injury rate below national standards. Without this increment and the positions it funds, the injury rate in the homes may increase.</i>												
<i>The acuity level of Pioneer Home residents continues to increase. Over the past ten years, the percentage of Pioneer Home residents requiring very little or no care has dropped from 37 to 10 percent while the percentage of residents requiring the highest level of care has risen from 26 to 61 percent. Staffing levels have remained the same for a number of years. Some shifts are not adequately staffed to provide the level of resident safety required</i>												

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<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2006 Increase Staffing for Safety and Security of Residents (continued)												
<i>with the increased resident acuity level, especially in a fully occupied Pioneer Home.</i>												
<i>The staffing levels at the Homes were the most significant complaints heard by the Pioneer Home Advisory Board during their recent tour of the Homes. Family members are concerned that there is less than sufficient staffing to guarantee their loved ones are safe.</i>												
<i>Currently, the average age of the Pioneer Home resident population is 84.1.</i>												
1004 Gen Fund (UGF)		300.0										
FY2006 CC: Reduce Staffing for Safety and Security of Residents	Dec	-150.0	-150.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment funds six additional Certified Nurse Aides. It adds two positions in each of the three homes that have the highest occupancy levels. Based on the October 2004 Occupancy Report, the Fairbanks, Ketchikan and Juneau Pioneer Homes were 93%, 96% and 87.5% occupied, respectively. The increment provides two additional direct-care staff in these highly utilized homes to help ensure we continue to maintain an injury rate below national standards. Without this increment and the positions it funds, the injury rate in the homes may increase.</i>												
<i>The acuity level of Pioneer Home residents continues to increase. Over the past ten years, the percentage of Pioneer Home residents requiring very little or no care has dropped from 37 to 10 percent while the percentage of residents requiring the highest level of care has risen from 26 to 61 percent. Staffing levels have remained the same for a number of years. Some shifts are not adequately staffed to provide the level of resident safety required with the increased resident acuity level, especially in a fully occupied Pioneer Home.</i>												
<i>The staffing levels at the Homes were the most significant complaints heard by the Pioneer Home Advisory Board during their recent tour of the Homes. Family members are concerned that there is less than sufficient staffing to guarantee their loved ones are safe.</i>												
<i>Currently, the average age of the Pioneer Home resident population is 84.1.</i>												
1004 Gen Fund (UGF)		-150.0										
FY2006 Assistance for Increased Fuel Costs	Inc	36.8	0.0	0.0	36.8	0.0	0.0	0.0	0.0	0	0	0
<i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i>												
1004 Gen Fund (UGF)		36.8										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	39.1	39.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		14.1										
1007 I/A Rcpts (Other)		3.3										
1037 GF/MH (UGF)		13.1										
1156 Rcpt Svcs (DGF)		8.6										
FY2007 Reduce general funds due to additional federal receipts from Veterans' domiciliary care per diem	Dec	-144.7	0.0	0.0	0.0	0.0	0.0	-144.7	0.0	0	0	0
1004 Gen Fund (UGF)		-144.7										

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<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2007 Increase federal authorization for additional receipts from Veterans' domiciliary care per diem	Inc	144.7	0.0	0.0	0.0	0.0	0.0	144.7	0.0	0	0	0
1002 Fed Rcpts (Fed)		144.7										
FY2007 Increased Medication Costs due to increased number of residents and allow pharmacy to buy/pckg/dispense medications.	Inc	1,966.4	0.0	0.0	0.0	1,966.4	0.0	0.0	0.0	0	0	0
<p><i>The cost of medications purchased by the Pioneer Home centralized pharmacy and dispensed to Pioneer Home residents has increased dramatically. The increased occupancy and increasing acuity levels of the residents are just two of the reasons for the increased medication costs.</i></p> <p><i>The FY 2006 increment for these purchases was \$1.5 million and was based on FY 2004 costs. The FY 2006 and FY 2007 costs are now estimated to be much higher. Medication costs in FY 2006 are estimated to be \$2.38 million or 46% greater than the \$1.63 million spent on medications in FY 2005. Applying this increase to the projected FY 2006 costs results in an estimated \$3.47 million needed for medication purchases in FY 2007. The resulting increment is \$1.97 million (\$3.47-\$1.5).</i></p> <p><i>The transition from Medicaid and other third party insurance to Medicare Part D will impact the amount of SDPR. The potential increase of this transition is unknown and not included in this increment.</i></p> <p><i>This increment will allow the pharmacy to purchase, package and dispense the medications required by the Pioneer Home residents on a regular basis. The health and safety of the residents depends on receiving their prescribed medications timely.</i></p>												
1108 Stat Desig (Other)		1,966.4										
FY2007 Entering into settlement discussions of Certified Nurse Aide Reclass Settlement Costs	IncOTI	367.6	367.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>In December 2002 a classification study of Assisted Living Aides and Certified Nurse Aides was completed. At that time, the positions were reclassified on an individual basis rather than as a class/range change.</i></p> <p><i>In February, based on an arbitrator's decision regarding a similar classification scenario, the Union filed a grievance against the State for how the ALA/CNA classification was handled. The State has entered into settlement discussions which would adjust employees step placement as if the classification results would have reallocated the job classes as a class range change rather than an individual reallocation. The settlement would make employees whole for the difference in pay between their step placement as a class/range change and the individual classification action.</i></p> <p><i>The settlement applies only to those employees who were in pay status both on December 1, 2002 and on the date the settlement is signed.</i></p>												
1004 Gen Fund (UGF)		153.2										
1007 I/A Rcpts (Other)		28.6										
1037 GF/MH (UGF)		130.8										
1156 Rcpt Svcs (DGF)		55.0										
FY2007 Remodel/upgrade to meet fed. requirements to be certified as Vet Home. Will open 18 beds.Completion date spring 2006.	Inc	904.0	695.0	0.0	24.0	110.0	75.0	0.0	0.0	10	2	0
<p><i>In 2003, after a 30 year search for a way for Alaska to provide veterans benefits within the state, the US Department of Veterans Affairs approved renovating the Palmer Pioneer Home to become a Veteran's Home.</i></p>												

## Numbers and Language

**Alaska Pioneer Homes (continued)**

FY2007 Remodel/upgrade to meet fed.  
requirements to be certified as Vet Home. Will  
open 18 beds.Completion date spring 2006.  
(continued)

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**Alaska Pioneer Homes (continued)**

**Pioneer Homes (continued)**

FY2007 Increased Staffing for Resident Safety  
and Security (continued)

7 Registered Nurses  
1 Certified Nurse Aide II  
1 Social Worker  
1 Pharmacy Technician  
1 Environmental Services Journey II

*Justification for the positions at the individual home level are as follows:*

*Anchorage Pioneer Home*

*APH has approximately 16 more residents today than they did two years ago when positions were deleted. This combined with the higher acuity levels of residents require more staff in order to provide a safe environment, quality care and to meet the federal reporting requirements for Medicaid. APH seeks to add three registered nurses, four certified nurse aides and a social worker. The social worker would be charged with performing skilled clinical work and increasing the number of residents receiving the Medicaid Waiver.*

*Fairbanks Pioneer Home*

*The FPH requires an additional registered nurse on the day and evening shifts bringing the coverage from two to three nurses per shift. These positions are necessary to keep the approximately 80 residents in the two higher care levels healthy and safe, assist with the increased medication administration and physical monitoring and meet the increased documentation requirements for Medicaid. Two certified nurse aides would float between neighborhoods to provide transfer and bathing assistance and assist with feeding and all other aspects of personal care. A Certified Nurse Aide II on evenings would assist the nurse and provide direction, mentoring, orientation and training to the certified nurse aides on that shift. Those applying for Certified Nurse Aide positions currently are younger than in the past and require increased orientation, training and supervision.*

*Juneau Pioneer Home*

*The Juneau Home requests three direct care certified nurse aide positions to provide the care and safety that is necessary for a resident population with continually increasing acuity levels. This increases the number of aides that care for 14 residents on the day shift and evening shift from one to two. All but one resident in this neighborhood requires Level II and III care. Currently, just two CNA's care for all 43 residents on the graveyard shift. This request adds a third aide to the night shift.*

*Ketchikan Pioneer Home*

*The KPH requests one additional direct care Certified Nurse Aide position to be assigned to the activity department. This will allow the home to maintain the same level of activities as in the past, with residents of a higher acuity level and having greater needs. The majority of Pioneer Home residents have some form of dementia. This makes off-site activities difficult when attempting to maintain the security of confused and wandering individuals, some of whom can be disruptive and/or combative. Additionally, many residents require more physician appointments and are unable to utilize senior transportation services offered in the community unless accompanied by staff. This position will provide increased safety, security and quality of life for the residents.*

*Palmer Pioneer Home*

*A review of statistical data for the PPH between fiscal years 1998 through 2006 indicates a progressive increase*

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<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2007 Increased Staffing for Resident Safety and Security (continued)												
<i>in resident days (the number of days of care provided in house during the fiscal year to all residents), admissions and census of those requiring Level II and III care and a decrease in those requiring Level I care. The Palmer Home requests one Registered Nurse to provide the necessary resident care and to meet the more stringent Board of Nursing delegation regulations. These regulations require a minimum of one registered nurse to ensure safe care and compliance with regulations. PPH also requests an Environmental Services Journey II.</i>												
<i>Sitka Pioneer Home</i>												
<i>The SPH has ten vacant beds available for applicants on their wait list, but need additional staffing in order to open them up for occupancy. In previous years, the SPH had very few applicants on their wait list and three positions were moved to other Homes with higher staffing needs. That scenario has changed and Sitka now has 17 on their wait list, ten of whom the home could accommodate if they had appropriate staffing to open the available beds. They request one RN and three Certified Nurse Aide positions to care for the residents who will occupy the ten beds.</i>												
<i>Pioneer Home Centralized Pharmacy</i>												
<i>The centralized Pioneer Home Pharmacy's two Pharmacy Technicians cannot keep up with the packaging of medications in addition to the other position requirements due to the large volume of orders leaving the pharmacy for the six Pioneer Homes. There has been a significant increase in orders over the past couple of years due to the increased resident census and the increased acuity level of the residents. The division has been unsuccessful in recruiting and filling vacant pharmacist positions and this technician would be dedicated to the packaging of medications allowing the other staff (pharmacists included) to focus on filling orders, preparing for the monthly cycle fills, ordering and stocking medications and meeting the Medicaid documentation requirements.</i>												
1004 Gen Fund (UGF)		907.5										
FY2007 Increase Inter-agency receipts (I/A) from Division of Juvenile Justice (DJJ) for Medication Distribution	Inc	20.0	3.5	0.0	1.5	15.0	0.0	0.0	0.0	0	0	0
<i>The Pioneer Home centralized pharmacy packages, dispenses and ships medications to Johnson Youth Center clients. Half the amount, or \$20.0, was budgeted for this service in FY 2006. The costs are greater than estimated and this increment increases the amount by \$20.0. The agreement is between the Alaska Pioneer Homes and the Division of Juvenile Justice, both within the Department of Health and Social Services.</i>												
1007 I/A Rcpts (Other)		20.0										
FY2007 Reduce I/A - No Sourdough Residents Reside in the Pioneer Home System	Dec	-11.1	-11.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Department of Health and Social Services, Division of Senior and Disability Services paid the Pioneer Homes \$11.0 annually for each Sourdough resident residing in the Pioneer Home system. These residents previously lived in the Valdez Harborview Sourdough Unit. A later budget adjustment increased this authority to \$11.1.</i>												
<i>There are no longer any Sourdough residents residing in the Pioneer Home system.</i>												
1007 I/A Rcpts (Other)		-11.1										
FY2007 AMD: Revision to Amendment for Increased Staffing for Resident Safety and Security	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The FY07 Governor's Budget includes a request for increased staffing for resident safety and security funded with \$1,510.0 in general funds. This amendment reduces the GF request by \$300.0 and replaces it with \$300.0 Receipt Supported Services (RSS). The RSS receipts are generated by resident fees and the division projects</i>												

**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Alaska Pioneer Homes (continued)**

**Pioneer Homes (continued)**

FY2007 AMD: Revision to Amendment for  
Increased Staffing for Resident Safety and  
Security (continued)

*that there will be sufficient receipts in FY07 to support a portion of the increased staffing with these fees. The  
project will now be funded with the \$300.0 RSS and \$1,210.0 GF.*

1004 Gen Fund (UGF) -300.0

1156 Rcpt Svcs (DGF) 300.0

FY2007 AMD: Reduce Increment for Veterans Beds and Adjust  
Funding at Palmer Home

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Dec	-200.0	-165.0	0.0	0.0	-25.0	-10.0	0.0	0.0	-3	1	0

*Reduce Increment for Number of New Veterans Beds in the Palmer Pioneer Home (-200.0 general fund)*

*The FY07 budget includes a \$904.0 general fund increment request for opening 18 veterans' beds in the Palmer Pioneer Home. There are only 12 beds available in the Palmer Home, so the department needs to reduce the original increment request by \$200.0. There are currently 19 veterans residing in the Palmer Pioneer Home. This addition will bring the total for FY07 to 31. This will have minimal impact on veteran's occupancy in the Home. Veterans will receive preference when filling vacant beds and, at the completion of a 5-8 year transition period, 75% of the beds will be designated for veterans.*

*This amendment also adjusts the staffing request by reducing the full-time request by 3 positions and increasing the part-time request by 1 position. Specifically, we propose reducing the initial request by eliminating the part-time nurse and 1 full-time certified nurse aide, as well as changing the time status of 1 food service worker and 1 housekeeper from full-time to part-time. Adjusted total positions requested through the original increment and this amendment are: 2 nurses, 2.5 certified nurse aides, 1.5 food service workers, 1.5 housekeepers and 1 maintenance general journeyman.*

*Reduce General Funds by Resident Fees and Federal Per Diem for New Veteran Beds (61.3 federal, -163.3 general fund, 102.0 receipt supported services)*

*The FY07 increment also failed to consider two things: 1) the receipts the new residents will directly pay towards their care and 2) the additional federal funds to be received from the Veteran's Administration. The fund source change from general funds to receipt supported services accounts for the resident payments. It is calculated based on FY06 RSS authorization of 29%.*

*Additional federal receipts will be collected due to increased Veteran's Administration (VA) payments. There are currently 19 veterans residing in the Palmer Pioneer Home. The FY07 Governor's budget includes a fund source switch for veterans per diem payments for 18 veterans. This amendment adjusts the funding for the remaining 13 veterans (12 new beds plus 1 not included in the FY07 Governor's budget) so that we will receive payments for all 31 veterans from the VA.*

*Once the Palmer Pioneer Home is certified by the Veteran's Administration as a State Veteran's Home, the division can bill the Veteran's Administration \$27.19 per day for services provided to each veteran resident. These receipts are calculated for 13 veteran residents who qualify for Veteran's Administration domiciliary care at a 95% occupancy.*

*Both RSS and federal receipts are anticipated to be collected for one-half year as the new beds will be filled*

**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Alaska Pioneer Homes (continued)  
Pioneer Homes (continued)**

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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FY2007 AMD: Reduce Increment for Veterans  
Beds and Adjust Funding at Palmer Home  
(continued)

*gradually. If the increment to open the new beds is not approved, it will not be possible to collect these additional receipts.*

1002 Fed Rcpts (Fed)	61.3
1004 Gen Fund (UGF)	-363.3
1156 Rcpt Svcs (DGF)	102.0

FY2007 Additional funding for Pioneer Homes	Inc	300.0	265.0	0.0	0.0	25.0	10.0	0.0	0.0	0	0	0
<i>Reduce Increment for Number of New Veterans Beds in the Palmer Pioneer Home (-200.0 general fund)</i>												

*The FY07 budget includes a \$904.0 general fund increment request for opening 18 veterans' beds in the Palmer Pioneer Home. There are only 12 beds available in the Palmer Home, so the department needs to reduce the original increment request by \$200.0. There are currently 19 veterans residing in the Palmer Pioneer Home. This addition will bring the total for FY07 to 31. This will have minimal impact on veteran's occupancy in the Home. Veterans will receive preference when filling vacant beds and, at the completion of a 5-8 year transition period, 75% of the beds will be designated for veterans.*

*This amendment also adjusts the staffing request by reducing the full-time request by 3 positions and increasing the part-time request by 1 position. Specifically, we propose reducing the initial request by eliminating the part-time nurse and 1 full-time certified nurse aide, as well as changing the time status of 1 food service worker and 1 housekeeper from full-time to part-time. Adjusted total positions requested through the original increment and this amendment are: 2 nurses, 2.5 certified nurse aides, 1.5 food service workers, 1.5 housekeepers and 1 maintenance general journeyman.*

*Reduce General Funds by Resident Fees and Federal Per Diem for New Veteran Beds (61.3 federal, -163.3 general fund, 102.0 receipt supported services)*

*The FY07 increment also failed to consider two things: 1) the receipts the new residents will directly pay towards their care and 2) the additional federal funds to be received from the Veteran's Administration. The fund source change from general funds to receipt supported services accounts for the resident payments. It is calculated based on FY06 RSS authorization of 29%.*

*Additional federal receipts will be collected due to increased Veteran's Administration (VA) payments. There are currently 19 veterans residing in the Palmer Pioneer Home. The FY07 Governor's budget includes a fund source switch for veterans per diem payments for 18 veterans. This amendment adjusts the funding for the remaining 13 veterans (12 new beds plus 1 not included in the FY07 Governor's budget) so that we will receive payments for all 31 veterans from the VA.*

*Once the Palmer Pioneer Home is certified by the Veteran's Administration as a State Veteran's Home, the division can bill the Veteran's Administration \$27.19 per day for services provided to each veteran resident. These receipts are calculated for 13 veteran residents who qualify for Veteran's Administration domiciliary care at a 95% occupancy.*

*Both RSS and federal receipts are anticipated to be collected for one-half year as the new beds will be filled*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2007 Additional funding for Pioneer Homes (continued)												
<i>gradually. If the increment to open the new beds is not approved, it will not be possible to collect these additional receipts.</i>												
1004 Gen Fund (UGF)		300.0										
FY2008 Funding for Meals for Sitka and Palmer Residents												
	Inc	66.0	0.0	0.0	66.0	0.0	0.0	0.0	0.0	0	0	0
<i>In FY 2007 the Legislature approved additional staff for the Pioneer Homes. The Sitka Pioneer Home and Alaska Veterans and Pioneers Home in Palmer received additional staff to support filling 10 and 12 vacant beds, respectively. This increment includes contractual funding to pay for the food service costs related to those additional residents. The meal cost for Sitka is \$9.09 and for Palmer is \$7.41 per day.</i>												
<i>This funding will contribute to providing a safe environment for Alaskan seniors.</i>												
<i>MISSION AND MEASURES REFERENCE:</i>												
<i>Division Level End Result - Outcome Statement: Eligible Alaskans and veterans will live in a safe environment.</i>												
1156 Rcpt Svcs (DGF)		66.0										
FY2008 Annualize Funding for FY07 New Positions												
	Inc	390.0	390.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>In FY 2007 the Legislature approved 24 new positions for the the Pioneer Homes, which were only funded for 9 months. This increment annualizes the funding for 12 months. The calculation is based on the FY 2007 Management Plan costs and includes an amount for premium pay (overtime) for the 21 direct care and 3 support positions.</i>												
<i>The acute level of care of Pioneer Home residents continues to increase. Over the past eleven years, the percentage of Pioneer Home residents requiring little or no care (level I) has dropped from 37 to 12 percent while the percentage of residents requiring the highest level of care (level III) has risen from 25 to 59 percent.</i>												
<i>This additional staff will provide the level of resident care and safety required with the increased acute care levels of our residents.</i>												
<i>MISSION AND MEASURES REFERENCE:</i>												
<i>Division Level End Result - Outcome Statement: Eligible Alaskans and veterans will live in a safe environment.</i>												
1004 Gen Fund (UGF)		390.0										
FY2008 Additional Positions to Meet Veteran Home Requirements												
	Inc	325.0	325.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
<i>In order to meet the requirements to become certified to run the additional programs required by the US Department of Veteran's Affairs the Alaska Veterans and Pioneers Home in Palmer requires an Assistant Administrator, Health Practitioner I and a Nurse III. These positions will manage the on-going oversight of the programs, audit results and document compliance with standards for quality assurance, safety, staff development and health care management.</i>												
<i>The Veteran's Affairs team developed a checklist to evaluate the Pioneer Home that included 13 functional areas and 40 sub-parts that have requirements the Home must meet before it is certified as a state Veteran's Home. The specific requirements were unknown until the team developed the checklist. The inspection team included ten members and the on-site inspection lasted three days.</i>												

**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2008 Additional Positions to Meet Veteran Home Requirements (continued)												
<i>Although the Department of Veteran's Affairs inspection team commended the facility and the quality of life its residents enjoy, they noted deficiencies in the following twelve areas: Governance and Administration, Safety, Physical Environment, Medical Care, Social Services, Dietetics, Patient Activities, Medical Records, Quality Assurance and Quality of Life. The actions required to correct the deficiencies impact every department in the Home and require extensive program development and implementation. Policies and procedures must be written that define roles and give structure to new and existing programs, staff and residents must be educated on the new program requirements, and on-going audits must be performed to ensure compliance.</i>												
<i>These positions are key in meeting and maintaining certification from the Department of Veteran's Affairs, meeting the division's goal of collecting Veteran's per-diem payments for domiciliary care, and providing a safe living environment for Alaska Veterans and seniors. This additional staff, the programs developed, the oversight and the on-going audits should increase safety and decrease injuries for both residents and staff as well as provide the ability to measure the quality and quantity of work.</i>												
<b>MISSION AND MEASURES REFERENCE:</b>												
<i>Division Level End Result - Outcome Statement: Eligible Alaskans and veterans will live in a safe environment.</i>												
1004 Gen Fund (UGF)		162.5										
1156 Rcpt Svcs (DGF)		162.5										
FY2008 Increase Funding for Nursing Salary Market Based Pay	Inc	162.3	162.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>In addition to general funds received via transfer, the Alaska Pioneer Homes needs additional inter-agency receipt and receipt supported services authorization to pay for the nursing salary two range increase authorized by the Market Base Pay program.</i>												
1007 I/A Rcpts (Other)		75.4										
1156 Rcpt Svcs (DGF)		86.9										
FY2008 AMD: Delete Two Vacant Non-Permanent Positions	Dec	-5.0	-5.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-2
<i>This change record deletes two vacant non-permanent positions. With the authorization of new positions in FY 2007, these positions are no longer needed.</i>												
1004 Gen Fund (UGF)		-5.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-538.7	-538.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-192.3										
1156 Rcpt Svcs (DGF)		-346.4										
FY2009 Increase Base Budget for Equipment Purchases	Inc	500.0	0.0	0.0	0.0	0.0	500.0	0.0	0.0	0	0	0
<i>Previously, the Pioneer Homes received Legislative approval to transfer unexpended resident payments (receipt supported services) and those collected in excess of the amount authorized to the capital budget for equipment needs. This funding is used to purchase equipment for the Pioneer Home residents and includes items such as special beds, resident safety lift equipment, unique bathing tubs appropriate for the frail elderly, industrial kitchen equipment for bulk food preparation, and commercial capacity washers and dryers.</i>												
<i>Although the FY08 Governor's budget did not include this language, in lieu of a supplemental request, the Legislature authorized any unexpended and unobligated balance of FY07 support receipts collected to be appropriated for Pioneer Home equipment and supply needs. Rather than relying on the inclusion of this language in the operating budget or supplemental budget request to pay for the equipment the Pioneer Homes need, this change record builds the equipment needs into the base budget.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2009 Increase Base Budget for Equipment Purchases (continued)												
MISSION AND MEASURES REFERENCE:												
Division Level End Result - A: Outcome Statement: Eligible Alaskans and veterans will live in a safe environment.												
1156 Rcpt Svcs (DGF)		500.0										
FY2009 Increment For Reduced FMAP	Inc	214.4	0.0	0.0	214.4	0.0	0.0	0.0	0.0	0	0	0
The Pioneer Homes bill for and receive Residential Supported Living Medicaid Waiver receipts. Both the federal and general fund match are received as inter-agency receipts. The inter-agency receipts are a funding source for the Pioneer Homes and the general fund match is a contractual expense paid by the Pioneer Homes to the Division of Senior and Disabilities Services.												
The FMAP will have dropped from 57.58 percent in the 1st quarter of SFY08 and will average 51.02 percent in SFY09. This decrease results in a 6.6 percent increase in the general fund match expenditure.												
The FY09 budget includes \$3,268.5 of Medicaid waiver receipts. The first quarter and remaining three quarter's FY09 general fund match are 42.42 and 48.98 percent, respectively. The increased general fund match will cost the Pioneer Homes \$214.4.												
This increment increases as the inter-agency receipt authority increases from pay, retirement or other funding changes made to the FY08 budget.												
MISSION AND MEASURES REFERENCE:												
Division Level End Result - A: Outcome Statement: Eligible Alaskans and veterans will live in a safe environment.												
1004 Gen Fund (UGF)		214.4										
FY2009 Increase Interagency Receipts for Providing Food Service to Youth Facilities	Inc	113.0	68.0	0.0	0.0	45.0	0.0	0.0	0.0	0	0	0
With the new food service contract, effective July 1, 2007, the Juneau Pioneer Home is now providing the food for Johnson Youth Center.												
Prior to this contract, the Division of Juvenile Justice paid the Pioneer Homes \$67.0 for a part-time food service worker in the Ketchikan and Palmer Homes to compensate for providing meals to the youth facilities in those locations. At that time, the Fairbanks Home also provided the meals to the Fairbanks Youth Facility.												
With the new contract in place, the Division of Alaska Pioneer Homes and the Division of Juvenile Justice renegotiated the financial agreement. The Division of Juvenile Justice now pays the Division of Alaska Pioneer Homes \$180.0 for providing meals to the four youth facilities located in Fairbanks, Juneau, Ketchikan and Palmer. This amount funds three food service workers at \$45.0 each and provides \$45.0 for supplies and equipment related to the increased number of meals that the Homes must now prepare. Funding for a food service worker in Juneau Home is not provided as their food service staff are contract employees, not state employees. This is a \$113.0 increase over the amount previously paid for the services.												
1007 I/A Rcpts (Other)		113.0										
FY2009 Increase Medicaid Waiver Receipts	Inc	715.7	715.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The Division of Alaska Pioneer Homes projects an additional \$1.5 million in Medicaid Waiver receipts for FY 2009. These receipts come to the division as inter-agency receipts from the Division of Senior and Disabilities Services.												

**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2009 Increase Medicaid Waiver Receipts												
(continued)												
<p>The division requests additional authorization for these receipts, the following positions, and the general fund match to ensure the division is obtaining the maximum federal receipts available. When Pioneer Home residents became eligible for Medicaid and the Older Alaskans Medicaid Waiver, the division did not request new positions to work directly with residents, families or their responsible parties on their eligibility and continued eligibility. Receiving and managing this funding has come with a significant increase in documentation, correspondence and follow-up that takes numerous man hours. In order for the Homes to continue to receive and increase these revenues, meet the increased documentation requirements, and assist residents in meeting the legislative intent that requires them to apply for all appropriate benefit programs prior to the state's payment assistance program, the Homes request that the funding be used, in part, for the following positions:</p> <p>Anchorage Pioneer Home: 1 Social Service Associate II, 2 Medical Record Clerks and 1 Certified Nurse Aide  Fairbanks Pioneer Home: 1 Social Services Specialist II  Juneau Pioneer Home: 1 Nurse I and 1 Administrative Assistant III  Ketchikan Pioneer Home: 1 Nurse III and 2 Certified Nurse Aides  Palmer Pioneer Home: 1 Licensed Practical Nurse  Sitka Pioneer Home: 1 Social Services Specialist II</p> <p>These positions will:</p> <ul style="list-style-type: none"> <li>- Handle correspondence, transcription and paperwork for Medicaid residents</li> <li>- Assist families and residents in the Medicaid application and re-qualification process</li> <li>- Work as liaison between resident, power of attorney, eligibility technicians, physicians and care coordinators to manage the flow of information required for eligibility, authorization and service delivery</li> <li>- Coordinate with health care providers for assessing services for Medicaid Waiver residents</li> <li>- Assist families, residents and incoming seniors with a financial and resource assessment to determine Medicaid eligibility</li> <li>- Track changes in resident care and reassess eligibility for Medicaid, the Medicaid Waiver, Medicare Part D, long term insurance coverage, and other insurance benefits to help them and the state cover the cost of care</li> <li>- Provide the appropriate clinical and coding information required for Medicaid eligibility determination</li> <li>- Coordinate with vendors to supply medical equipment and supplies to Medicaid residents rather than relying on state funded equipment and supplies</li> <li>- Track resident days and prepare necessary Medicaid Waiver census reports</li> <li>- Work with the resident's care coordinators to ensure assessment deadlines are met for continued eligibility</li> <li>- Nursing and administrative positions will work together to assess residents' level of care and complete the electronic comprehensive assessment required for each Medicaid resident</li> </ul> <p>As stated above, Medicaid Waiver receipts come to the division as inter-agency receipts from the Division of Senior and Disabilities Services (DSDS). The inter-agency receipts are a funding source for the Pioneer Homes and include both the federal and state general fund match. The general fund match is a contractual expense paid by the Pioneer Homes to DSDS. The FY 2009 general fund match is 42.42% and 49.47% for the 1st and last 3 quarters, respectively resulting in a 47.71% average. The additional inter-agency receipts result in an increased contractual expense of \$715.7.</p>												
1004 Gen Fund (UGF)		-784.3										
1007 I/A Rcpts (Other)		1,500.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2010 Increase in Medicaid Waiver Residential Assisted Living Rates	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaska Legislature provided for a four percent increase in the Home and Community Based Medicaid Waiver rates. This is estimated to amount to an additional \$123.3 inter-agency receipts.</i>												
1004 Gen Fund (UGF)		-123.3										
1007 I/A Rcpts (Other)		123.3										
FY2010 Additional Direct-Care Staff Funded by a Rate Increase	Inc	600.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	9	0	0
<i>The Pioneer Home system requests the following positions to increase the safety, quality of life and the well being of Pioneer Home Residents. These positions are funded with additional receipt supported services generated from the Pioneer Home rate increases.</i>												
2 Nurses												
7 Certified Nurse Aides												
<i>Ketchikan Pioneer Home</i>												
<i>The Ketchikan Pioneer Home requests one nurse and four certified nurse aide positions. The nurse will perform duties associated with increased documentation standards, assessments and chart reviews. This position will also support the Assisted Living Care Coordinator at resident meetings and with assisted living plan development and provide registered nurse representation when dealing with challenging resident issues.</i>												
<i>The certified nurse aides will provide resident care, transportation and restorative aide services. The home is less able to rely on community resources for transportation because the residents with higher acuity require accompaniment. Additionally, physicians in the community are less willing to see a resident without a caregiver present to assist with transfers, provide information and wait with the resident in the waiting area. Currently, there are more residents requiring restorative aide services than can be provided by existing staff. The Pioneer Homes work very hard at encouraging residents to maximize their strength so abilities are not lost. This work promotes resident independence, quality of life and decreases injuries.</i>												
<i>The Ketchikan Pioneer Home has not received any new positions since FY 2007 when one additional certified nurse aide was requested and authorized for this Home.</i>												
<i>Palmer Pioneer Home</i>												
<i>The Palmer Pioneer Home requests 3 additional certified nurse aide positions. Level III residents make up 72% of the resident population. The fall rate averaged 4.4% in FY 2007, increased to 8.5% the fourth quarter of FY 2008 and increased further to 14.3% in July 2008. These new positions will allow for increased monitoring and direct care including feeding, bathing, mobility and incontinence care. Currently 58 of the 72 residents are unable to move without assistance and 16 cannot manage even the simplest activities of daily living requiring constant observation and redirecting for their safety and the safety of others.</i>												
<i>Juneau Pioneer Home</i>												
<i>The Juneau Pioneer Home requests one Nurse III position. Sixty percent of the residents residing in the Juneau Home are at the highest level of care and 40 percent are at Level II. Nurses at the Juneau Pioneer Home are responsible for passing 600 medications in a 24 hour period. This position will coordinate with physicians to manage complex medical conditions, provide terminal care, monitor and administer medications and provide the documentation and charting necessary to meet the stringent nursing regulations and documentation requirements.</i>												



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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2010 Additional Direct-Care Staff Funded by												
a Rate Increase (continued)												
<i>In addition, this position will replace over-time and non-permanent nursing hours which decreases the probability of medication errors.</i>												
<i>This increase to staff should result in a decrease in the medication error rate and unwitnessed falls.</i>												
<i>In accordance with the intent language of HB 365 passed by the 24th Legislature, the Pioneer Homes will implement a five percent increase in the monthly rates for all three service levels. Based on the current number of private pay residents this increase is expected to result in approximately \$600.0 of additional receipts. The additional funds paid by Pioneer Home residents will cover the cost of the additional positions that serve them.</i>												
1156 Rcpt Svcs (DGF)		600.0										
FY2010 Increase Funding for On-Call Substitute Certified Nurse Aides	Inc	55.2	55.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>In order to enhance recruitment and retain Non-permanent On-Call Substitute Certified Nurse Aides, Letter of Agreement #08-GG-283 increased the pay for these Pioneer Home employees. Effective August 16, 2008, these certified nurse aides receive an additional \$1.50 above the salary schedule for each compensable hour worked.</i>												
<i>This request funds this additional pay and is based on the nonpermanent certified nurse aide hours worked between May 1 and July 31, 2008.</i>												
1156 Rcpt Svcs (DGF)		55.2										
FY2011 Federal Receipts for Veteran's Per Diem Payments	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The division has over-collected the federal receipt authority relating to Veteran per-diem payments for the past two years and projects an over-collection for FY 2010. These additional federal receipts can replace general funds in the Pioneer Home budget.</i>												
1002 Fed Rcpts (Fed)		50.0										
1004 Gen Fund (UGF)		-50.0										
FY2011 Budget Clarification Project, fund change to reflect fees for room, board, and ancillary charges	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		15,042.9										
1156 Rcpt Svcs (DGF)		-15,042.9										
FY2011 Incorporate \$15 million of fuel trigger in FY11 base. Trigger start point moves from \$36 to \$51.	Inc	327.3	0.0	0.0	327.3	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		327.3										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-3.0	0.0	-3.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-1.1										
1005 GF/Prgm (DGF)		-1.0										
1037 GF/MH (UGF)		-0.9										
FY2011 Correct Unrealizable Fund Sources in FY2011 LTC Increases	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-67.1										
1156 Rcpt Svcs (DGF)		67.1										
FY2011 Budget Clarification Project, LTC Salary Adjustment Correction	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		178.4										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2011 Budget Clarification Project, LTC												
Salary Adjustment Correction (continued)												
1156 Rcpt Svcs (DGF)		-178.4										
FY2011 Correct Unrealizable Fund Sources in Year 1 CEA	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Salary and Health Insurance												
<i>Any funding taken from the from the system replacement CIP slows down the replacement project.</i>												
1004 Gen Fund (UGF)		0.4										
1007 I/A Rcpts (Other)		-0.4										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Salary and Health Insurance												
1005 GF/Prgm (DGF)		16.8										
1007 I/A Rcpts (Other)		-16.8										
FY2011 Correct Unrealizable Fund Sources in the FY2011	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
GGU Year 1 Salary and Health insurance												
1005 GF/Prgm (DGF)		102.2										
1007 I/A Rcpts (Other)		-102.2										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		198.0										
1156 Rcpt Svcs (DGF)		-198.0										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered	FisNot	23.0	23.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Employees Salary Increase												
<i>FY2011 Noncovered Employees Year 1 increase</i>												
<i>: \$23.0</i>												
1004 Gen Fund (UGF)		8.9										
1007 I/A Rcpts (Other)		2.4										
1037 GF/MH (UGF)		7.8										
1156 Rcpt Svcs (DGF)		3.9										
FY2011 Ch. 56, SLA 2010 (HB 421) LFD: Correct funding for	FisNot	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY 2011 Noncovered Employees Salary Increase												
1005 GF/Prgm (DGF)		3.9										
1156 Rcpt Svcs (DGF)		-3.9										
FY2012 Additional Funding to Meet Medicaid Documentation	Inc	400.0	400.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Requirements												
<i>The division is currently at risk of losing Medicaid revenue.</i>												
<i>The Pioneer Home system requests funding to pay for additional staff time to meet the documentation requirements mandated by the Home and Community Based Waiver program. This funding will allow us to utilize part-time positions, nonpermanent positions, and overtime to meet the documentation requirements and should provide for approximately 18,500 additional staff hours system-wide.</i>												
<i>These additional staff hours are funded with resident payments or general fund/designated program receipts (GF/Prgm). The Division's collections of resident payments continue to exceed our authorization and we believe future receipts will be sufficient to pay for this base budget increment. We request that the Pioneer Home resident payments be used to fund staff that serve them.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2012 Additional Funding to Meet Medicaid												
Documentation Requirements (continued)												
<i>According to 7 AAC 43.030, a provider shall maintain accurate financial, clinical, and other records necessary to support the care and services for which payment is requested. The provider is responsible to assure that the provider's designated billing service, or other entity responsible for the maintenance of financial, clinical and other records, meets the requirements of this section.</i>												
 <i>In FY2009, Myers and Stauffer LC performed a Medicaid Provider Payment Audit of the Alaska Veterans and Pioneer Homes calendar year 2006 claims and found that the documentation requirements were not met. As stated in the final report: "Documentation should support the medical need for each service. Documentation should also support that the services were actually provided to a Medicaid recipient including a record of the specific services provided, the extent of each service provided, the date on which each service was provided and the individual who provided each service." Based on the audit findings, the Division was required to pay back 68%, or \$329.4, of the total \$479.3 Medicaid receipts received for that service period. An additional \$153.8 was determined to be a Medicaid overpayment from an audit of FY06 and FY07 claims for all Homes concluded in June 2009. The division repaid this amount as well.</i>												
 <i>While we recognize the increased documentation requirements, without additional staff time we are unable to meet them while maintaining the current level of care we provide our residents.</i>												
<i>If approved, this additional staff time will be used to:</i>												
<i>-Assist residents and representatives with their regular Medicaid and Medicaid Waiver applications.</i>												
<i>-Track and review resident's ongoing eligibility status for regular Medicaid and Medicaid Waiver programs.</i>												
<i>-Develop, implement and oversee Medicaid audit tools for medication administration, activities of daily living, social services and activities progress notes, vital signs, bathing and weights.</i>												
<i>-Print, post and retrieve activities of daily living logs and update medical records accordingly.</i>												
<i>-Enter physician's orders, medication administration records, vital signs and weights into electronic medical records system.</i>												
<i>-Attend care planning meetings and manage data input so the care plan reflects the services provided.</i>												
<i>-Prepare and implement a schedule for auditing medical records to ensure services are properly documented.</i>												
<i>-Report documentation deficiencies to management.</i>												
<i>-Assist with data collection for mandated Medicaid audits.</i>												
<i>-Track quarterly assessments, care plans and interdisciplinary team meetings and notify staff of pending reviews.</i>												
 <i>Although the Alaska Veterans and Pioneer Home in Palmer was the first Pioneer Home subject to audit, we are aware documentation deficiencies exist in the five other Homes as well. With Medicaid Waiver receipts increasing from \$2.8 million in FY06 to \$5.1 million in FY10, the Pioneer Homes are at risk of additional audits and lost Medicaid receipts.</i>												
 <i>This increment is a good investment for the state. It will ensure Medicaid funding continues and will allow the Pioneer Homes to meet the Medicaid documentation requirements while maintaining the current level of care and service provided to Pioneer Home residents.</i>												
1005 GF/Prgm (DGF)		400.0										
FY2012 Incorporate partial FY11 distribution of fuel trigger in	Inc	294.6	0.0	0.0	294.6	0.0	0.0	0.0	0.0	0	0	0
FY12 base. Trigger start point moves from \$51 to \$65.												
1004 Gen Fund (UGF)		294.6										

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<b>Alaska Pioneer Homes (continued)</b>												
<b>Pioneer Homes (continued)</b>												
FY2012 Ch. 6, SLA 2011 (HB 16) EXTEND SENIOR BENEFITS PAYMENT PROGRAM	FisNot	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
CC - The GF requested replaces revenue from GFPR that is no longer available.												
1004 Gen Fund (UGF)		158.4										
1005 GF/Prgm (DGF)		-158.4										
<b>* Allocation Total *</b>		<b>11,051.9</b>	<b>5,865.3</b>	<b>-3.0</b>	<b>964.6</b>	<b>3,650.0</b>	<b>575.0</b>	<b>0.0</b>	<b>0.0</b>	<b>39</b>	<b>3</b>	<b>-2</b>
<b>Pioneers Homes Advisory Board</b>												
FY2008 AMD: Modify Fund Sources for Board	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
As part of the FY08 general fund reduction, funding for the Pioneers Homes Advisory Board is being changed from general fund to receipt supported services with funds received by the Pioneer Homes.												
1004 Gen Fund (UGF)		-13.7										
1156 Rcpt Svcs (DGF)		13.7										
FY2011 Budget Clarification Project, fund change to reflect fees charged to residents for room, board, and ancillary charges	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		13.7										
1156 Rcpt Svcs (DGF)		-13.7										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.6	0.0	-0.6	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		-0.6										
<b>* Allocation Total *</b>		<b>-0.6</b>	<b>0.0</b>	<b>-0.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>10,910.6</b>	<b>5,731.7</b>	<b>-7.9</b>	<b>957.0</b>	<b>3,654.8</b>	<b>575.0</b>	<b>0.0</b>	<b>0.0</b>	<b>39</b>	<b>3</b>	<b>-2</b>
<b>Behavioral Health</b>												
<b>AK Fetal Alcohol Syndrome Program</b>												
FY2006 Reduced federal funding for FASD Diagnostic Team for Community Based Prevention	Dec	-1,096.0	0.0	0.0	0.0	0.0	0.0	-1,096.0	0.0	0	0	0
FY06 is the final year of a 5 year Federal Program to improve the FAS System in Alaska. General Funds are being requested to fund 2 key components of the FAS Program.												
The first part of this increment (\$596.0) is requested to continue providing Fetal Alcohol Spectrum Disorder (FASD) diagnostic services in Alaska. These services are currently provided by diagnostic teams. FASD Diagnostic reporting estimates the cost of analysis and diagnosis to be approximately \$4.8 per diagnosis. No more than \$1.1 of the cost is reimbursable by Medicaid. The requested increment will cover the \$3.7 per diagnosis of non-reimbursable costs and will allow the division to continue to fund diagnostic teams to provide this needed service. During FY04 approximately 160 diagnoses were performed in Alaska.												
Funding of teams could either continue as grant awards or the division could develop a per diagnosis performance contract. By continuing to fund the diagnostic teams the division continues to provide a much needed service, it initiates overall improved services for the individual and family, and it continues to collect quality FASD diagnostic data that provides increased insight into gaps in service, prevention strategies, and ongoing prevalence data to document outcomes and improvements in the overall state rates.												
The second part of this increment (\$500.0) will fund Community Based Prevention and Service Improvement. Currently the Division of Behavioral Health's (DBH) Office of Fetal Alcohol Syndrome (FAS) is funding 40 community-based FAS Innovative grant programs across the state. The amount ranges from \$9.0 to \$150.0 per												

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<b>Behavioral Health (continued)</b>												
<b>AK Fetal Alcohol Syndrome Program (continued)</b>												
FY2006 Reduced federal funding for FASD												
Diagnostic Team for Community Based												
Prevention (continued)												
<i>grant. As we continue the momentum developed with the federally funded Alaska FAS Project, it is important to increase our service delivery capacities to provide improved services to those individuals affected by an Fetal Alcohol Spectrum Disorder (FASD), diagnosed with an FASD or exhibiting behaviors similar to those associated with prenatal exposure to alcohol. Through this increment we will fund up to 10 community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD.</i>												
<i>We will focus on developing programs with clear outcomes, evidence-based research and promising programs, as identified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These programs will be encouraged to develop within existing service delivery systems such as child protective services, juvenile justice, community mental health centers, residential treatment programs, job training centers, schools, substance abuse treatment programs, etc. providing for long-term sustainability. Programs will be selected to represent regional, cultural, ethnic and discipline diversity.</i>												
1002 Fed Rcpts (Fed)		-1,096.0										
FY2006 Replace federal funding for FASD Diagnostic Team for Community Based Prevention	Inc	1,096.0	0.0	0.0	0.0	0.0	0.0	1,096.0	0.0	0	0	0
<i>FY06 is the final year of a 5 year Federal Program to improve the FAS System in Alaska. General Funds are being requested to fund 2 key components of the FAS Program.</i>												
<i>The first part of this increment (\$596.0) is requested to continue providing Fetal Alcohol Spectrum Disorder (FASD) diagnostic services in Alaska. These services are currently provided by diagnostic teams. FASD Diagnostic reporting estimates the cost of analysis and diagnosis to be approximately \$4.8 per diagnosis. No more than \$1.1 of the cost is reimbursable by Medicaid. The requested increment will cover the \$3.7 per diagnosis of non-reimbursable costs and will allow the division to continue to fund diagnostic teams to provide this needed service. During FY04 approximately 160 diagnoses were performed in Alaska.</i>												
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<i>The second part of this increment (\$500.0) will fund Community Based Prevention and Service Improvement. Currently the Division of Behavioral Health's (DBH) Office of Fetal Alcohol Syndrome (FAS) is funding 40 community-based FAS Innovative grant programs across the state. The amount ranges from \$9.0 to \$150.0 per grant. As we continue the momentum developed with the federally funded Alaska FAS Project, it is important to increase our service delivery capacities to provide improved services to those individuals affected by an Fetal Alcohol Spectrum Disorder (FASD), diagnosed with an FASD or exhibiting behaviors similar to those associated with prenatal exposure to alcohol. Through this increment we will fund up to 10 community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD.</i>												

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<b>Behavioral Health (continued)</b>												
<b>AK Fetal Alcohol Syndrome Program (continued)</b>												
FY2006 Replace federal funding for FASD Diagnostic Team for Community Based Prevention (continued)												
<p><i>We will focus on developing programs with clear outcomes, evidence-based research and promising programs, as identified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These programs will be encouraged to develop within existing service delivery systems such as child protective services, juvenile justice, community mental health centers, residential treatment programs, job training centers, schools, substance abuse treatment programs, etc. providing for long-term sustainability. Programs will be selected to represent regional, cultural, ethnic and discipline diversity.</i></p> <p>1004 Gen Fund (UGF) 596.0 1007 I/A Rcpts (Other) 500.0</p>												
FY2006 CC: Remove portion of I/A replacing federal funding w/receipts for FASD Diagnostic Team for Community Based Prevention	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0

*FY06 is the final year of a 5 year Federal Program to improve the FAS System in Alaska. General Funds are being requested to fund 2 key components of the FAS Program.*

*The first part of this increment (\$596.0) is requested to continue providing Fetal Alcohol Spectrum Disorder (FASD) diagnostic services in Alaska. These services are currently provided by diagnostic teams. FASD Diagnostic reporting estimates the cost of analysis and diagnosis to be approximately \$4.8 per diagnosis. No more than \$1.1 of the cost is reimbursable by Medicaid. The requested increment will cover the \$3.7 per diagnosis of non-reimbursable costs and will allow the division to continue to fund diagnostic teams to provide this needed service. During FY04 approximately 160 diagnoses were performed in Alaska.*

*Funding of teams could either continue as grant awards or the division could develop a per diagnosis performance contract. By continuing to fund the diagnostic teams the division continues to provide a much needed service, it initiates overall improved services for the individual and family, and it continues to collect quality FASD diagnostic data that provides increased insight into gaps in service, prevention strategies, and ongoing prevalence data to document outcomes and improvements in the overall state rates.*

*The second part of this increment (\$500.0) will fund Community Based Prevention and Service Improvement. Currently the Division of Behavioral Health's (DBH) Office of Fetal Alcohol Syndrome (FAS) is funding 40 community-based FAS Innovative grant programs across the state. The amount ranges from \$9.0 to \$150.0 per grant. As we continue the momentum developed with the federally funded Alaska FAS Project, it is important to increase our service delivery capacities to provide improved services to those individuals affected by an Fetal Alcohol Spectrum Disorder (FASD), diagnosed with an FASD or exhibiting behaviors similar to those associated with prenatal exposure to alcohol. Through this increment we will fund up to 10 community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD.*

*We will focus on developing programs with clear outcomes, evidence-based research and promising programs, as identified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These programs will be encouraged to develop within existing service delivery systems such as child protective services, juvenile justice, community mental health centers, residential treatment programs, job training centers, schools,*

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<b>Behavioral Health (continued)</b>												
<b>AK Fetal Alcohol Syndrome Program (continued)</b>												
FY2006 CC: Remove portion of I/A replacing federal funding w/receipts for FASD Diagnostic Team for Community Based Prevention (continued)												
<i>substance abuse treatment programs, etc. providing for long-term sustainability. Programs will be selected to represent regional, cultural, ethnic and discipline diversity.</i>												
1007 I/A Rcpts (Other)		-500.0										
FY2007 Reduce Federal Authority for Alaska Fetal Alcohol Spectrum (FAS) Grant-Alaska's 5-year federal grant has ended	Dec	-4,128.4	0.0	0.0	-2,385.3	0.0	0.0	-1,743.1	0.0	0	0	0
<i>Alaska's 5 -Year Fetal Alcohol Spectrum Program Federal Grant has ended. This change record reduces federal authority to the anticipated level of \$1,800.0 for a no-cost extension of federal funds to be expended by September 30, 2006.</i>												
<i>The \$1,800.0 will be used to complete the final evaluation of the FAS project through a contract with the University of Alaska at Anchorage, Behavioral Health Research Evaluation Unit. They will also be used to complete a final report to the Substance Abuse and Mental Health Services Administration (SAMHSA) with copies of all developed materials and publications. In addition, the remaining funds will be used to establish a database for continuing internal data collection following the end of the federal funds.</i>												
<i>The division anticipates that most of these funds will be expended through contracts, with some funds allocated for personal services to complete this project.</i>												
1002 Fed Rcpts (Fed)		-4,128.4										
FY2008 Restore Grants to Continuation Levels	Inc	696.8	0.0	0.0	0.0	0.0	0.0	696.8	0.0	0	0	0
<i>The Division of Behavioral Health is requesting an increment of \$696.8 General Fund to maintain funding for the Fetal Alcohol Syndrome grants. Federal funds for the Fetal Alcohol Syndrome earmark grant ended on 9/30/2006 with an anticipated extension of funding through the end of FY 07 pending the approval of the Federal budget.</i>												
<i>Currently 14 agencies receive grant funds from the federal FAS grant. Without this increment, the services at risk include diagnostic services, the development of critically needed programs for youth and adults with FASD such as job-training, job-coaching and life skills development, and statewide prevention messaging to educate Alaskan's about the dangers of drinking alcohol during pregnancy.</i>												
<i>The mission of the Alaska Fetal Alcohol Syndrome (FAS) program is to prevent all alcohol-related birth defects, to increase diagnostic services in Alaska, to improve the delivery of services to those individuals already affected by fetal alcohol spectrum disorders (FASD) and to evaluate the outcomes of our statewide project.</i>												
<i>Performance Measures: Dept.</i>												
<i>Mission: To promote and protect the health and well being of Alaskans.</i>												
<i>Core Services: Provide self-sufficiency of Alaskans and protect and promote the health of Alaskans.</i>												
<i>End Result B: Outcomes Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>Strategy B1: provide enhancements to prevention and early intervention services.</i>												
<i>Performance Measure: Division</i>												

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<b>Behavioral Health (continued)</b>												
<b>AK Fetal Alcohol Syndrome Program (continued)</b>												
FY2008 Restore Grants to Continuation Levels (continued)												
<i>Mission: To provide an integrated behavioral health system</i>												
<i>End Result A: Outcomes Statement #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance, a serious mental illness and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form</i>												
1004 Gen Fund (UGF)		696.8										
FY2008 Reduction of excess federal funds	Dec	-696.8	0.0	0.0	-20.1	0.0	0.0	-676.7	0.0	0	0	0
<i>Anticipated reduction to federal funding under the Alaska Fetal Alcohol Syndrome earmark Project, a five year pilot project with an ending date of 9/30/2006. Although a time extension has been requested which will allow existing federal funding amounts through 9/30/2007, federal authorization is still in excess of anticipated revenue for FY08.</i>												
1002 Fed Rcpts (Fed)		-696.8										
FY2009 Reduction of federal funds	Dec	-803.2	0.0	0.0	-779.9	0.0	0.0	-23.3	0.0	0	0	0
<i>Federal earmark funding for the Alaska Fetal Alcohol Syndrome Project, a five year pilot project, ended.</i>												
1002 Fed Rcpts (Fed)		-803.2										
FY2010 Increased Grantee Costs for Providing Prevention and Treatment Services for Substance Abuse and Mental Health clients.	Inc	59.5	0.0	0.0	0.0	0.0	0.0	59.5	0.0	0	0	0
<i>The Division of Behavioral Health recommends an increase for grant programs providing prevention and treatment services for substance abuse and mental health clients. This increase will enhance the community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures. Approval of this request will avoid a reduction in capacity due to increased grantee costs and continue serving our vulnerable Alaskans.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i>												
1037 GF/MH (UGF)		59.5										
FY2011 MH Trust: AK MH/Alc Bd-Increased Access to FASD Treatment Svcs Rural AK	Inc	228.6	0.0	0.0	0.0	0.0	0.0	228.6	0.0	0	0	0
<i>Targeted grant funds will build and maintain treatment capacity in those communities with active diagnostic teams so that children receive appropriate therapies and services as close to home as possible.</i>												
<i>Outcomes are expected to include increased utilization of occupational, physical, and speech therapies; reduction in the number of children diagnosed with FASD who are admitted to RPTCs, including out-of-state placements; and increased clinician competencies to deliver services to children diagnosed with FASD.</i>												



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<b>Behavioral Health (continued)</b>												
<b>AK Fetal Alcohol Syndrome Program (continued)</b>												
FY2011 MH Trust: AK MH/Alc Bd-Increased Access to FASD Treatment Svcs Rural AK (continued)												
<i>This recommendation is expected to benefit Alaskan children born affected by prenatal alcohol exposure since 1993 (ages 0-18), as well as the 178 children we estimate will be born with some level of effect from prenatal alcohol exposure each year after 2011.</i>												
1037 GF/MH (UGF)		228.6										
FY2011 Reverse MH Trust: AK MH/Alc Bd-Increased Access to FASD Treatment Svcs Rural AK	Dec	-228.6	0.0	0.0	0.0	0.0	0.0	-228.6	0.0	0	0	0
<i>Targeted grant funds will build and maintain treatment capacity in those communities with active diagnostic teams so that children receive appropriate therapies and services as close to home as possible.</i>												
<i>Outcomes are expected to include increased utilization of occupational, physical, and speech therapies; reduction in the number of children diagnosed with FASD who are admitted to RPTCs, including out-of-state placements; and increased clinician competencies to deliver services to children diagnosed with FASD.</i>												
<i>This recommendation is expected to benefit Alaskan children born affected by prenatal alcohol exposure since 1993 (ages 0-18), as well as the 178 children we estimate will be born with some level of effect from prenatal alcohol exposure each year after 2011.</i>												
1037 GF/MH (UGF)		-228.6										
FY2011 MH Trust: AK MH/Alc Bd-FASD Treatment Svcs in Juneau, Kenai, Sitka, and Bethel be expanded	Inc	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
<i>Targeted grant funds will build and maintain treatment capacity in those communities with active diagnostic teams so that children receive appropriate therapies and services as close to home as possible.</i>												
<i>Outcomes are expected to include increased utilization of occupational, physical, and speech therapies; reduction in the number of children diagnosed with FASD who are admitted to RPTCs, including out-of-state placements; and increased clinician competencies to deliver services to children diagnosed with FASD.</i>												
<i>This recommendation is expected to benefit Alaskan children born affected by prenatal alcohol exposure since 1993 (ages 0-18), as well as the 178 children we estimate will be born with some level of effect from prenatal alcohol exposure each year after 2011.</i>												
1037 GF/MH (UGF)		400.0										
FY2011 CC: Reduce funding for MH Trust: AK MH/Alc Bd-FASD Treatment Svcs in Juneau, Kenai, Sitka, and Bethel be expanded	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
<i>Targeted grant funds will build and maintain treatment capacity in those communities with active diagnostic teams so that children receive appropriate therapies and services as close to home as possible.</i>												
<i>Outcomes are expected to include increased utilization of occupational, physical, and speech therapies; reduction in the number of children diagnosed with FASD who are admitted to RPTCs, including out-of-state placements; and increased clinician competencies to deliver services to children diagnosed with FASD.</i>												
<i>This recommendation is expected to benefit Alaskan children born affected by prenatal alcohol exposure since 1993 (ages 0-18), as well as the 178 children we estimate will be born with some level of effect from prenatal alcohol exposure each year after 2011.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>AK Fetal Alcohol Syndrome Program (continued)</b>												
FY2011 CC: Reduce funding for MH Trust: AK MH/Alc Bd-FASD Treatment Svcs in Juneau, Kenai, Sitka, and Bethel be expanded (continued)												
1037 GF/MH (UGF)		-100.0										
<b>* Allocation Total *</b>		<b>-5,072.1</b>	<b>0.0</b>	<b>0.0</b>	<b>-3,185.3</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,886.8</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Alcohol Safety Action Program (ASAP)</b>												
FY2006 Increase Case Coordination and Support for Therapeutic Courts	Inc	120.0	0.0	0.0	120.0	0.0	0.0	0.0	0.0	0	0	0
<i>These funds are based on the strategy and ongoing work of the court system and the case coordination support for the therapeutic courts through the Alcohol Safety Action Program. This increment redirects work from the Department of Corrections to DHSS.</i>												
1092 MHTAAR (Other)		120.0										
FY2007 Mental Health Trust Funding Adjustment	Dec	-15.0	0.0	0.0	0.0	0.0	0.0	-15.0	0.0	0	0	0
<i>The Alaska Mental Health Trust will fund the Support and Monitor Treatment for Beneficiaries Project for \$105.0 in FY07. This represents a \$15.0 reduction from the funding level of \$120.0 in FY06.</i>												
1092 MHTAAR (Other)		-15.0										
FY2007 Enhance and expand driving while under the influence (DUI) court monitoring/assessment services	Inc	686.7	0.0	0.0	686.7	0.0	0.0	0.0	0.0	0	0	0
<i>Enhance and expand driving while under the influence (DUI) court monitoring/assessment services. Inter-agency receipts from DOT source is federal highway funding from passing the seatbelt law. Amendment #3 HSC.</i>												
1007 I/A Rcpts (Other)		686.7										
FY2008 Additional MHTAAR for ASAP Therapeutic Case Management	Inc	15.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a 15.0 MHTAAR increment to support the Barrow Therapeutic court project.</i>												
<i>The project is a partnership between the Alaska Mental Health Trust and the Alaska Court System. This increment provides the full amount of \$120.0 MHTAAR for this project. The funds will be used to keep the current Barrow Therapeutic court project operational.</i>												
<i>The Barrow project model is unique, as it provides therapeutic court support and intensively monitors treatment recommendations ordered by the court without the full structure of a therapeutic court setting. It is a very promising practice in the development, implementation and sustainability of therapeutic courts utilizing limited resources to deliver positive outcomes. The project target population is misdemeanor offenders diagnosed with Fetal Alcohol spectrum disorder. The goal is to reduce involvement with the criminal justice system caused by bail/probation violations that result from an individual's inability to follow or adhere to traditional conditions because of a diminished cognitive capacity, not volitional intent. The position requires the expertise of both substance abuse and mental health disorders and their associated treatments.</i>												
<i>Division Performance Measures: A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED),</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alcohol Safety Action Program (ASAP) (continued)</b>												
FY2008 Additional MHTAAR for ASAP												
Therapeutic Case Management (continued)												
<i>a serious mental illness (SMI) and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i>												
1092 MHTAAR (Other)		15.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-99.6	-99.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-70.6										
1092 MHTAAR (Other)		-9.3										
1180 A/D T&P Fd (DGF)		-19.7										
FY2009 Fund Source Change from Interagency Receipts to												
Capital Improvement Project	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Behavioral Health requests a change in fund source from Interagency (IA) receipts to Capital Improvement Program (CIP) receipts. An annual Reimbursable Services Agreement (RSA) is awarded to the Alcohol Safety Action Program from the Highway Safety Planning Agency (HSPA) in DOTPF. The federal funding to the HSPA is budgeted in CIP receipts. When HSPA RSAs the funds to H&amp;SS it is required that the CIP funds be reflected, rather than IA. Also, a portion of the annual RSA agreement with the Court system is funded with federal funds that are reflected as CIP authority rather than operating budget, so should be reflected in the budget as CIP rather than IA.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1007 I/A Rcpts (Other)		-950.0										
1061 CIP Rcpts (Other)		950.0										
FY2009 Underage Drinking Initiative Increment	Inc	740.0	68.5	5.5	4.4	5.0	0.0	656.6	0.0	0	0	0
<i>In 2007, the Surgeon General of the United States issued a Call to Action to Prevent and Reduce Underage Drinking. Underage drinking in Alaska has long been a concern of health professionals, criminal justice personnel, educators, treatment providers, and prevention specialists. In 2005, Alaska joined states across the nation in establishing an underage drinking coordinating committee (Alaska Interagency Coordinating Committee on the Prevention of Underage Drinking) and hosting town hall meetings to address the underage drinking dilemma. Following Town Hall meetings in Anchorage (two times), Juneau, Valdez, Fairbanks, Galena, Yakutat, Nome, and Sitka, recommendations made it clear that Alaska needed to develop its own strategy to reduce and prevent underage drinking.</i>												
<i>This increment is part of a comprehensive initiative to reduce and prevent underage drinking among Alaska's youth. It will allow a coordinated response by the Alaska Court system, Division of Juvenile Justice, Department of Motor Vehicles, local law enforcement and school districts to respond more effectively in addressing and reducing underage drinking in the state.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alcohol Safety Action Program (ASAP) (continued)</b>												
FY2009 Underage Drinking Initiative Increment (continued)												
<i>In February 2007, the committee met for several days to review plans developed by other states, to prioritize recommendations for Alaska's response, and to develop a state Plan to Reduce and Prevent Underage Drinking (currently in draft form). One of the top priorities identified by the committee is to expand assessment, treatment and prevention services to all youth, including those entering the court system for alcohol-related offenses.</i>												
<i>The Alaska Alcohol Safety Action Program (ASAP) is based on a national approach to provide screening, early and brief intervention, and referrals to education or treatment, as determined appropriate. In addition, ASAP provides monitoring of the clients' progress, their completion of services and ongoing change in client behavior. ASAP includes programs for adults, as well as youth. Past and recent audits of the Alaska ASAP programs show continued improvement in re-arrest rates for subsequent alcohol related offenses among clients who participate in ASAP services. This increment will enhance and expand the Alaska Juvenile ASAP program - enhancing the existing eight programs to reach more youth and their families, and expanding services to five new communities where data indicates a critical need for ASAP services for youth.</i>												
<i>The budget for this increment is \$823,400 and includes:</i>												
<i>One Adult Probation Officer II - ASAP to help identify and track habitual minor consuming offenders who have been referred to the statewide education and treatment system. This position will work with Juvenile ASAP programs across Alaska to develop outcome measures, evaluation tools and improved programming to increase appropriate services to youth, to reduce re-offenses/recidivism, and to decrease underage drinking in Alaska.</i>												
<i>Salary, travel, communications &amp; supplies \$ 83,400</i>												
<i>Increase funding to 8 existing juvenile ASAP programs (Anchorage- VOA, Fairbanks, Juneau, Kenai, Ketchikan, Kotzebue, Kodiak &amp; Mat-Su)</i>												
<i>Increased juvenile ASAP grant capacity \$ 240,000</i>												
<i>Expand juvenile ASAP grants to 5 new communities (Bethel, Barrow, Dillingham, Nome &amp; Seward) where there have been repeated requests and support for ASAP services to screen, assess, monitor and treat minor consuming offenders.</i>												
<i>Expanded juvenile ASAP grant capacity \$ 500,000</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-1: Provide enhancements to prevention and early intervention services.</i>												
<i>BH-A-1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1004 Gen Fund (UGF)		740.0										
FY2009 Restore Underage Drinking Initiative Increment for one	Inc	83.4	83.4	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
PFT position and funding (Juvenile ASAP Position)												
<i>In 2007, the Surgeon General of the United States issued a Call to Action to Prevent and Reduce Underage Drinking. Underage drinking in Alaska has long been a concern of health professionals, criminal justice personnel, educators, treatment providers, and prevention specialists. In 2005, Alaska joined states across the nation in</i>												

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**Behavioral Health (continued)**  
**Alcohol Safety Action Program (ASAP) (continued)**

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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FY2009 Restore Underage Drinking Initiative  
Increment for one PFT position and funding  
(Juvenile ASAP Position) (continued)  
*establishing an underage drinking coordinating committee (Alaska Interagency Coordinating Committee on the Prevention of Underage Drinking) and hosting town hall meetings to address the underage drinking dilemma. Following Town Hall meetings in Anchorage (two times), Juneau, Valdez, Fairbanks, Galena, Yakutat, Nome, and Sitka, recommendations made it clear that Alaska needed to develop its own strategy to reduce and prevent underage drinking.*

*This increment is part of a comprehensive initiative to reduce and prevent underage drinking among Alaska's youth. It will allow a coordinated response by the Alaska Court system, Division of Juvenile Justice, Department of Motor Vehicles, local law enforcement and school districts to respond more effectively in addressing and reducing underage drinking in the state.*

*In February 2007, the committee met for several days to review plans developed by other states, to prioritize recommendations for Alaska's response, and to develop a state Plan to Reduce and Prevent Underage Drinking (currently in draft form). One of the top priorities identified by the committee is to expand assessment, treatment and prevention services to all youth, including those entering the court system for alcohol-related offenses.*

The Alaska Alcohol Safety Action Program (ASAP) is based on a national approach to provide screening, early and brief intervention, and referrals to education or treatment, as determined appropriate. In addition, ASAP provides monitoring of the clients' progress, their completion of services and ongoing change in client behavior. ASAP includes programs for adults, as well as youth. Past and recent audits of the Alaska ASAP programs show continued improvement in re-arrest rates for subsequent alcohol related offenses among clients who participate in ASAP services. This increment will enhance and expand the Alaska Juvenile ASAP program - enhancing the existing eight programs to reach more youth and their families, and expanding services to five new communities where data indicates a critical need for ASAP services for youth.

The budget for this increment is \$823,400 and includes:

*One Adult Probation Officer II - ASAP to help identify and track habitual minor consuming offenders who have been referred to the statewide education and treatment system. This position will work with Juvenile ASAP programs across Alaska to develop outcome measures, evaluation tools and improved programming to increase appropriate services to youth, to reduce re-offenses/recidivism, and to decrease underage drinking in Alaska.*

Salary, travel, communications & supplies	\$ 83,400
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*Increase funding to 8 existing juvenile ASAP programs (Anchorage- VOA, Fairbanks, Juneau, Kenai, Ketchikan, Kotzebue, Kodiak & Mat-Su)*

Increased juvenile ASAP grant capacity	\$ 240,000
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*Expand juvenile ASAP grants to 5 new communities (Bethel, Barrow, Dillingham, Nome & Seward) where there have been repeated requests and support for ASAP services to screen, assess, monitor and treat minor consuming offenders.*

<i>Expanded juvenile ASAP grant capacity</i>	\$ 500,000
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alcohol Safety Action Program (ASAP) (continued)</b>												
FY2009 Restore Underage Drinking Initiative												
Increment for one PFT position and funding												
(Juvenile ASAP Position) (continued)												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-1: Provide enhancements to prevention and early intervention services.</i>												
<i>BH-A-1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1004 Gen Fund (UGF)		83.4										
FY2009 Reduce one PFT Adult ASAP Position and Funding	Dec	-83.4	-83.4	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>In 2007, the Surgeon General of the United States issued a Call to Action to Prevent and Reduce Underage Drinking. Underage drinking in Alaska has long been a concern of health professionals, criminal justice personnel, educators, treatment providers, and prevention specialists. In 2005, Alaska joined states across the nation in establishing an underage drinking coordinating committee (Alaska Interagency Coordinating Committee on the Prevention of Underage Drinking) and hosting town hall meetings to address the underage drinking dilemma. Following Town Hall meetings in Anchorage (two times), Juneau, Valdez, Fairbanks, Galena, Yakutat, Nome, and Sitka, recommendations made it clear that Alaska needed to develop its own strategy to reduce and prevent underage drinking.</i>												
<i>This increment is part of a comprehensive initiative to reduce and prevent underage drinking among Alaska's youth. It will allow a coordinated response by the Alaska Court system, Division of Juvenile Justice, Department of Motor Vehicles, local law enforcement and school districts to respond more effectively in addressing and reducing underage drinking in the state.</i>												
<i>In February 2007, the committee met for several days to review plans developed by other states, to prioritize recommendations for Alaska's response, and to develop a state Plan to Reduce and Prevent Underage Drinking (currently in draft form). One of the top priorities identified by the committee is to expand assessment, treatment and prevention services to all youth, including those entering the court system for alcohol-related offenses.</i>												
<i>The Alaska Alcohol Safety Action Program (ASAP) is based on a national approach to provide screening, early and brief intervention, and referrals to education or treatment, as determined appropriate. In addition, ASAP provides monitoring of the clients' progress, their completion of services and ongoing change in client behavior. ASAP includes programs for adults, as well as youth. Past and recent audits of the Alaska ASAP programs show continued improvement in re-arrest rates for subsequent alcohol related offenses among clients who participate in ASAP services. This increment will enhance and expand the Alaska Juvenile ASAP program - enhancing the existing eight programs to reach more youth and their families, and expanding services to five new communities where data indicates a critical need for ASAP services for youth.</i>												
<i>The budget for this increment is \$823,400 and includes:</i>												
<i>One Adult Probation Officer II - ASAP to help identify and track habitual minor consuming offenders who have been referred to the statewide education and treatment system. This position will work with Juvenile ASAP programs across Alaska to develop outcome measures, evaluation tools and improved programming to increase appropriate services to youth, to reduce re-offenses/recidivism, and to decrease underage drinking in Alaska.</i>												
<i>Salary, travel, communications &amp; supplies</i>												
<i>\$ 83,400</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alcohol Safety Action Program (ASAP) (continued)</b>												
FY2009 Reduce one PFT Adult ASAP Position and Funding (continued)												
<i>Increase funding to 8 existing juvenile ASAP programs (Anchorage- VOA, Fairbanks, Juneau, Kenai, Ketchikan, Kotzebue, Kodiak &amp; Mat-Su)</i>												
<i>Increased juvenile ASAP grant capacity</i> \$ 240,000												
<i>Expand juvenile ASAP grants to 5 new communities (Bethel, Barrow, Dillingham, Nome &amp; Seward) where there have been repeated requests and support for ASAP services to screen, assess, monitor and treat minor consuming offenders.</i>												
<i>Expanded juvenile ASAP grant capacity</i> \$ 500,000												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-1: Provide enhancements to prevention and early intervention services.</i>												
<i>BH-A-1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1004 Gen Fund (UGF)		-83.4										
FY2009 MH Trust: Therapeutic Case Mgmt/Support, Monitor Treatment	IncOTI	135.0	110.0	10.0	10.0	5.0	0.0	0.0	0.0	0	0	0
<i>Grant 569.03</i>												
<i>The MH Trust: Dis Justice - ASAP Therapeutic Case Mgmt/Support, Monitor Treatment project will continue funding an existing position within the Alcohol Safety Action Program (ASAP) located in Barrow. This position identifies available treatment, makes treatment recommendations to the court and monitors adherence to those court order recommendations. The Program Coordinator manages and supervises the position.</i>												
<i>This project is a critical component of the Disability Justice Focus Area plan. The program provides a therapeutic court alternative in rural/remote Alaska. Therapeutic courts address the underlying disorder that contributed to the individual's contact with the justice system, which can potentially decrease future costs associated with the criminal justic system, and care within correctional settings or psychiatric institutions.</i>												
<i>The MH Trust: Dis Justice - ASAP Therapeutic Case Mgmt/Support, Monitor Treatment project was funded in FY08 with \$120.0 MHTAAR and is being increased in FY09 to \$135.0 MHTAAR.</i>												
1092 MHTAAR (Other)		135.0										
FY2010 MH Trust: Dis Justice - Grant 569.04 ASAP Therapeutic Case Management and Monitoring Treatment	IncOTI	135.0	110.0	10.0	10.0	5.0	0.0	0.0	0.0	0	0	0
<i>The MH Trust: Dis Justice - ASAP Therapeutic Case Management and Monitoring Treatment project will continue funding an existing position within the Alcohol Safety Action Program (ASAP) located in Barrow. This position identifies available treatment, makes treatment recommendations to the court and supports and monitors adherence to those court order recommendations. The DHSS/BH/ASAP Program Coordinator manages and supervises the position.</i>												
<i>This project is a critical component of the Disability Justice Focus Area plan, by providing a therapeutic court</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alcohol Safety Action Program (ASAP) (continued)</b>												
FY2010 MH Trust: Dis Justice - Grant 569.04												
ASAP Therapeutic Case Management and												
Monitoring Treatment (continued)												
<i>alternative in rural/remote Alaska that addresses the underlying disorder that contributed to the individual's contact with the justice system. By reducing the number of contacts with the criminal justice system, the costs incurred will be reduced.</i>												
<i>This project was funded in FY09. In FY10 a \$135.0 MHTAAR increment is requested to maintain the momentum of effort.</i>												
1092 MHTAAR (Other)		135.0										
FY2010 Maintain support to 235 participants in nine therapeutic courts	Inc	653.0	503.0	35.0	90.0	25.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		653.0										
FY2011 MH Trust: Dis Justice - Grant 569.05 AK Safety Action Pgm Therapeutic Case Management and Monitoring Treatment	IncOTI	138.0	113.0	10.0	10.0	5.0	0.0	0.0	0.0	0	0	0
<i>The MH Trust: Dis Justice - Alaska Safety Action Program (ASAP) Therapeutic Case Management and Monitoring Treatment project will continue funding an existing position within ASAP in Barrow. This position identifies available treatment, makes treatment recommendations to the court, and supports and monitors adherence to those court ordered recommendations. The ASAP Program Coordinator manages and supervises the position.</i>												
<i>This project is a critical component of the Disability Justice Focus Area plan, by providing a therapeutic court alternative in rural/remote Alaska that addresses the underlying disorder that contributed to the individual's contact with the justice system. Thus, this project will minimize future costs incurred by contacts with the criminal justice system.</i>												
1092 MHTAAR (Other)		138.0										
FY2011 Budget Clarification Project, fund change to reflect fees charged to clients for attending ASAP program	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		391.3										
1156 Rcpt Svcs (DGF)		-391.3										
FY2011 Add Interagency Receipts to replace transferred funding to Court System's new Therapeutic Court appropriation	Inc	390.4	0.0	0.0	390.4	0.0	0.0	0.0	0.0	0	0	0
<i>To aggregate all statewide Therapeutic Courts funding into one agency in one new appropriation under the Alaska Court System. Funds will be transferred from the Departments of Law (\$364.7), Health and Social Services (\$1,394.6), Corrections (\$252.2), and Administration (\$355.0) and the Alaska CourtSystem/Therapeutic Court's component (\$2,018.3) in an effort to advance coordination and accountability for the Therapeutic Courts programs. 132.2 of I/A is not replaced--it remains in Courts.</i>												
1007 I/A Rcpts (Other)		390.4										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.8	0.0	-1.8	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.8										
1005 GF/Prgm (DGF)		-0.3										
1037 GF/MH (UGF)		-0.6										
1180 A/D T&P Fd (DGF)		-0.1										
FY2011 Increase Partners for Progress funding to support Therapeutic Courts (funds will be transferred from Courts)	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
1007 I/A Rcpts (Other)		200.0										



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<b>Behavioral Health (continued)</b>												
<b>Alcohol Safety Action Program (ASAP) (continued)</b>												
FY2011 Correct Unrealizable Fund Sources in the FY2011	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
GGU Year 1 Salary and Health insurance												
1004 Gen Fund (UGF)		0.1										
1007 I/A Rcpts (Other)		4.6										
1092 MHTAAR (Other)		-0.2										
1180 A/D T&P Fd (DGF)		-4.5										
 FY2012 CC: Fund a Probation Officer for case management at the Anchorage Municipal Wellness Court	IncOTI	79.9	79.9	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1007 I/A Rcpts (Other)		79.9										
 FY2013 Authority for Anchorage Municipal Wellness Court Case Management Reimbursable Services Agreement	IncM	85.0	85.0	0.0	0.0	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 for the Therapeutic Court Program have been increasing.</i>												
1007 I/A Rcpts (Other)		85.0										
FY2013 Unrealized Authority	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										
<b>* Allocation Total *</b>		<b>3,176.6</b>	<b>984.8</b>	<b>68.7</b>	<b>1,236.5</b>	<b>45.0</b>	<b>0.0</b>	<b>841.6</b>	<b>0.0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Behavioral Health Grants</b>												
FY2006 Adjustments to MHTAAR Funding	Inc	355.0	0.0	0.0	75.0	0.0	0.0	280.0	0.0	0	0	0
<i>This increment reflects adjustment to MHTAAR funding for the following projects:</i>												
<i>Rural Services for Deaf/Hearing Impaired &lt;\$75.0&gt;</i>												
<i>Family Wellness Camps &lt;\$100.0&gt;</i>												
<i>Traumatic Brain Injury Project \$50.0</i>												
<i>Improve Capacity to Employ Involuntary Commitment \$75.0</i>												
<i>Provide Detox Alternatives \$405.0</i>												
 <i>There are two new Mental Health Trust projects for FY06:</i>												
 <i>Improve Capacity to Employ Involuntary Commitment \$75.0 - This increment would provide funding to develop specialized capacity in Community Residential Centers (CRC's or "halfway houses") to provide non-jail therapeutic alternatives for pre-trial release, sentencing disposition, and community re-entry for beneficiaries being discharged from prisons.</i>												
 <i>Provide Detoxification Alternatives \$405.0 - This increment provides funding to develop a mechanism to support commitment to treatment of persons whose abuse/addiction repeatedly place their health and safety at risk.</i>												
1092 MHTAAR (Other)		355.0										
FY2006 Reduce Excess Interagency Receipt Authority	Dec	-5,500.0	0.0	0.0	0.0	0.0	0.0	-5,500.0	0.0	0	0	0
<i>In both FY04 and FY05, these receipts were never realized.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2006 Reduce Excess Interagency Receipt Authority (continued)												
1007 I/A Rcpts (Other)		-5,500.0										
FY2007 Mental Health Trust Project Additions	Inc	275.0	0.0	0.0	0.0	0.0	0.0	275.0	0.0	0	0	0
<i>In FY07 the Alaska Mental Health Trust Authority will fund the following additional projects in FY07 in the Behavioral Health Grants component:</i>												
<i>Expand treatment for therapeutic court participants with co-occurring disorders \$150.0</i>												
<i>Increasing numbers of therapeutic court participants (both those in mental health courts and those involved in addictions courts) are being identified as suffering from co-occurring serious mental illness and substance use disorders. Lack of residential treatment for persons with these co-occurring disorders has been a critical impediment to success for many of these beneficiaries. There is currently only a single program with limited capacity to serve this population. The capacity was decreased with the loss of federal funds and the decrease has affected the outcomes for many therapeutic court participants. These increased funds would provide an immediate expansion of this critically needed treatment capacity while the impact of other actions (such as the Department of Corrections/Social Security Administration effort to maintain and rapidly re-instate disability benefits of offenders) can be incorporated into plans for sustainable funding of this capacity.</i>												
<i>AK Automated Information Management System (AK AIMS) Provider Electronic Data Interface \$50.0</i>												
<i>AKAIMS is a standardized and consolidated behavioral health information collection and delivery system serving approximately 90 behavioral health provider agencies and many hundreds of users. Managed by the Division, the system will generate reports per federal and state regulation, including full HIPAA compliance. This funding will provide an additional \$50.0 to providers who use non-AKAIMS data systems. They will utilize the Electronic Data Interface (EDI) to connect with AKAIMS. This requires that they contract with their database's technical support to add or adjust data fields so that they correlate with the AKAIMS required fields.</i>												
<i>AK AIMS Provider Computers/Internet \$50.0</i>												
<i>These fund will be used to help providers to purchase computer hardware and computer infrastructure for connection to the internet to access AKAIMS. At this point there are many service providers who lack up-to-date hardware to be able to access the internet in order to interface with the AKAIMS.</i>												
<i>Pre-trial Diversion project implementation \$25.0</i>												
<i>Pre-trial diversion provides an effective means of avoiding criminalization for many beneficiaries whose minor criminal offenses stem from their disability. Pre-trial diversion has proven to hold substantial promise in avoiding a criminal charge for beneficiaries of a federally-funded Anchorage pilot project. The addition of new MHTAAR funds in FY07 will support case coordination and/or bridge funding for treatment capacity needed to implement pre-trial diversion efforts not restricted by federal requirements in up to two communities where prosecutors, defense counsel, community providers and correctional facility staff demonstrate need, desire, and collaboration to support pre-trial diversion projects.</i>												
1092 MHTAAR (Other)		275.0										

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2007 Reduce Federal Authorization receipts for Substance Abuse Prevention and Treatment (SAPT) Block Grant	Dec	-1,638.7	0.0	0.0	0.0	0.0	0.0	-1,638.7	0.0	0	0	0
<i>This change record reduces federal receipt authorization by \$1,638.7. This reduction is in line with anticipated receipts for this component.</i>												
1002 Fed Rcpts (Fed)		-1,638.7										
FY2007 Reduce Interagency Receipt Authority to Projected Levels	Dec	-157.5	0.0	0.0	0.0	0.0	0.0	-157.5	0.0	0	0	0
<i>This change record reduces interagency receipt authority by \$157.5. This reduction is in line with anticipated receipt levels for FY07 in this component.</i>												
1007 I/A Rcpts (Other)		-157.5										
FY2007 Reduce GF and replace using Alcohol Treatment and Prevention funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-1,691.4										
1180 A/D T&P Fd (DGF)		1,691.4										
FY2008 Increased MHTAAR Funding for Workforce and Justice Initiatives	Inc	155.0	0.0	0.0	0.0	0.0	0.0	155.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$155.0 MHTAAR funding increments for the following FY08 BH Grant Projects:</i>												
<i>\$85.0 - Transition to Full Time Work Project</i>												
<i>Temporary employment can give skill sets which are needed in a variety of industries. It gives clients a chance to develop work skills and habits which may then lead to more permanent employment. However, many of our beneficiaries need initial support and mentoring to stay on the job. This includes help managing activities of daily living and other employment logistics such as child care and housing. It also includes support for developing work attitudes and competencies. With help getting through the first steps of employment, the probability of eventual independence is greatly increased. A successful example of this is Gastineau Human Services partnership with Alaska Employment Group.</i>												
<i>Many trust beneficiaries manage to obtain temporary jobs which sometimes lead to more permanent employment. This temporary employment project would employ 2 case managers to focus on the employment life domain and job retention for Trust beneficiaries. This project will partner with state and local entities to serve up to 100 beneficiaries a year from a variety of community referrals.</i>												
<i>\$70.0 - Convene a biennial Summit on beneficiary issues and the justice system.</i>												
<i>This \$70.0 funding will support the Alaska Mental Health Trust Authority's Disability Justice Workgroup recommendation to convene a FY08 follow-up Summit and provide funding for staff or contractual support for the coordination and organization necessary to convene the summit including conference site, materials and travel stipends for attendees.</i>												
<i>This proposed follow-up summit was one of the two key recommendations from the 2002 Summit. The Trust's Disability Justice Workgroup agreed that it was time to convene a follow-up summit to address the following issues:</i>												
<i>1) Assess the State's implementation progress of effective cross-system (justice, corrections, treatment) collaborative de-criminalization efforts,</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2008 Increased MHTAAR Funding for Workforce and Justice Initiatives (continued)												
2) Highlight relevant national policy and program trends in the decriminalization of persons with mental disorders to incorporate into Alaska's planning efforts, and												
3) Identify and recommend action steps for new or enhanced solutions.												
Division Measures:												
A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.												
Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.												
Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.												
1092 MHTAAR (Other)		155.0										
FY2008 Decrease in MHTAAR Funding	Dec	-1,309.6	0.0	0.0	0.0	0.0	0.0	-1,309.6	0.0	0	0	0
MHTAAR Funding Reduced in FY08												
(\$50.0) Mental Health Consumer & Family Conference												
(\$200.0) Family Wellness Camps												
(\$320.7) Mini-Grants for Chronic Alcoholic Beneficiaries												
(\$388.9) Mini-Grants for Benef experiencing Mental Illness												
(\$150.0) Traumatic Brain Injury Project												
(\$75.0) Improve capacity to employ involuntary commitment to treatment												
(\$50.0) AK AIMS Provider Electronic Data Interface												
(\$50.0) AK AIMS Provider computers/internet												
(\$25.0) Pre-Trial Diversion project implementation												
1092 MHTAAR (Other)		-1,309.6										
FY2008 AMD: Restore Grants to FY07 Continuation Levels	Inc	3,203.2	0.0	0.0	0.0	0.0	0.0	3,203.2	0.0	0	0	0
The Division of Behavioral Health is requesting an increment of \$3,203.2 to fund Behavioral Health Grants at FY07 continuation levels. Failure to fund this shortfall will result in direct cuts to grants serving vulnerable children, their families and adults.												
The Behavioral Health Grants component contains funds to be granted to local non-profit agencies to support mental health and substance abuse intervention and treatment services. These provide the comprehensive, statewide mental health and substance abuse identification and treatment system required by law. These programs primarily serve Alaskans without insurance or the ability to pay for services. This component also supports personal skills development and general support services for people with traumatic brain injury and provides for state-owned community mental health facilities. The division is challenged to meet the service needs of an increasing number of people who are ordered to get treatment or risk specific consequences like loss of custody of children or incarceration. With the on-going efforts of the Behavioral Health Integration Project (BHIP), the division will continue to develop an integrated behavioral health system of care and service delivery under which grantee providers will continue to be cross-trained in both mental health and substance abuse treatment and service delivery, commensurate with dual diagnosis capability. The division is challenged to improve data-collection strategies to support grantees and data needs at the state and federal level. Also, the integrated grant system provides special challenges in terms of financial management. The challenge of this integration effort, which is in its fourth year, is the elimination of any "wrong doors", increased administrative and fiscal												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2008 AMD: Restore Grants to FY07												
Continuation Levels (continued)												
<i>efficiency and, most importantly, improved services. This is a complex undertaking involving two former divisions with different regulations and standards in many areas including staff qualifications, Medicaid reimbursements, and approval/quality assurance.</i>												
<i>The division will utilize a performance-based evaluation process to determine Provider Performance and funding levels, which include timely submission of quarterly program reports, timely and accurate submission of Cumulative Fiscal Reports for our FY08 grants in all funding categories.</i>												
<i>Division Measure:</i>												
<i>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i>												
<i>Division Measure:</i>												
<i>A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive integrated Behavioral Health Service System.</i>												
<i>Target #1: A fully integrated Behavioral Health Service system will occur over the next four years as evidenced by a 25% improvement in service outcomes and consumer satisfaction.</i>												
<i>Measure #1: Outcomes data from Adult Mental Health Statistics Improvement Program (MHSIP) Consumer Survey</i>												
1004 Gen Fund (UGF)		3,203.2										
FY2008 Fund source change from GF to Tobacco Ed & Cessation	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-1,000.0										
1168 Tob ED/CES (DGF)		1,000.0										
FY2008 Delete Tobacco Education & Cessation funding and add I/A Receipts-TANF Bonus funding	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Amendment #1 adopted in House Finance Sub Committee action on 03/12/07.</i>												
<i>Behavioral Health Grants are funded at the FY07 continuation levels, this fund source change takes the Tobacco Education Cessation funds out of the grants component and replaces that fund source with TANF bonus funds (language per amendment #1).</i>												
1007 I/A Rcpts (Other)		1,000.0										
1168 Tob ED/CES (DGF)		-1,000.0										
FY2008 Delete I/A Receipts - TANF Bonus funding	Dec	-1,000.0	0.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0	0	0
<i>DHSS has indicated programs funded through Behavioral Health Grants do not meet the TANF spending requirements.</i>												
1007 I/A Rcpts (Other)		-1,000.0										
FY2008 AMD: Enhanced Detoxification and Dual Diagnosis Treatment in Anchorage and Fairbanks	Inc	800.0	0.0	0.0	0.0	0.0	0.0	800.0	0.0	0	0	0
<i>The Division of Behavioral Health proposes a \$800.0 GF increment to enhance detoxification and dual diagnosis</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												

FY2008 AMD: Enhanced Detoxification and  
Dual Diagnosis Treatment in Anchorage and  
Fairbanks (continued)

*treatment services in Anchorage and Fairbanks.*

*Detoxification and dual diagnosis treatment services target adults with mental illness and co-occurring substance use disorders. The service was designed to offer an alternative to Alaska Psychiatric Institute hospitalization for those requiring detoxification in conjunction with psychiatric treatment. The services are currently provided through the Clitheroe Center in Anchorage.*

1) *The increase would create five additional Social Detoxification (detox) beds in Anchorage.*

*Currently, there are 12 medical detoxification beds and no social detoxification beds available in Anchorage. There were 670 detox admissions during the past fiscal year; 187 people were turned away because of a lack of bed space. A utilization review of detox services provided during the last year indicated that nearly 65% of those served would likely have been appropriate for services at a less intensive level of care, otherwise known as social detoxification. The Municipality of Anchorage and a local provider have noted interest in providing social detox services. Funds requested would cover the treatment costs only for clients served; the Municipality may have a building with space to accommodate up to 5 beds for social detox. This has the potential to increase community capacity for detox services by as much as 350 - 600 people annually and reduce the strain on medical detox beds.*

2) *Fairbanks Behavioral Health Enhanced Detox Facility increment to increase capacity for detox beds.*

*The Division of Behavioral Health is requesting in the increment the ability to increase by 60% the detoxification capacity at the new Fairbanks facility.*

*Fairbanks is one of only five communities in Alaska with capacity to provide detoxification services for persons withdrawing from alcohol or other drugs. As a regional center, Fairbanks provides detoxification care for persons from throughout the Interior and Northern regions of the state. However, with only a ten-bed capacity for detoxification care, the beds are perpetually full and service is unavailable to large numbers of persons in need. Because Alaska law requires intervention with persons incapacitated by alcohol and other drugs, lack of adequate detox capacity in Fairbanks results in more than 1000 incapacitated persons being held in the Fairbanks Correctional Facility annually and many others served in the hospital emergency room. This results in inappropriate and unnecessarily expensive care and loss of an opportunity for effective intervention and long-term treatment.*

*In 2003, the Alaska Legislature appropriated \$1 million in capital funds to develop additional detox capacity. Department of Health and Social Services (DHSS), the Alaska Mental Health Trust Authority (AMHTA) and a coalition which included the Fairbanks Community Behavioral Health Center (FCBHC), Fairbanks Native Association (FNA), Fairbanks Memorial Hospital (FMH), Tanana Chiefs Conference/Chief Andrew Isaac Health Center (TCC), have obtained more than \$2 million in additional capital funding to construct a new 16 bed facility. The new facility will expand detox capacity by 60% and provide the capability of serving persons who cannot be served or are inadequately served in the current facility. The facility will house integrated detoxification and mental health care and will be a critical step towards the integration of substance abuse and mental health care services. It will serve as a statewide framework for coordination and integration of the community and regional behavioral health systems.*

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2008 AMD: Enhanced Detoxification and Dual Diagnosis Treatment in Anchorage and Fairbanks (continued)												
<p><i>The new facility will avoid the Medicaid IMD exclusion, which prohibits the existing program from receiving Medicaid reimbursement because it is in a building containing more than 16 beds. It will allow the program to appropriately obtain federal funding participation for the care of Medicaid eligible patients who receive detox services, providing an important new funding source. However, most of the patients have neither Medicaid nor private insurance coverage and an increment is needed to support the additional capacity and enhancements of the program to be operated in the new facility to reduce the demand for jail and medical care services. The increment represents the difference between the total operating costs of the expanded capacity and the amount that can be generated from Medicaid and other third party billings.</i></p> <p><i>Department Performance Measures:</i></p> <p><i>Mission: To promote and protect the health and well being of Alaskans</i></p> <p><i>End Result B: Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i></p> <p><i>Target #3: Reduce 30 day readmission rate for API by 10% on an annualized basis.</i></p> <p><i>Measure #3: Rate of API readmissions.</i></p>												
1037 GF/MH (UGF)		800.0										
FY2008 Reduce funding for Detoxification and Dual Diagnosis	Dec	-300.0	0.0	0.0	0.0	0.0	0.0	-300.0	0.0	0	0	0
1037 GF/MH (UGF)		-300.0										
FY2008 AMHTA recommendations - add assisted living training & targeted capacity for development	Inc	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0	0	0
1092 MHTAAR (Other)		100.0										
FY2008 AMHTA recommendations - add detox & treatment center for use of involuntary commitment	Inc	75.0	0.0	0.0	0.0	0.0	0.0	0.0	75.0	0	0	0
1092 MHTAAR (Other)		75.0										
FY2008 AMHTA recommendations - develop sleep-off alternatives in targeted communities	Inc	25.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0	0	0
1092 MHTAAR (Other)		25.0										
FY2009 Request General Funds due to Elimination of Proshare Financing	Inc	820.9	0.0	0.0	0.0	0.0	0.0	820.9	0.0	0	0	0
<p><i>In SFY 08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Behavioral Health Grants provide grant funding to local non-profit agencies to support mental health and substance abuse treatment services in order to provide statewide mental health and substance abuse treatment services. This transfer of \$820.9 is necessary to give the division the funding needed to continue these services.</i></p>												
1004 Gen Fund (UGF)		820.9										
FY2009 Discontinue Private ProShare Refinancing	Inc	3,448.2	0.0	0.0	0.0	0.0	0.0	3,448.2	0.0	0	0	0
<i>This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
<i>Medicaid program by the federal Medicaid agency.</i>												
<i>The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.</i>												
<i>ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments, and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general fund (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i>												
<i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b--Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1037 GF/MH (UGF)		3,448.2										
FY2009 Senior Outreach, Assessment, and Referral Project (SOAR)	Inc	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
<i>Senior service providers report a growing number of clients experiencing serious behavioral health needs.</i>												



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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2009 Senior Outreach, Assessment, and Referral Project (SOAR) (continued)												
<p><i>Aggressive behavior and substance abuse are becoming more widespread and problematic in settings such as senior centers and independent-living senior housing. Depression, isolation, and grief issues are common among older Alaskans. Suicide among Alaska seniors is more prevalent than for seniors living outside. While reasons for higher rates of suicide among Alaska seniors are not known, we do know that it is difficult for seniors to access basic mental health care, such as treatment for depression, in many Alaskan communities. A lack of appropriate behavioral health services for seniors, fear of social stigma, insufficient prevention and intervention programs, and shortage of trained geriatric providers are some of the barriers to delivering services appropriate for seniors. We are requesting funding for this project to provide a statewide structure for developing senior-friendly forms of outreach and assessment, and where necessary, will invest in the development of appropriate local treatment options. Our advocacy partners include the Alaska Mental Health Board/Alaska Board on Alcohol and Drug Abuse.</i></p> <p><i>Performance Measures Affected:</i>  <i>Dept-Core Services: Provide an integrated behavioral health system</i>  <i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>  <i>BH-A1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i></p>												
1037 GF/MH (UGF)		300.0										
FY2009 Add MHTAAR Funding for Brain Injury Training for Providers	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<p><i>MH Trust: AB-Gov Cncl - Brain Injury training for providers</i>  <i>The traumatic brain injury (TBI) training program includes three separate components: 1) Contracted brain injury specialists utilizing Alaska Psychiatric Institute's telebehavioral health project and other communication options for case consultation; 2) Regional workshops specific to needs of the area utilizing multidisciplinary hub and spoke model highlighting the needs across several life domains, and 3) Developing training format and material to include self study modules utilized in other states. (Minnesota example www.mitbitraining.org; DVD training for specific provider groups Alabama, Rhode Island example, and Virtual Program Centers utilizing telehealth, Idaho example). The project is a designated grant request to the Alaska Brain Injury Advisory Board.</i></p> <p><i>The Comprehensive Integrated Mental Health Plan for FY09 has identified a lack of early-intervention services. Once a brain injury has occurred, early intervention, appropriate treatment, and skilled professionals are factors in the expected course of recovery for mild, moderate, and severe brain injury. It is estimated that there are more than 10,000 Alaskans living with a brain injury. In 2006, 800 Alaskans were hospitalized with a moderate to severe brain injury. There is little data showing the prevalence of mild TBI. In general, most mild TBI individuals recover completely within several months; nonetheless, a subset of patients do not return to their pre-injury level of functioning and are highly symptomatic. Nearly 15% of patients with mild brain injury continue to complain of symptoms one year after injury. Research indicates these patients will likely not get better. These survivors are being found in Trust beneficiary provider agencies, Division of Behavioral Health and Senior/Disabilities Services programs, Department of Corrections, the School Systems, Division of Vocational Rehabilitation, and the Veterans Administration.</i></p> <p><i>This increment will ensure that every provider serving Alaskans with a brain injury will have access to brain injury</i></p>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2009 Add MHTAAR Funding for Brain Injury												
Training for Providers (continued)												
specialists for consultation, will have a road map on how to address the screening, assessment, referral, and treatment planning, and will feel confident in their service capabilities.												
1092 MHTAAR (Other)		100.0										
FY2009 MH Trust: AB-AK MH/Alc & Drug - Transition to Full-Time Work Project	IncOTI	85.0	0.0	0.0	0.0	0.0	0.0	85.0	0.0	0	0	0
MH Trust: AB-AK MH/Alc & Drug - Transition to Full-Time Work Project												
This project provides grant funding to provider(s) to enhance work skills of those experiencing behavioral health problems. Temporary employment can give skill sets which are needed in a variety of industries. It gives clients a chance to develop work skills and habits which may then lead to more permanent employment. However, many of our beneficiaries need initial support and mentoring to stay on the job. This includes help managing activities of daily living and other employment logistics such as child care and housing. It also includes support for developing work attitudes and competencies. With help getting through the first steps of employment, the probability of eventual independence is greatly increased. A successful example of this is Gastineau Human Services partnership with Alaska Employment Group. Funded project(s) would be expected to show client outcomes via the existing DHSS/Behavioral Health data efforts in showing life domain improvements and consumer satisfaction with services. This is continuation funding of FY08 at \$85.0 MHTAAR.												
1092 MHTAAR (Other)		85.0										
FY2009 MH Trust: Disability Justice - Expand Treatment Capacity for Therapeutic Court Participants with Co-occurring Disorders	IncOTI	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
This request will fund the MH Trust: Disability Justice - Expand Treatment Capacity for Therapeutic Court Participants with Co-occurring Disorders. This will continue providing essential co-occurring assessment and treatment services for participants in the Palmer Mental Health Court. This project will be managed by the Division of Behavioral Health Grant component staff with funds disseminated to a behavioral health provider.												
This project maintains access to a critical component of the Disability Justice Focus Area plan. It provides access for Palmer Mental Health Court participants to community co-occurring treatment services so an individual can address the underlying mental health and substance abuse issues that contributed to their contact with the criminal justice system. This increases public safety and decreases the potential for future high costs incurred by contacts with the criminal justice system and care within correctional settings or psychiatric institutions. The Behavioral Health Grants staff, in collaboration with the behavioral health grantee and the court system, will collect outcome data on participants accessing this treatment.												
The MH Trust: Dis Justice - Expand Treatment Capacity for Therapeutic Court Participants with Co-occurring Disorders project was funded in FY08 with \$150.0 MHTAAR and is maintained at that level in FY09 with \$150.0 MHTAAR.												
1092 MHTAAR (Other)		150.0										
FY2009 MH Trust: Disability Justice - Assess Sleep-Off Alternatives	IncOTI	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
Grant 1380.01												
This request will fund MH Trust: Disability Justice - Assess Sleep-Off Alternatives project, which will continue to support Behavioral Health (BH) staff and targeted communities in the pre-development and planning process for a community system of service alternatives to incarcerating persons under Title 47 substance abuse protective custody holds. This project will be managed by Behavioral Health Grants staff with funds disseminated to												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2009 MH Trust: Disability Justice - Assess												
Sleep-Off Alternatives (continued)												
behavioral health providers through grant agreements.												
This project maintains a critical component of the Disability Justice Focus Area Plan by developing community service alternatives to avoid the high costs incurred by the use of state correctional institutions for Title 47 substance abuse protective custody holds.												
The MH Trust: Dis Justice - Assess Sleep-Off Alternatives project was funded in FY08 with \$25.0 MHTAAR and increased in FY09 to \$50.0 MHTAAR.												
1092 MHTAAR (Other)		50.0										
FY2009 MH Trust: Disability Justice - Detox and Treatment Capacity	IncOTI	480.0	0.0	0.0	0.0	0.0	0.0	480.0	0.0	0	0	0
This request will fund the Justice for Trust Beneficiaries (JFTB) - Detox and Treatment Capacity project, which will continue development of community detoxification capacity and treatment alternatives to avoid the high costs incurred by the use of state correctional institutions for Title 47 substance abuse protective custody holds.												
This project will be managed by Behavioral Health Grants staff. The funds will be disseminated through grants, contracts or a combination of the two to behavioral health providers. This project maintains a critical component of the Disability Justice Focus Area plan by developing alternative community detoxification and treatment services to avoid the higher costs incurred in the correctional or hospital emergency room setting. Behavioral Health Grants staff will collect outcome data on how the funding is utilized to save correctional and hospital costs.												
The Justice for Trust Beneficiaries (JFTB) - Detox and Treatment Capacity project was funded in FY08 with \$480.0 MHTAAR and is maintained at that level in FY09 with \$480.0 MHTAAR.												
1092 MHTAAR (Other)		480.0										
FY2009 MH Trust: Housing - Assisted Living Home Training and Targeted Capacity for Development	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Grant 1377.01												
The Assisted Living home training and targeted capacity development project is a continuation of an FY08 Trust project to improve the quality of training available to assisted living home providers. The department's 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, AMHTA funds 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 will support these goals by providing training to assisted living home caregivers with the goal of increasing the capacity of these providers to house individuals with intensive behavioral health needs. The project will be administered by the Division of Behavioral Health through a grantee to provide the prescribed training program.												
1092 MHTAAR (Other)		100.0										
FY2009 Add General Fund/Mental Health Funding for Substance Abuse Provider Rate Increase	Inc	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
1037 GF/MH (UGF)		750.0										
FY2009 Additional Base Funding for Existing Core Services - Emphasis on Substance Abuse Treatment	Inc	2,000.0	0.0	0.0	0.0	0.0	0.0	2,000.0	0.0	0	0	0
1037 GF/MH (UGF)		2,000.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2009 CC: Reduce Base Funding for Existing Core Services - Emphasis on Substance Abuse Treatment	Dec	-1,250.0	0.0	0.0	0.0	0.0	0.0	-1,250.0	0.0	0	0	0
1037 GF/MH (UGF)		-1,250.0										
FY2009 Community Based Prevention and Intervention, Wrap Around Services	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
1037 GF/MH (UGF)		1,000.0										
FY2009 CC: Reduce funding for Community Based Prevention and Intervention, Wrap Around Services	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
1037 GF/MH (UGF)		-500.0										
FY2010 MH Trust: AMHB - Grants for community behavioral health services	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
<p><i>The Alaska Mental Health Board, the Division of Behavioral Health (DBH), and the Mental Health Trust have identified a core group of hard-to-serve adults with severe and persistent mental illness and substance abuse problems, as well as repeated episodes of hospitalization, incarceration, and homelessness. These adults need a higher level of service than most other consumers in order to keep them stable, in housing and out of API or jail. At their current level of funding, behavioral health centers are not able to provide the level of care that these very ill adults need. In fact, in FY2008 three grantee community mental health agencies closed admissions because grant funds had been depleted before the end of the year. Current levels of grant and Medicaid funding have proven insufficient for these complex situations.</i></p> <p><i>This increment request builds treatment capacity in the existing system by purchasing intensive individualized services. Services include nursing care, 24 hour/day case manager support, daily medication administration, residential dual diagnosis treatment, and transport to services. At least 107 individuals with very high needs can be served with these funds.</i></p> <p><i>DBH calculated costs from invoices provided by the Department of Corrections' re-entry program for mentally ill adults exiting jail (APIC) and Salvation Army Clitheroe dual diagnosis residential treatment program. DBH estimates that of the 107 individuals served by the program, at least 1 in 6 will need 3 months of residential substance abuse treatment at \$4,950 each. All will need 12 months of intensive outpatient mental health treatment at \$14,450 each.</i></p> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> <li>- Decreased utilization of hospital emergency rooms;</li> <li>- Decreased incidence of incarceration;</li> <li>- Decreased psychiatric hospitalizations;</li> <li>- Decreased homelessness;</li> <li>- Decreased evictions from apartments and assisted living facilities;</li> <li>- Increased ability to function in a sheltered workplace;</li> <li>- More timely access to services upon discharge from API and corrections.</li> </ul>												
1037 GF/MH (UGF)		1,000.0										
FY2010 MH Trust: ABADA - Grants for community based substance abuse services	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
<p><i>The continuum of detoxification and substance abuse services within the State of Alaska remains under-funded in a number of our regions. We are seeking funding to institute a continuum of services that effectively treats our addicted population in the most appropriate level of care.</i></p>												

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**Behavioral Health (continued)  
Behavioral Health Grants (continued)**

FY2010 MH Trust: ABADA - Grants for  
community based substance abuse services  
(continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*This increment represents a 9% increase to statewide grant funding for substance abuse treatment and will be used to serve an additional 270 individuals and pursue the following outcomes:*

*- Stabilize funding for fragile service system by providing more adequate funding for agencies that are not able to bill Medicaid (IMD exclusions and non-eligibility populations).*

*- Increase access to community based substance abuse services and specifically increase access to SA treatment for:*

*SED youth who may be referred out of state for treatment without this option;  
OCS referred parents - help reunite families and help meet federal standards;  
Inmates discharged from prison;  
Probation cases who are released from Corrections;  
Therapeutic court clients;  
Divisions of Juvenile Justice and Public Assistance.*

*According to the National Institute on Drug Abuse, substance abuse treatment is as successful as treatment of other chronic diseases, such as diabetes, hypertension, and asthma. Substance abuse treatment has been proven to reduce drug use by 40-60 percent and it significantly decreases criminal activity after treatment.*

*For every dollar spent on treating an individual with a substance abuse problem, society saves approximately \$12 in future costs, according to the National Association of State Alcohol and Drug Abuse Directors. On average, almost 75 percent of those who go through a treatment program remain drug-free six months later and 63% are still drug-free one year later. Studies further show that employment rates nearly double and crime rates are reduced by 80% in the first year among those who have completed treatment.*

*The negative consequences of drug abuse affect not only individuals who abuse drugs but also their families and friends, businesses, and government entities.*

*Children of individuals who abuse drugs often are abused or neglected due to the parents' preoccupation with obtaining and using drugs rather than the health and welfare of their children.*

*Economically, businesses often are affected because employees who abuse drugs are often unreliable. Moreover, absenteeism, lost productivity, and increased use of medical and insurance benefits by employees who abuse drugs affect a business financially.*

*It is important to note that the prevalence report of low income households within Alaska indicates 7,256 adults have substance abuse disorders. In addition, AKAIMS data indicates that for FY08 there were 493 people on a waitlist for substance abuse treatment.*

1037 GF/MH (UGF)	1,000.0										
FY2010 MH Trust: ABADA - Grants for community based substance abuse services	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0

*The continuum of detoxification and substance abuse services within the State of Alaska remains under-funded in*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2010 MH Trust: ABADA - Grants for community based substance abuse services (continued)												
<i>a number of our regions. We are seeking funding to institute a continuum of services that effectively treats our addicted population in the most appropriate level of care.</i>												
<i>This increment represents a 9% increase to statewide grant funding for substance abuse treatment and will be used to serve an additional 270 individuals and pursue the following outcomes:</i>												
<i>- Stabilize funding for fragile service system by providing more adequate funding for agencies that are not able to bill Medicaid (IMD exclusions and non-eligibility populations).</i>												
<i>- Increase access to community based substance abuse services and specifically increase access to SA treatment for:</i>												
<i>SED youth who may be referred out of state for treatment without this option;</i>												
<i>OCS referred parents - help reunite families and help meet federal standards;</i>												
<i>Inmates discharged from prison;</i>												
<i>Probation cases who are released from Corrections;</i>												
<i>Therapeutic court clients;</i>												
<i>Divisions of Juvenile Justice and Public Assistance.</i>												
<i>According to the National Institute on Drug Abuse, substance abuse treatment is as successful as treatment of other chronic diseases, such as diabetes, hypertension, and asthma. Substance abuse treatment has been proven to reduce drug use by 40-60 percent and it significantly decreases criminal activity after treatment.</i>												
<i>For every dollar spent on treating an individual with a substance abuse problem, society saves approximately \$12 in future costs, according to the National Association of State Alcohol and Drug Abuse Directors. On average, almost 75 percent of those who go through a treatment program remain drug-free six months later and 63% are still drug-free one year later. Studies further show that employment rates nearly double and crime rates are reduced by 80% in the first year among those who have completed treatment.</i>												
<i>The negative consequences of drug abuse affect not only individuals who abuse drugs but also their families and friends, businesses, and government entities.</i>												
<i>Children of individuals who abuse drugs often are abused or neglected due to the parents' preoccupation with obtaining and using drugs rather than the health and welfare of their children.</i>												
<i>Economically, businesses often are affected because employees who abuse drugs are often unreliable. Moreover, absenteeism, lost productivity, and increased use of medical and insurance benefits by employees who abuse drugs affect a business financially.</i>												
<i>It is important to note that the prevalence report of low income households within Alaska indicates 7,256 adults have substance abuse disorders. In addition, AKAIMS data indicates that for FY08 there were 493 people on a waitlist for substance abuse treatment.</i>												
1037 GF/MH (UGF)		250.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2010 MH Trust: Dis Justice - Grant 1192.03 Expand Treatment Capacity Therapeutic Court Participants w/ Co-occurring Disorders	Inc	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
<p><i>MH Trust: Dis Justice - Expand Treatment Capacity for Therapeutic Court Participants with Co-Occurring Disorders project will continue providing essential co-occurring assessment and treatment services for participants in the Palmer Mental Health Court. This project will be managed by Behavioral Health Grants staff with funds disseminated to a behavioral health provider.</i></p> <p><i>This project maintains access to a critical component of the Disability Justice Focus Area plan by providing access to community co-occurring treatment services so an individual can address the underlying mental health and substance abuse issues that contributed to their contact with the criminal justice system. This increases public safety and decreases the risk of future high costs incurred by contacts with the criminal justice system and care within correctional settings or the psychiatric institution.</i></p> <p><i>This project has been funded since in FY2007 with \$150.0 MHTAAR and is maintained at that level in FY2010 with \$75.0 MHTAAR and \$75.0 GF/MH.</i></p>												
1037 GF/MH (UGF)		75.0										
FY2010 Fairbanks Behavioral Health Enhanced Detox Facility	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
<p><i>The Division of Behavioral Health is requesting a \$500.0 increment to close the funding gap in the expanded detoxification facility scheduled for completion in January 2009.</i></p> <p><i>The new facility will avoid the Medicaid Institute for Mental Disease (IMD) exclusion which prohibits the existing program from receiving Medicaid reimbursement because it is in a building containing more than 16 beds. It will allow the program to appropriately obtain federal funding participation for the care of Medicaid eligible patients who receive detox services and provide an important new funding source. However, most of the patients have neither Medicaid nor private insurance coverage and an increment of \$500.0 is needed to support the additional capacity and enhancements of the program to be operated in the new facility. The increment represents the difference between the total operating costs of the expanded capacity and the amount that can be generated from Medicaid and other third party billings.</i></p> <p><i>Background:</i>  <i>The Department of Health and Social Services has statutory responsibility to establish a comprehensive and coordinated program for the treatment of alcoholics, intoxicated persons, drug abusers, and inhalant abusers (AS 47.37.130.) An essential element of that program is the provision of detoxification services. Alaska law requires that persons who are incapacitated by alcohol or other drugs must be taken into protective custody and provided appropriate treatment. Detoxification services are the essential component for appropriate emergency care, the critical pathway to treatment for persons with substance use disorders.</i></p> <p><i>Fairbanks is one of only five communities in Alaska with capacity to provide detoxification services for persons withdrawing from alcohol or other drugs. As a regional center, Fairbanks provides detoxification care for persons throughout the Interior and Northern regions of the state. However, with only an eight-bed capacity for detoxification care, the beds are perpetually full and service is unavailable to large numbers of persons in need. Because Alaska law requires intervention with persons incapacitated by alcohol and other drugs, lack of adequate detox capacity in Fairbanks results in more than 1000 incapacitated persons being held in the Fairbanks Correctional Facility annually and many others end up in the hospital emergency room. This results in inappropriate and unnecessarily expensive care and loss of an opportunity for effective intervention and recovery.</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2010 Fairbanks Behavioral Health Enhanced Detox Facility (continued)												
<p><i>In 2003, the Alaska Legislature appropriated \$1 million in capital funds to develop additional detox capacity. Department of Health and Social Services, the Alaska Mental Health Trust and a coalition of community agencies have obtained more than \$2 million in additional capital funding needed to construct a new 16 bed facility. The new facility will double the capacity and provide the capability of serving persons who cannot be served or served adequately in the current facility. The facility will house integrated detoxification and mental health care and will be a critical step towards the integration of substance abuse and mental health care services. It will serve as a statewide framework for coordination and integration of the community and regional behavioral health systems.</i></p> <p><i>Outcomes of the project are to:</i></p> <p><i>Decreased number of alcohol-related arrests in to the Fairbanks Correctional Facility;</i></p> <p><i>Decreased alcohol related deaths;</i></p> <p><i>Decreased alcohol-related ER admissions.</i></p> <p><i>Performance Measures Affected:</i></p> <p><i>Dept-Core Services: Provide an integrated behavioral health system</i></p> <p><i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i></p> <p><i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i></p>												
1037 GF/MH (UGF)		500.0										
FY2010 Increased Grantee Costs for Providing Prevention and Treatment Services for Substance Abuse and Mental Health clients.	Inc	419.2	0.0	0.0	48.2	0.0	0.0	371.0	0.0	0	0	0
<p><i>The Division of Behavioral Health recommends an increase for grant programs providing prevention and treatment services for substance abuse and mental health clients. This increase will enhance the community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures. Approval of this request will avoid a reduction in capacity due to increased grantee costs and continue serving our vulnerable Alaskans.</i></p> <p><i>Performance Measures Affected:</i></p> <p><i>Dept-Core Services: Provide an integrated behavioral health system</i></p> <p><i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i></p> <p><i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i></p>												
1037 GF/MH (UGF)		419.2										
FY2010 MH Trust: Dis Justice - Grant 1192.03 Expand Treatment Capacity Therapeutic Court Participants w/ Co-occurring Disorders	IncOTI	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
<p><i>MH Trust: Dis Justice - Expand Treatment Capacity for Therapeutic Court Participants with Co-Occurring Disorders project will continue providing essential co-occurring assessment and treatment services for participants in the Palmer Mental Health Court. This project will be managed by Behavioral Health Grants staff with funds</i></p>												



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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2010 MH Trust: Dis Justice - Grant 1192.03												
Expand Treatment Capacity Therapeutic Court												
Participants w/ Co-occurring Disorders												
(continued)												
disseminated to a behavioral health provider.												
This project maintains access to a critical component of the Disability Justice Focus Area plan by providing access to community co-occurring treatment services so an individual can address the underlying mental health and substance abuse issues that contributed to their contact with the criminal justice system. This increases public safety and decreases the risk of future high costs incurred by contacts with the criminal justice system and care within correctional settings or the psychiatric institution.												
This project has been funded since in FY2007 with \$150.0 MHTAAR and is maintained at that level in FY2010 with \$75.0 MHTAAR and \$75.0 GF/MH.												
1092 MHTAAR (Other)		75.0										
FY2010 MH Trust: Housing - Grant 1377.02 Assisted living	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
home training and targeted capacity for development												
The Assisted Living home training and targeted capacity development project is a continuation of a Trust project to improve the quality of training available to assisted living home providers. The DHSS 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, AMHTA funds 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 will support these goals by providing training to assisted living home caregivers with the goal of increasing the capacity of these providers to house individuals with intensive behavioral health needs. The project will be administered by DHSS Behavioral Health through a grantee according to qualification to provide the prescribed training program.												
1092 MHTAAR (Other)		100.0										
FY2010 MH Trust: Dis Justice - Grant 585.04 Detox and	IncOTI	530.0	0.0	0.0	0.0	0.0	0.0	530.0	0.0	0	0	0
Treatment Capacity as alternatives to protective custody holds												
The Justice for Trust Beneficiaries (JFTB) Detox and Treatment Capacity project will continue funding efforts for the development of community detoxification capacity and treatment alternatives to avoid the high costs incurred by the use of state correctional institutions for Title 47 substance abuse protective custody holds.												
This project will be managed by Behavioral Health Grants staff. The funds will be disseminated through either grants, contracts or a combination of the two to behavioral health providers. This project maintains a critical component of the Disability Justice Focus Area plan by developing alternative community detoxification and treatment services to avoid the higher costs incurred in the correctional or hospital emergency room setting. Behavioral Health Grants staff will collect outcome data on how the funding is utilized to save correctional and hospital costs.												
This project was funded in FY2009 with \$480.0 MHTAAR. In FY2010, the \$530.0 MHTAAR funding request reflects a modest increase to maintain momentum of effort.												
1092 MHTAAR (Other)		530.0										
FY2010 AMD: MH Trust: Dis Justice - Grant 585.04 Detox and	Dec	-30.0	0.0	0.0	0.0	0.0	0.0	-30.0	0.0	0	0	0
Treatment Capacity as alternatives to protective custody holds												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2010 AMD: MH Trust: Dis Justice - Grant												
585.04 Detox and Treatment Capacity as												
alternatives to protective custody holds												
(continued)												
<p><i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being reduced.</i></p>												
1092 MHTAAR (Other)		-30.0										
FY2010 MH Trust: Workforce Dev - Grant 1434.01 Brain Injury training for providers	IncOTI	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The traumatic brain injury (TBI) training program includes three separate components: 1) Contracted brain injury specialists utilizing Alaska Psychiatric Institute's telebehavioral health project and other communication options for case consultation; 2) Regional workshops specific to needs of the area utilizing multidisciplinary hub and spoke model highlighting the needs across several life domains, and 3) Developing training format and material to include self study modules utilized in other states. (Minnesota example www.mitbitraining.org; DVD training for specific provider groups Alabama, Rhode Island example, and Virtual Program Centers utilizing telehealth, Idaho example). The project is a designated grant request to the Alaska Brain Injury Advisory Board.</i></p>												
<p><i>The Comprehensive Integrated Mental Health Plan for FY09 has identified a lack of early-intervention services to be a gap. Once a brain injury has occurred, early intervention, appropriate treatment, and skilled professionals are factors in the expected course of recovery for mild, moderate, and severe brain injury. It is estimated that there are more than 10,000 Alaskans living with a brain injury. In 2006, 800 Alaskans were hospitalized with a moderate to severe brain injury. There is little data showing the prevalence of mild TBI. In general, most mild TBI individuals recover completely within several months; nonetheless, a subset of patients do not return to their pre-injury level of functioning and are highly symptomatic. Nearly 15% of patients with mild brain injury continue to complain of symptoms one year after injury. Research indicates these patients will likely not get better. These survivors are being found in Trust beneficiary provider agencies, grantees of the Divisions of Behavioral Health and Senior/Disabilities Services, as well as Department of Corrections, the school systems, Division of Vocational Rehabilitation, and the Veterans Administration.</i></p>												
<p><i>Every provider serving Alaskans with brain injury will have access to brain injury specialists for consultation, will have a road map on how to address the screening, assessment, referral, and treatment planning, and will feel confident in their service capabilities.</i></p>												
1092 MHTAAR (Other)		50.0										
FY2010 Fund operating costs of Volunteers of America's ARCH residential treatment center for individuals with severe emotional	Inc	181.0	0.0	0.0	0.0	0.0	0.0	181.0	0.0	0	0	0
1037 GF/MH (UGF)		181.0										
FY2010 Maintain access to co-occurring treatment services for mental health/substance abuse individuals in Palmer Mental Health	IncOTI	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
1092 MHTAAR (Other)		75.0										
FY2010 Maintain access to co-occurring treatment services for mental health/substance abuse individuals in Palmer Mental Health	Dec	-75.0	0.0	0.0	0.0	0.0	0.0	-75.0	0.0	0	0	0
1092 MHTAAR (Other)		-75.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2010 Maintain access to co-occurring treatment services for mental health/substance abuse individuals in Palmer Mental Health	Inc	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
1037 GF/MH (UGF)		75.0										
FY2010 Maintain access to co-occurring treatment services for mental health/substance abuse individuals in Palmer Mental Health	Dec	-75.0	0.0	0.0	0.0	0.0	0.0	-75.0	0.0	0	0	0
1037 GF/MH (UGF)		-75.0										
FY2010 Combat Alaska's Statewide Heroin Epidemic	Inc	210.0	0.0	0.0	0.0	0.0	0.0	210.0	0.0	0	0	0
1037 GF/MH (UGF)		210.0										
FY2010 Reverse a Sen CS increment in order to convert to incoti: Combat Alaska's Statewide Heroin Epidemic	Dec	-210.0	0.0	0.0	0.0	0.0	0.0	-210.0	0.0	0	0	0
1037 GF/MH (UGF)		-210.0										
FY2010 Substance Abuse Services Fund Source Switch	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-1,000.0										
1180 A/D T&P Fd (DGF)		1,000.0										
FY2011 MH Trust: Dis Justice - Specialized Treatment Unit (Clitheroe)	Inc	1,200.0	0.0	0.0	0.0	0.0	0.0	1,200.0	0.0	0	0	0
<p><i>This increment will sustain the Secured Treatment Unit (STU) pilot project which began in Anchorage in FY10 and was initiated by the 2007 Senate bill 100. The funding will be used to increase the treatment opportunities for chronic public inebriates within the State while decreasing the negative impacts that substance abuse has on the lives of the treated individuals as well as society as a whole.</i></p> <p><i>The Secured Treatment Unit at Salvation Army Clitheroe operates in accordance with AS 47.37, the Uniform Alcoholism and Intoxication Treatment Act, specifically AS 47.37.030 (10). The program provides detoxification and residential substance abuse treatment services for adult chronic inebriates who are referred through AS 47.37.180-205 Emergency Commitment or individuals who are eligible for a non-voluntary commitment to treatment. The detoxification component has four available beds and the treatment unit has eight beds for clients who have completed detoxification and who are able to begin treatment.</i></p> <p><i>The target populations for this project are individuals whose persistent and continuous use of alcohol has severely restricted their ability to function productively within society over an extended period of time. This group represents a traditionally difficult to serve segment of the State whose disproportionate use of local resources far exceeds that of many other priority populations.</i></p> <p><i>The anticipated outcomes are:</i></p> <ol style="list-style-type: none"> <li><i>1) Reduction of emergency room visits;</i></li> <li><i>2) Reduction of Community Service Patrol pick-ups;</i></li> <li><i>3) Reduction on use of alcohol and other drugs;</i></li> <li><i>4) Increase in the number of days spent off the streets;</i></li> <li><i>5) Increase in days of employment;</i></li> <li><i>6) Increase in perceived level of life satisfaction.</i></li> </ol>												
1037 GF/MH (UGF)		1,200.0										
FY2011 MH Trust: Dis Justice - Maintain Treatment Capacity Therapeutic Court Participants w/ Co-occurring Disorders	Inc	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2011 MH Trust: Dis Justice - Maintain Treatment Capacity Therapeutic Court Participants w/ Co-occurring Disorders (continued)												
<i>MH Trust: Dis Justice - Maintain Treatment Capacity for Therapeutic Court Participants with Co-Occurring Disorders project will continue providing essential co-occurring assessment and treatment services for participants in the Palmer Mental Health Court. This project will be managed by Behavioral Health Grants staff with funds disseminated to a behavioral health provider.</i>												
<i>This project maintains access to a critical component of the Disability Justice Focus Area plan by providing access to community co-occurring treatment services so an individual can address the underlying mental health and substance abuse issues that contributed to their contact with the criminal justice system. This increases public safety and decreases the risk of future high costs incurred by contacts with the criminal justice system and care within correctional settings or the psychiatric institution.</i>												
1037 GF/MH (UGF)		75.0										
FY2011 MH Trust: Dis Justice - Detox and Treatment Capacity as alternatives to protective custody holds	Inc	518.3	0.0	0.0	0.0	0.0	0.0	518.3	0.0	0	0	0
<i>The Justice for Trust Beneficiaries (JFTB) Detox and Treatment Capacity project will continue funding efforts for the development of community detoxification capacity and treatment alternatives to avoid the high costs incurred by the use of state correctional institutions for Title 47 substance abuse protective custody holds.</i>												
<i>This project will be managed by Behavioral Health Grants staff. The funds will be disseminated through either grants, contracts or a combination of the two to behavioral health providers. This project maintains a critical component of the Disability Justice Focus Area plan by developing alternative community detoxification and treatment services to avoid the higher costs incurred in the correctional or hospital emergency room setting. Behavioral Health Grants staff will collect outcome data on how the funding is utilized to save correctional and hospital costs.</i>												
1037 GF/MH (UGF)		518.3										
FY2011 MH Trust: AK MH/Alc Bd-Substance Abuse Treatment for Pregnant Women	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
<i>Grant funds will expand capacity to provide substance abuse treatment to pregnant women.</i>												
<i>Providers who shared data reported providing treatment services to 97 pregnant women in FY08. DHSS reports a prevalence rate of 15 children (1.5/1,000 live births) born each year with fetal alcohol syndrome and 163 children (16.3/1,000 live births) born each year affected by prenatal alcohol exposure. Thus, only 54% of the women who are estimated to have needed substance abuse treatment to prevent harm to their children in utero received care in FY08.</i>												
<i>The intent is that funding would be prioritized to: expand residential treatment capacity for pregnant women statewide (to alleviate the need to travel to Anchorage/Fairbanks); encourage expansion of existing family-based treatment models where children can reside at the facility with the mother in treatment; expand intensive outpatient treatment capacity for pregnant women statewide so that, when space in a residential or a family-style program is not available, a pregnant woman who needs and seeks treatment can receive it; and expand aftercare.</i>												
1037 GF/MH (UGF)		500.0										
FY2011 MH Trust: Housing - Grant 1377.03 Assisted living home training and targeted capacity for development	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2011 MH Trust: Housing - Grant 1377.03												
Assisted living home training and targeted capacity for development (continued)												
<p><i>The Assisted Living home training and targeted capacity development project is a continuation of a Trust project to improve the quality of training available to assisted living home providers. The DHSS 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, AMHTA funds assisted living care for approximately 10 to 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 will support these goals by providing training to assisted living home caregivers with the goal of increasing the capacity of these providers to house individuals with intensive behavioral health needs. The project will be administered by DHSS Behavioral Health through a grantee according to qualification to provide the prescribed training program.</i></p>												
1092 MHTAAR (Other)		100.0										
FY2011 MH Trust: Dis Justice - Grant 1380.02	IncOTI	100.0	0.0	15.0	0.0	0.0	0.0	85.0	0.0	0	0	0
Pre-Development for Sleep Off Alternatives in Targeted Communities (Nome)												
<p><i>There are chronic inebriates in Alaska who are a danger to themselves or others as a result of their chronic alcoholism or abuse of other drugs. While Title 47 of our statutes has long provided for involuntary commitment to treatment, it has been underutilized due to a lack of secure treatment options. This recommendation is to support the planning process for a rural secure treatment provider.</i></p> <p><i>This recommendation is for services for Alaskans committed to secure treatment under Title 47. This is the highest - and most expensive - level of treatment, but it is provided to those individuals whose addiction costs our communities the most. Annual costs associated with chronic inebriates in Anchorage are more than \$3 million.</i></p> <p><i>Because this is not a problem confined to cities, it is important that we continue to pursue planning for services in rural communities. The recommendation is to support rural planning in the first year and then planning plus implementation in the second year. At least one community (Kotzebue) has begun this process, so capitalizing on existing readiness is key to achieving service delivery within the next two fiscal years. Assisting other regional hub communities to plan for offering secure detox treatment is also important, given the statewide implications of chronic alcoholism and substance abuse. Therefore, support for planning continues into the second year to afford meaningful planning opportunities to other rural communities.</i></p> <p><i>The Comprehensive Integrated Mental Health Plan seeks to reduce the abusive use of alcohol and other drugs to protect Alaskans' health, safety, and quality of life. Other goals are to protect vulnerable adults from harm and avoidable arrests. All these objectives are directly furthered by the provision of secure detox treatment so that Title 47 and the involuntary commitment of chronic inebriates can be effectively used. Helping chronic inebriates achieve sobriety results in better health, greater security, and less risk of entering the criminal justice system.</i></p>												
1092 MHTAAR (Other)		100.0										
FY2011 Detox and Treatment Capacity as Alternative to Protective Custody Holds	Inc	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
2/24/10 Adopted in the H&SS House Finance Subcommittee.												
1037 GF/MH (UGF)		300.0										
FY2011 Add Interagency Receipts to replace transferred funding to Court System's new Therapeutic Court appropriation	Inc	872.0	0.0	0.0	872.0	0.0	0.0	0.0	0.0	0	0	0
To aggregate all statewide Therapeutic Courts funding into one agency in one new appropriation under the Alaska												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2011 Add Interagency Receipts to replace transferred funding to Court System's new Therapeutic Court appropriation (continued)												
<i>Court System. Funds will be transferred from the Departments of Law (\$364.7), Health and Social Services (\$1,258.9), Corrections (\$252.2), and Administration (\$355.0) and the Alaska Court System/Therapeutic Court's component (\$2,018.3) in an effort to advance coordination and accountability for the Therapeutic Courts programs.</i>												
1007 I/A Rcpts (Other)		872.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.1	0.0	-1.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		-0.4										
1180 A/D T&P Fd (DGF)		-0.7										
FY2011 Funding for Soteria House, a healing alternative for adults newly diagnosed with mental illness	Inc	375.0	0.0	0.0	0.0	0.0	0.0	375.0	0.0	0	0	0
<i>3/16/10: added in Senate subcommittee</i>												
1037 GF/MH (UGF)		375.0										
FY2011 CC: Reduce funding for Soteria House, a healing alternative for adults newly diagnosed with mental illness	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
<i>3/16/10: added in Senate subcommittee</i>												
1037 GF/MH (UGF)		-100.0										
FY2011 Funding to Clear Waiting List for Methadone Clinics in Anchorage and Fairbanks	Inc	160.0	0.0	0.0	0.0	0.0	0.0	160.0	0.0	0	0	0
<i>3/17/10: added in Senate subcommittee</i>												
1004 Gen Fund (UGF)		160.0										
FY2012 MH Trust: Dis Justice- Sobering Center Operations-alternatives to T47 protective custody holds (Bethel)	Inc	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
<i>Bethel has the highest per capita rate of inebriates who end up in 12-hour protective-custody jail holds under AS 47.37.170 (13% per capita admits in 2008 and 20% of protective custody holds statewide), dwarfing the problems experienced in all of Alaskas other communities including Anchorage and Fairbanks. Since the winter of 2007-2008, the Dept. of Health and Social Services, the Dept. of Corrections, the Alaska Mental Health Trust, the City of Bethel, the Yukon-Kuskokwim Health Corporation, and the community of Bethel have partnered to address the needs of chronic inebriates who are a danger to themselves or others as a result of their chronic alcoholism or abuse of other drugs. One component of a coordinated plan created by the partnership was to construct a Sobering Center as an alternative treatment placement for this population and to decrease the number of 12-hour protective custody hold admits under AS 47.37.170 to the Yukon-Kuskokwim Correctional Center. Originally targeted for FY12, the construction of the Sobering Center is ahead of schedule and is anticipated to be complete by December 2010. Thus, operations of the new facility are projected to begin in early 2011. The FY12 GF/MH increment is required for annualized operations of the Sobering Center itself and maintains the current momentum of effort.</i>												
1037 GF/MH (UGF)		350.0										
FY2012 MH Trust: Cont - Behavioral Health Follow-up Survey	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>This MHTAAR funding request would be used to conduct a behavioral health survey of client recovery levels at one year after treatment. DBH would utilize an experienced contractor to ensure a sufficient response rate for statistical validity. This survey has important policy implications for improving treatment and could also help to document important cost savings from good treatment. The Trust has approved \$25.0 MHTAAR in FY13 to finish the survey. If survey information is found to be helpful, it is the intent to repeat this survey every 4 to 5 years.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2012 MH Trust: Cont - Behavioral Health Follow-up Survey (continued)												
1092 MHTAAR (Other)		100.0										
FY2012 MH Trust: Dis Justice - Grant 1380.03 Pre-Development for Sleep Off Alternatives in Targeted Communities (Nome)	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>FY12 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. This project was started with MHTAAR funding in FY10. This FY12 MHTAAR increment maintains the FY11 funding level and momentum of effort.</i>												
1092 MHTAAR (Other)		100.0										
FY2012 MH Trust: Housing - Grant 1377.04 Assisted living home training and targeted capacity for development	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 and targeted capacity development project continues a Trust project to improve the quality of training available for assisted living home providers. The DHSS 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, AMHTA funds 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 will be administered by DHSS Behavioral Health through a grantee according to qualification to provide the prescribed training program.</i>												
1092 MHTAAR (Other)		100.0										
FY2012 Family Wellness Warriors Initiative - Year Two - DVSA Initiative RSA from Gov	IncOTI	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. The purpose of the project is to equip organizations and individuals to effectively address the spiritual, emotional, mental and physical effects of domestic violence, abuse, and neglect.</i>												
1007 I/A Rcpts (Other)		200.0										
FY2012 Trauma Informed Training - Year Two - DVSA Initiative RSA from Gov	IncOTI	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.</i>												
1007 I/A Rcpts (Other)		200.0										
FY2012 AMD: Reduce MH Trust - Conduct Behavioral Health Follow-up Survey	OTI	-25.0	0.0	0.0	-25.0	0.0	0.0	0.0	0.0	0	0	0
<i>At the January 2011 Trust Meeting, trustees approved a change of intent to reduce the FY2012 Behavioral Health Follow-Up Survey by \$25.0 MHTAAR, and increase the FY2013 Behavioral Health Follow Up Survey to the Division of Behavioral Health by \$25.0.</i>												

*History:*

*At the September 2010 Trust Meeting, Trustees approved \$100.0 for FY2012 and \$25.0 in FY2013 for the Division*

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2012 AMD: Reduce MH Trust - Conduct Behavioral Health Follow-up Survey (continued)												
<i>of Behavioral Health (DBH) client follow-up survey. This funding would allow DBH to hire a contractor to conduct a survey of clients at one year after discharge to document the recovery gained and maintained after treatment. The project extended into FY2013 to allow the contractor time to gather surveys for a full year and still have adequate time to complete the analysis and a full report.</i>												
<i>This change of intent would shift money in a way to allow the contractor to have a higher percentage of clients who would have used the significantly improved Client Status Review (CSR) system at admit, at discharge, and at one year after treatment. The new CSR was implemented in October 1, 2010. The survey contractor would therefore collect data from October 1, 2012 and have an additional quarter of funding to complete the analysis and report.</i>												
<i>This request was not considered in the FY2012 Governor's Budget submitted December 15, 2010 because the change was not approved by the Mental Health Trust until January 2011.</i>												
1092 MHTAAR (Other)		-25.0										
FY2012 Rural Peer Support Services	Inc	225.0	0.0	0.0	0.0	0.0	0.0	225.0	0.0	0	0	0
1004 Gen Fund (UGF)		225.0										
FY2013 MH Trust: AK MH Bd - Trauma Informed Care	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 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										
FY2013 AK MH Bd - Trauma Informed Care (Fund 90% of MH Trust request)	Dec	-40.0	0.0	0.0	0.0	0.0	0.0	-40.0	0.0	0	0	0



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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2013 AK MH Bd - Trauma Informed Care (Fund 90% of MH Trust request) (continued)												
<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>												
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<i>For a victim of domestic violence experiencing a generalized mental health issue or moderate alcohol 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)		-40.0										
FY2013 Alaska Mental Health Bd/Advisory Bd on Alcohol and Drug Abuse: Substance Abuse Treatment for Unresourced Individuals	Inc	450.0	0.0	0.0	0.0	0.0	0.0	450.0	0.0	0	0	0
<i>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.</i>												
<i>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.</i>												
<i>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</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2013 Alaska Mental Health Bd/Advisory Bd on Alcohol and Drug Abuse: Substance Abuse Treatment for Unresourced Individuals (continued)												
<i>treatment.</i>												
<i>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.</i>												
<i>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 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										
FY2013 Alaska MH Bd/Advisory Bd on Alcohol and Drug Abuse: Substance Abuse Treatment for Unresourced Individuals (Fund - 90%)	Dec	-45.0	0.0	0.0	0.0	0.0	0.0	-45.0	0.0	0	0	0
<i>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.</i>												
<i>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.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2013 Alaska MH Bd/Advisory Bd on Alcohol and Drug Abuse: Substance Abuse Treatment for Unresourced Individuals (Fund - 90%) (continued)												
<i>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.</i>												
<i>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.</i>												
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1037 GF/MH (UGF)		-45.0										
FY2013 Domestic Violence and Sexual Assault: Telehealth Strategic Capacity Expansion	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<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</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2013 Domestic Violence and Sexual Assault: Telehealth Strategic Capacity Expansion (continued)												
<i>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										
FY2013 Domestic Violence and Sexual Assault: Telehealth Strategic Capacity Expansion (Fund 90% of request)	Dec	-10.0	0.0	0.0	-10.0	0.0	0.0	0.0	0.0	0	0	0
<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>												
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1004 Gen Fund (UGF)		-10.0										
FY2013 MH Trust: Housing - Grant 1337.05 Assisted Living Home Training and Targeted Capacity for Development Expansion	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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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2013 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										
FY2013 MH Trust Housing - Grant 1337.05 Assisted Living	Dec	-10.0	0.0	0.0	0.0	0.0	0.0	-10.0	0.0	0	0	0
Home Training and Targeted Capacity for Dvlpmnt Expansion												
(Fund 90%)												
<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>												
1037 GF/MH (UGF)		-10.0										
FY2013 MH Trust: Housing - Grant 1337.05 Assisted Living	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Home Training and Targeted Capacity for Development												
<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										
FY2013 MH Trust: Dis Justice - Grant 2819.03	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Pre-Development for Sleep Off Alternatives in Targeted												
Communities (Nome)												
<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>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Grants (continued)</b>												
FY2013 MH Trust: Dis Justice - Grant 2819.03												
Pre-Development for Sleep Off Alternatives in												
Targeted Communities (Nome) (continued)												
<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										
FY2013 MH Trust: Cont - Grant 3736.01 Behavioral Health	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
Follow-up Survey												
<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										
FY2013 Domestic Violence and Sexual Assault: Trauma	IncM	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
Informed Training - Year Three - RSA from Governor's Office												
<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										
L FY2013 Sec 23, Ch 17, SLA 2012 (SB 160) - An amount equal to the undesignated 50% of FY11 alcohol tax receipts: (FY13-FY15)	MultiYr	19,300.4	0.0	0.0	0.0	0.0	0.0	19,300.4	0.0	0	0	0
1004 Gen Fund (UGF)		19,300.4										
L FY2013 VETO: Sec 23, Ch 17, SLA 2012 (SB 160) - An amt equal to the undesignated 50% of FY11 alcohol tax receipts: (FY13-FY15)	Veto	-10,300.4	0.0	0.0	0.0	0.0	0.0	-10,300.4	0.0	0	0	0
<i>Per the Governor: This appropriation "represents 18% increase of current budget - target vulnerable population".</i>												
1004 Gen Fund (UGF)		-10,300.4										
<b>* Allocation Total *</b>		22,535.9	0.0	13.9	1,285.2	0.0	0.0	22,036.8	-800.0	0	0	0
<b>Behavioral Health Administration</b>												
FY2006 Implement New Payment Error Rate Measurement Program	Inc	46.5	0.0	2.5	36.9	2.5	4.6	0.0	0.0	0	0	0
<i>This increment is needed to implement new Medicaid case eligibility and medical service review requirements mandated by federal "Payment Error Rate Measurement" (PERM) regulations.</i>												
<i>Centers for Medicare and Medicaid Services (CMS) issued proposed regulations that require states to sample payments on Medicaid claims. CMS issued these regulations to meet requirements in the Improper Payments Act (IMPA) passed by congress. CMS makes these regulations effective October 1, 2005. The regulations mandate a quality control review of payments to medical providers, including a review of the eligibility criteria, medical necessity, and correctness of the payment. The proposed requirements assume a 50% error rate for all states, and CMS wrote the sampling requirements to ensure each state would draw approximately the same number of claims in an annual sample. This creates a statistically valid National Sample, and an inordinately large sample</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2006 Implement New Payment Error Rate Measurement Program (continued)												
size for Alaska.												
To meet the requirements described in the regulation, the estimated cost to the Division of Behavioral Health for FY2006 is \$46.5.												
1002 Fed Rcpts (Fed)		23.2										
1003 G/F Match (UGF)		23.3										
FY2006 Adjustments to MHTAAR Funding	Dec	-125.1	-50.0	-10.1	-65.0	0.0	0.0	0.0	0.0	0	0	0
The following adjustments are made to MHTAAR funded projects in FY06:												
Behavioral Health Quality Assurance Package <\$175.1>												
Technical Assistance for Medicaid Modifications \$50.0												
The Mental Health Trust has provided \$50.0 for a new Trust project, Technical Assistance for Medicaid Modifications. This project will determine ways to imbed Medicaid funding mechanisms into the Medicaid State Plan and DBH/DSDS operating policies and procedures.												
1092 MHTAAR (Other)		-125.1										
FY2006 Fetal Alcohol Syndrome Annual Summit Receipts	Inc	80.0	0.0	0.0	80.0	0.0	0.0	0.0	0.0	0	0	0
Each year the Office of Fetal Alcohol Syndrome (FAS) holds a statewide Fetal Alcohol Spectrum Disorder (FASD) Summit. Beginning in 1997, the FASD Summit has been an annual event offering providers, policy makers, parents, educators and others the opportunity to increase their knowledge and understanding of fetal alcohol spectrum disorders and to gather with other disciplines from around the state to develop a comprehensive approach to prevention and improved services related to FASD. The FASD Summit has grown in size, diversity and attendance each year with over 800 participants attending the last Summit in March of 2004. The annual Summit is held in Anchorage with the next statewide Summit scheduled for November 1-3, 2005 at the Egan Center. A registration fee of \$50.00 is charged. This increment will allow the Division to use the registration fees to defray a portion of the food, space rental and audiovisual equipment rental costs associated with the Summit.												
1156 Rcpt Svcs (DGF)		80.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	34.2	34.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		22.3										
1007 I/A Rcpts (Other)		0.6										
1037 GF/MH (UGF)		5.2										
1168 Tob ED/CES (DGF)		5.5										
1180 A/D T&P Fd (DGF)		0.6										
FY2007 Expand Alaska Automated Information Management System (AKAIMS) Support	Inc	170.0	106.0	0.0	26.5	0.0	0.0	37.5	0.0	2	0	0
The development, testing and implementation capabilities of the new system are critical to the success of the integration of former mental health, substance abuse and fetal alcohol syndrome programs. AKAIMS offers, by design, one standard and consolidated behavioral health information collection and delivery system serving approximately 90 behavioral health provider agencies and many hundreds of users. Managed by the Division, the system will generate reports per federal and state regulation, including full HIPAA compliance. However, as a new and complex system, AKAIMS has required significant training - of both in-house and service provision staff - and considerable adjustment as implementation problems have become known. AKAIMS also requires ongoing staff												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2007 Expand Alaska Automated Information Management System (AKAIMS) Support (continued)												
support for software maintenance and enhancements, training provision to providers, and operation of an application help desk - the funding of which directly competes with dollars for service provision.												
The AKAIMS system is essential for collecting data necessary to report on DBH client activity, outcomes, and satisfaction. Data from this system is used to accurately report to the Alaska legislature and federal grantors, for DBH planning efforts, and for grantees to evaluate their own service delivery systems. The requested increment allows for 2.0 FTE Program Support personnel, help-desk capability, 1.0 FTE training/implementation staff, and travel funds for an itinerant trainer.												
If funding is received this will allow the successful implementation of this project, with enhanced ability to provide timely assistance and training to providers to effectively access and utilize the AKAIMS system through "help-desk" support staff, training implementation staff and travel funds to support onsite training.												
1037 GF/MH (UGF)		170.0										
FY2007 Bring The Kids Home (BTKH) Expansion	Inc	26.0	26.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.												
Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.												
In the FY06 budget the Alaska Mental Health Trust provided \$2,058.0 of funding for this initiative. The proposed increment will build upon the success of accomplishments in the prior year to expand the BTKH initiative into the following areas:												
Item 1: Regional and Out of State Placement Committees staffing \$100.0 GF/MH, \$100.0 Federal												
This funding will provide adequate staffing of the regional and out of state placement/resource committees to increase their capacity to provide gate keeping functions. These teams currently provide these functions only for custody children. Through this funding, the teams will begin to serve non-custody children looking for referrals to residential care.												
From 1998 to 2004 there was an across the board increase to the number of Alaska children served in out of state residential psychiatric treatment centers. During this period, the increase for custody children went from 17 children in 1998 to 560 children in 2004. During this same time period, the utilization increase for non-custody children went from 66 children in 1998 to 693 children in 2004.												
The most consistent initial approach to addressing this over-reliance on out of state residential care by non-custody children is to implement a consistent system of gate keeping for all children. This requires sufficient staffing for the regional and out of state placement/resource committees to serve referrals for non-custody												



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FY2007 Bring The Kids Home (BTKH)												
Expansion (continued)												
<i>children. Currently, the resource teams are required to meet twice weekly for 1 1/2 to 2 hours each to serve custody children only. In order to serve non-custody children, 6 additional FTEs are required (2 in OCS, 2 in DBH, and 2 in DJJ), based on the current level of referrals. As in-state resources are developed and this impacts (decreases) referrals to residential care, the model may be refined.</i>												
<i>Item 2: BTKH Project Manager \$90.0 GF/MH</i>												
<i>Currently project management for the Bring the Kids Home Project is shared between the Alaska Mental Health Trust Authority (AMHTA) and The Division of Behavioral Health (DBH). The related workgroups of the BTKH project involve staff from the AMHTA, DBH, DJJ, OCS, the provider association (ABHA), and the Governor's Council on Disabilities and Special Education. The scope of this project ranges across the community, region, state, and out of state levels. With the maturity of this project, greater demands of project management have stretched current staffing capacity. This position will be authorized and tasked with complete project management of the BTKH Project. At present, there are several factions all working for this initiative, with minimal coordination of the overall effort. This position will be responsible for the coordination of the project and ensuring that all factions are moving toward outcome oriented results.</i>												
1002 Fed Rcpts (Fed)		7.9										
1037 GF/MH (UGF)		18.1										
FY2007 Bring The Kids Home (BTKH) Expansion	Inc	264.0	264.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
<i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</i>												
<i>Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.</i>												
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Expansion (continued)												
The most consistent initial approach to addressing this over-reliance on out of state residential care by non-custody children is to implement a consistent system of gate keeping for all children. This requires sufficient staffing for the regional and out of state placement/resource committees to serve referrals for non-custody children. Currently, the resource teams are required to meet twice weekly for 1 1/2 to 2 hours each to serve custody children only. In order to serve non-custody children, 6 additional FTEs are required (2 in OCS, 2 in DBH, and 2 in DJJ), based on the current level of referrals. As in-state resources are developed and this impacts (decreases) referrals to residential care, the model may be refined.												
Item 2: BTKH Project Manager \$90.0 GF/MH												
Currently project management for the Bring the Kids Home Project is shared between the Alaska Mental Health Trust Authority (AMHTA) and The Division of Behavioral Health (DBH). The related workgroups of the BTKH project involve staff from the AMHTA, DBH, DJJ, OCS, the provider association (ABHA), and the Governor's Council on Disabilities and Special Education. The scope of this project ranges across the community, region, state, and out of state levels. With the maturity of this project, greater demands of project management have stretched current staffing capacity. This position will be authorized and tasked with complete project management of the BTKH Project. At present, there are several factions all working for this initiative, with minimal coordination of the overall effort. This position will be responsible for the coordination of the project and ensuring that all factions are moving toward outcome oriented results.												
1002 Fed Rcpts (Fed)		137.1										
1037 GF/MH (UGF)		126.9										
FY2007 Reduce Federal Authorization for Multiple Grants	Dec	-1,055.6	30.0	0.0	-1,085.6	0.0	0.0	0.0	0.0	0	0	0
This decrement decreases federal authorization for the following grants:												
Substance Abuse, Prevention, and Treatment (SAPT) Block Grant												
Community Mental Health Services (CMHS) Block Grant												
Alaska Fetal Alcohol Spectrum Program Grant												
SAMHSA Co-Occurring State Incentive (CoSIG) Grant												
This record decrements excess federal authority for the SAPT and CMHS block grants that will not generate receipts in FY07.												
The AK FAS Program grant has ended. This record decrements federal authority associated with the grant. Receipts for the CoSIG grant will be significantly less in FY07 as the grant nears its completion. Federal authority has been reduced to reflect fewer receipts.												
1002 Fed Rcpts (Fed)		-1,055.6										
FY2007 Eliminate uncollectible Statutory Designated Program	Dec	-75.7	0.0	0.0	-75.7	0.0	0.0	0.0	0.0	0	0	0
Receipt Authority												
This record eliminates statutory designated program receipt authority from this component. There have been no receipts recorded in this component for the last two years.												
1108 Stat Desig (Other)		-75.7										

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2007 Mental Health Trust Adjustments to Office of Integrated Housing and Technical Asst. for Medicaid modification/outcomes	Dec	-50.4	0.0	0.0	0.0	0.0	0.0	-50.4	0.0	0	0	0
<i>The Mental Health Trust will fund the following projects for a total of \$50.4 less than in FY06:</i>												
<i>Office of Integrated Housing (\$0.4)</i>												
<i>Technical Assistance for Medicaid Modifications and Outcomes (\$50.0)</i>												
1092 MHTAAR (Other)		-50.4										
FY2007 Reduce Receipt Supported Services Authorization to anticipated receipt level	Dec	-311.6	-165.0	0.0	-146.6	0.0	0.0	0.0	0.0	0	0	0
<i>This record reduces Receipt Supported Services authorization to anticipated receipt levels.</i>												
1156 Rcpt Svcs (DGF)		-311.6										
FY2008 Increased MHTAAR funding for Bring the Kids Home, Justice and Housing Initiatives	Inc	207.1	207.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Increment is a net increase of MHTAAR funding in FY08.</i>												
<i>75.0 MHTAAR - On-going policy level planning and implementation workgroup</i>												
<i>The \$75.0 funding will support the Alaska Mental Health Trust Authority's Disability Justice Workgroup recommendation to provide funding resources for follow-up planning and implementation workgroup sessions derived from the FY08 Criminal Justice/Mental Health Summit. The funding was designed to coordinate convening staff, facilitate, arrange meetings of relevant state agency policymakers to plan and implement recommended program changes, as well as to track progress.</i>												
<i>32.1 MHTAAR - Office of Integrated Housing</i>												
<i>This represents an increase in MHTAAR funding support for the Office of Integrated Housing in their efforts to develop safe, decent, and affordable housing and housing opportunities for consumers struggling with mental illness and/or substance abuse.</i>												
<i>100.0 MHTAAR - Tool kit development and expansion of school-based services capacity via contract related to the Bring the Kids Home (BTKH) initiative</i>												
<i>As part of enhancing outpatient and school based services to intervene with Seriously Emotionally Disturbed Youth and those at risk, this project will encourage school-based services through contractual assistance to develop a "tool kit" of effective school-based programs that is shared statewide.</i>												
1092 MHTAAR (Other)		207.1										
FY2008 Bring the Kids Home (BTKH) Residential Aide Training	Inc	105.0	0.0	0.0	105.0	0.0	0.0	0.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$105.0 GF/MH increment for on-going support for the Bring the Kid Home (BTKH) Residential Aides Training via RSA to the University of Alaska that was funded from MHTAAR. This is a top priority of the BTKH project.</i>												
<i>An on-going need for trained residential aides exists to provide services in Alaska.</i>												
<i>The GF/MH funding would transition the BTKH portion of the BTKH Residential Aides Training into the BTKH focus area. It would also establish on-going GF/MH support managed via the Division of Behavioral Health (DBH)</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2008 Bring the Kids Home (BTKH)												
Residential Aide Training (continued)												
<i>with the funding transferred to the University of Alaska for implementation. The fund change will free up MHTAAR to allow the new Work Force focus area to better meet service needs.</i>												
<i>Division Measures:</i>												
<i>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i>												
<i>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</i>												
<i>Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</i>												
<i>Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.</i>												
1037 GF/MH (UGF)		105.0										
FY2008 Bring the Kids Home (BTKH) Training Academy	Inc	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$200.0 GF/MH increment to provide on going support for the Bring the Kid Home (BTKH) Training Academy via RSA to the University of Alaska that was provided with MHTAAR funding. This is a top priority of the BTKH project.</i>												
<i>This funding will transition the BTKH portion of the BTKH Training Academy into the BTKH focus area and establish on-going GF/MH support managed via the Division of Behavioral Health (DBH) with the funding transferred to the University of Alaska for implementation. This will free up MHTAAR funding for other new Work Force focus areas to better meet service needs.</i>												
<i>Division Measures:</i>												
<i>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i>												
<i>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</i>												
<i>Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</i>												
<i>Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.</i>												
1037 GF/MH (UGF)		200.0										
FY2008 Bring the Kids Home (BTKH) Level of Care Licensing	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$100.0 GF/MH increment for the Bring the Kids Home (BTKH) project for Level of Care Licensing.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2008 Bring the Kids Home (BTKH) Level of Care Licensing (continued)												
<p><i>In FY07 the Trust provided one-time funding to establish a level of care assessment tool statewide to accurately assess youth placements to ensure we have the appropriate instate service capacity to place youth in the lowest appropriate level of care to meet their needs. Funding continues the implementation in FY07 of a Level of Care Assessment tool to be used at all residential levels of care from group homes to acute care. Priority would be to license Division of Behavioral Health (DBH) Utilization Review staff to use the tool for the gate keeping function planned, using the balance of funds to continue piloting the tool with a few key providers who have large BTKH youth caseloads.</i></p> <p><i>The goals of the Level of Care Instrument are to provide an objective and standardized clinical guide to inform placement decisions, ensure a higher level of consistency statewide on placement decisions and better manage resources and avoid unnecessarily restrictive placements.</i></p> <p><i>The InterQual Criteria is a Level of Care Instrument which was implemented within the BTKH Project in July 2006. Specifically, DBH utilization review staff is using the instrument to divert all inappropriate referrals to out of state Residential Psychiatric Treatment Center back in state to more appropriate levels of care.</i></p> <p><i>The project will also provide funding for multiple pilot sites to test the appropriateness of applying this level of care instrument to lower levels of care from community based services to residential treatment. The funding will provide assistance in covering the expense of licensing, training, and implementing the instrument in multiple pilot sites located at community behavioral health centers.</i></p> <p><i>Division Measures:</i></p> <p><i>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</i></p> <p><i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i></p> <p><i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i></p> <p><i>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</i></p> <p><i>Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</i></p> <p><i>Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.</i></p>												
1037 GF/MH (UGF)		100.0										
FY2008 AMD: Delete Long-Term Vacant Positions	Dec	-259.0	-259.0	0.0	0.0	0.0	0.0	0.0	0.0	-2	0	-1
<p><i>The positions slotted for deletion include a Mental Health Clinician that primarily worked with suicide prevention, a Tobacco Enforcement staff, and a non-perm Mental Health Clinician who was primarily working on Integrated Medicaid Regulations.</i></p> <p><i>Two of these positions have been vacant for more than a year. The Suicide Prevention workload was absorbed by other prevention staff when the funding for community prevention programs was braided or integrated. The</i></p>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2008 AMD: Delete Long-Term Vacant												
Positions (continued)												
<i>Investigator position's workload was also absorbed by other staff. The non-perm position will not be necessary in FY 08.</i>												
1002 Fed Rcpts (Fed)		-123.5										
1037 GF/MH (UGF)		-27.2										
1092 MHTAAR (Other)		-30.1										
1168 Tob ED/CES (DGF)		-78.2										
FY2008 AMHTA recommendations - reverse Governor's deletion of vacant positions: 1 Suicide prevention & 2 MH clinicians	Inc	30.1	0.0	0.0	0.0	0.0	0.0	0.0	30.1	2	0	1
1092 MHTAAR (Other)		30.1										
FY2008 PERS adjustment of unrealizable receipts	Dec	-388.3	-388.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-340.4										
1007 I/A Rcpts (Other)		-12.2										
1092 MHTAAR (Other)		-12.8										
1180 A/D T&P Fd (DGF)		-22.9										
FY2008 Ch. 61, SLA 2007 (SB 84) - Testing & Packaging of Cigarettes	FisNot	38.6	0.0	0.0	38.6	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		38.6										
FY2009 CC: Secured Detoxification and Treatment for Involuntary Substance Abuse Commitment	IncOTI	722.3	85.6	0.0	8.8	4.4	0.0	623.5	0.0	2	0	0
<i>The expansion in services is a result of the establishment and creation of an enhanced secure detoxification and treatment center.</i>												
<i>The Division of Behavioral Health will select and fund a non-profit or municipal agency with a regional and accessible support network to operate a secure 24-hour detoxification and treatment center for persons who are involuntarily committed under AS 47.37.190. The facility would employ clinical staff who have been trained in integrated and comprehensive screening and assessment practices, and provide intensive case management services for persons who have been incapacitated by alcohol or drugs, including persons who are diagnosed with co-occurring disorders. The pilot project would terminate no later than July 1, 2012 and include an evaluation report with outcome measures, including baseline data. Long term impacts include reduced emergency room costs, lower acute care medical costs, decreased incarcerations, and reduced emergency responder costs.</i>												
<i>The expansion in services creates the need for:</i>												
<i>-- 1.0 Probation Officer II, Range 16: provide training and triage with therapeutic courts to the successful applicant or grantee; provide urinalysis screening; and treatment referral;</i>												
<i>-- 1.0 Health Facility Surveyor II, Range 20: provide project oversight, training and technical assistance to the successful applicant or grantee, monitor for grant regulation and report compliance, monitor performance /outcome /evaluation measures of successful grantee;</i>												
<i>-- 1.0 Research Analyst III, Range 18: compile data on overall pilot project including performance measures, outcome indicators/measures, prepare evaluation report;</i>												
<i>-- Annual costs for office space, phones and supplies are calculated at a cost of \$8.8 per additional staff;</i>												
<i>-- One time cost for computers and software at \$2.2 for each additional staff; and</i>												
<i>-- \$1,700.0 additional grants issued through a competitive RFP.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2009 CC: Secured Detoxification and Treatment for Involuntary Substance Abuse Commitment (continued)												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1037 GF/MH (UGF)		722.3										
FY2009 Medicaid Fetal Alcohol Spectrum Disorder Demonstration Project	Inc	574.0	225.0	36.3	306.5	6.2	0.0	0.0	0.0	2	0	0

*This increment requests funding for a new Mental Health Clinician III position in Juneau for a Medicaid demonstration project for children with fetal alcohol spectrum disorder, and a new Medical Assistance Administrator IV position in Juneau for a Medicaid demonstration project for children with fetal alcohol spectrum disorder. \$300.0 of this increment will include provider training. These costs are eligible for 50% federal reimbursement from Medicaid.*

*This project allows Alaska to use Medicaid money formerly spent on residential psychiatric treatment on new home and community based services. Children with disabilities, such as those with Fetal Alcohol Spectrum Disorder (FASD) and those who are Severe Emotionally Disturbance (SED), are particularly difficult to identify. These youth are often misdiagnosed and are subsequently provided with treatment that is often ineffective. Alaska was one out of ten states chosen for this demonstration and is the only state targeting interventions based on modeling, mentoring and monitoring for these dually-diagnosed 14 to 21 year olds. Our hope is that Alaska will become a model for other states at the end of the five-year project.*

*Youth with an FASD and SED stay in residential psychiatric treatment centers (RPTC) nearly twice as long as the general population because traditional mental health treatments are ineffective due to the brain damage caused by prenatal exposure to alcohol. As these youth age, the health issues become more complex. Coping and learning skills are often compromised so they are more susceptible to pregnancy, poverty, drug and alcohol abuse, incarceration and victimization.*

*The FASD/RPTC Demonstration Project was launched in October 2007 with the goal of reducing the number of youth, ages 14 to 21, in RPTCs who are dual-diagnosed with FASD and SED. The Demonstration Project will focus on services that mirror the Alaska Native practices of modeling desired behaviors and mentoring children to learn their roles in a larger culture while monitoring the youth as the treatment is delivered. This is especially important because Native Americans are disproportionately represented in the target group. The children selected for this demonstration will be clients of Behavioral Health, Children's Services, and Juvenile Justice. The project has capped funding and has a requirement that services under the waiver cost no more than the institution services. This limits enrollment in the waiver to no more than 88 children.*

*The department has responsibility for approval and oversight of plan implementation and fidelity to the model. The Mental Health Clinician will approve individual plans for waiver clients twice a year. These plans will describe the youth's service package. The Mental Health Clinician will also identify system issues including problems of duplicative service delivery, barriers to collaboration, or other service delivery, and to bring these to the waiver*

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2009 Medicaid Fetal Alcohol Spectrum												
Disorder Demonstration Project (continued)												
<i>project manager for resolution. The intensity of oversight and review of individual plans of care require the addition of one Mental Health Clinician III to handle the caseload.</i>												
 <i>The Medical Assistance Administrator oversees the implementation of the demonstration project and functions as a coordinator between divisions by interfacing with appropriate division directors to ensure compliant and effective policy development for children in the target group. Duties of this position include: ensuring effective and timely communication of all policy and procedure decisions; ensuring active stakeholder involvement in policy development by coordinating advisory groups and committees and overseeing all communication between the department and stakeholders. Project management also requires specialized Medicaid administrative experience to assist with implementation plan development, state regulatory requirements, demonstration project implementation across divisions, and contract management. The department has responsibility for adhering to all the evaluation criteria, financial reporting, and data analysis required by the federal agency.</i>												
 <i>Contractual services will be used to procure training services to identify evidence-based trauma-informed interventions. Under the waiver, service providers must undergo a State approved training program resulting in qualifying endorsement. To become qualified as providers of all waiver services, agencies must ensure their employees have received specific training related to the service delivery model and the needs of children with co-occurring SED/FASD. The state will offer training on topics such as wraparound service delivery, treatment planning, transition planning, aftercare, and physical environment for youth with FASD to ensure a level of proficiency and the ability to deliver effective technical assistance to community agencies. The department is required to show evidence of continuing provider training upon annual recertification of the waiver.</i>												
 <i>Dept-Core Services-Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services-Provide an integrated behavioral health system</i>												
<i>Dept-Core Services-Protect and promote the health of Alaskans</i>												
<i>Dept-Core Services-Promote independence of Alaska senior and people with physical or developmental disabilities</i>												
<i>Dept-B-2- Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4- Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-A-A1-Increase IHS participation</i>												
<i>HCS-B-Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B-T1-Increase the number of providers</i>												
<i>DPH-A-Healthy people in healthy communities</i>												
<i>DPH-A-A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		287.0										
1003 G/F Match (UGF)		287.0										
FY2009 MH Trust: Workforce Dev - Develop credentialing and quality standards steering committee	IncOTI	49.0	0.0	0.0	49.0	0.0	0.0	0.0	0.0	0	0	0
<i>Credentialing and Quality Standards Steering Committee: The Trust Workforce Development Focus Area is supporting the formation of a credentialing and quality standards steering committee. This committee will support the development and coordination of competencies, credentialing, and standardization processes for certificate level programs to increase consistency, and decrease duplication across programs.</i>												



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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2009 MH Trust: Workforce Dev - Develop credentialing and quality standards steering committee (continued)												
<i>The Committee will research competencies for the broad range of positions serving Trust beneficiaries and will draft a strategic plan for the standardization and coordination of credentialing and certificate level programs.</i>												
<i>The Committee will be composed of representatives from the following:</i>												
<i>--Training Directors of not-for-profit treatment and service agencies;</i>												
<i>--Treatment professionals serving each of the beneficiary populations, including specialists in developmental disabilities, gerontology, child mental health, adult behavioral health, and juvenile and adult criminal justice;</i>												
<i>--Dept. of Labor, Alaska Commission on Behavioral Health Certification, DHSS Divisions of Behavioral Health and Senior and Disabilities Services, and Alaska Native Tribal Health Consortium Behavioral Health Aid Program;</i>												
<i>--Educational specialists from University of Alaska, Regional Alcohol and Drug Abuse Counselor Training (RADACT), and the Rural Human Services Program</i>												
<i>The Committee will require technical assistance and support for group management and facilitation, to conduct research, and to draft the strategic plan. To maintain continuity with the broader Workforce Development Initiative, the Committee will utilize the WICHE consultants to conduct the research and to draft the strategic plan.</i>												
<i>The Committee will contract with a professional Project Coordinator to provide the weekly activities management and group facilitation necessary to keep this project moving forward.</i>												
1092 MHTAAR (Other)		49.0										
FY2009 MH Trust: BTKH - Southcentral Foundation Eklutna Residential Psychiatric Treatment Center Training Site	IncOTI	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<i>This funding, managed by DHSS/Behavioral Health, provides grant funding to allow for planning and implementation of a training site within the new Southcentral Foundation (SCF) Eklutna Residential Treatment Facility expected to be completed in the fall of 2008. Forty percent of youth experiencing serious emotional disturbance (SED) are Alaska Native. SCF's Eklutna program will focus on those youth and ways to ensure services are provided in a way that supports cultural differences. The program's proximity to Anchorage will generate a future BTKH workforce from UAA and other sites who would seek this cross-cultural training about serving Alaska Native youth. This is new funding for FY09 at \$50.0 MHTAAR.</i>												
1092 MHTAAR (Other)		50.0										
FY2009 MH Trust: Disability Justice - Clinical position within Office of Integrated Housing	IncOTI	75.0	75.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The MH Trust: Dis Justice - Clinical position within Office of Integrated Housing will work closely with the existing Social Services Coordinator to provide clinical expertise on Trust beneficiary needs as an appropriate housing inventory is developed in the State. This position will also serve as a single point of contact for public guardians and the Department of Health and Social Service's Regional Behavioral Health Coordinators for Trust beneficiaries that have exhausted available community treatment and housing resources.</i>												
<i>This position maintains a critical component of the Disability Justice Focus Area and Housing Focus Area plans by ensuring that clinical and treatment needs are considered and incorporated into Alaska's housing inventory for beneficiaries. It will also aim to prevent incidences of the incarceration or institutionalization of beneficiaries by convening key state and community treatment experts to problem solve specific cases involving beneficiaries that have exhausted available community treatment and housing resources.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2009 MH Trust: Disability Justice - Clinical position within Office of Integrated Housing (continued)												
<i>The MH Trust: Dis Justice - Clinical position within Office of Integrated Housing was funded in FY08 with \$75.0 MHTAAR and is maintained at that level in FY09 with \$75.0 MHTAAR.</i>												
1092 MHTAAR (Other)		75.0										
FY2009 MH Trust: BTKH - Tool kit development and expand school-based services capacity via contract	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>Tool Kit Development project maintains the FY08 funding level for a contractor to utilize a 'tool kit' of effective school-based programs that is shared statewide to encourage new programming in school districts dealing with youth experiencing serious emotional disturbance (SED). Funding will be managed by the Division of Behavioral Health Administration component via contract. This funding provides for a vital part of the Bring the Kids Home (BTKH) Initiative plan by encouraging partnerships between behavioral health providers and schools to ensure success for youth at risk for residential placement but trying to stay at home. As a result, this effort should save the state considerable funding in avoided costs in residential care. Project was funded in FY08 at \$100.0 MHTAAR, and continues so for FY09.</i>												
1092 MHTAAR (Other)		100.0										
FY2009 MH Trust: Housing - Office of Integrated Housing Grant 383.04	IncOTI	185.0	167.0	12.5	2.0	3.5	0.0	0.0	0.0	0	0	0
<i>This request is for an ongoing project through the Division of Behavioral Health for technical assistance to develop supported housing for Trust beneficiaries. Recognizing the affordable and supported housing crisis that exists in Alaska, the Trust and Behavioral Health advocated for the integration of supported housing-now the 'Special Needs 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. In FY08 a baseline assessment of of available housing will be completed, while setting targets for development and sustainability in the regions identified. This project has been funded with Trust and GF/MH funds dating back to FY01. Current project is \$185.0 Trust funds with a match through a joint Trust/state position for clinical technical assistance in the Special Needs Housing Office.</i>												
1092 MHTAAR (Other)		185.0										
FY2009 Add General Funds for Planning and Design for Clitheroe Center Replacement	IncOTI	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		500.0										
FY2009 Add One-Time General Fund/Mental Health Funding for Suicide Prevention Strategy and Implementation	IncOTI	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	1
1037 GF/MH (UGF)		200.0										
FY2009 Add Funding for Bethel Community Service Patrols	IncOTI	333.8	0.0	0.0	0.0	0.0	0.0	333.8	0.0	0	0	0
1037 GF/MH (UGF)		333.8										
FY2009 Funding for AKAIMS Development and Maintenance of Performance Based Funding Data	Inc	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	2	0	0
1037 GF/MH (UGF)		150.0										
1092 MHTAAR (Other)		150.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2010 MH Trust: Dis Justice - 1379.02 Clinical position within Office of Integrated Housing	IncOTI	75.0	75.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The MH Trust: Dis Justice - Clinical position within Office of Integrated Housing works closely with the existing Social Services Coordinator to provide clinical expertise on Trust beneficiary needs as an appropriate housing inventory is developed in the State. This position will also serve as a single point of contact for public guardians and DHSS Regional Behavioral Health Coordinators for Trust beneficiaries that have exhausted available community treatment and housing resources.</i></p> <p><i>This position maintains a critical component of the Disability Justice Focus Area and Housing Focus Area plans by ensuring that clinical and treatment needs are considered and incorporated into Alaska's housing inventory for beneficiaries. It will also aim to prevent incidences of the incarceration or institutionalization of beneficiaries by convening key state and community treatment experts to problem solve specific cases involving beneficiaries that have exhausted available community treatment and housing resources.</i></p> <p><i>This project was funded in FY09 with \$75.0 MHTAAR and is maintained at that level in FY10 with \$75.0 MHTAAR.</i></p>												
1092 MHTAAR (Other)		75.0										
FY2010 AMD: MH Trust: Dis Justice - 1379.02 Clinical position within Office of Integrated Housing	Dec	-75.0	0.0	0.0	0.0	0.0	0.0	-75.0	0.0	0	0	0
<p><i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being reduced.</i></p>												
1092 MHTAAR (Other)		-75.0										
FY2010 MH Trust: Housing - Grant 383.05 Office of Integrated Housing	IncOTI	185.0	167.0	12.5	2.0	3.5	0.0	0.0	0.0	0	0	0
<p><i>This project 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 that exists 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 FY01. Current project is \$185.0 Trust funds with a match through a joint Trust/state position for clinical technical assistance in the Supported Housing Office.</i></p>												
1092 MHTAAR (Other)		185.0										
FY2010 MH Trust: BTKH Grant 1391.02 Tool kit development and expand school-based services capacity via contract	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The Tool Kit Development project maintains the FY08 and FY09 funding level for a contractor to utilize a tool kit of effective school-based programs that is shared statewide to encourage new programming in school districts dealing with youth experiencing serious emotional disturbance (SED) via school-based Medicaid. Funding will be managed by DHSS/BH Administration via contract. This funding provides for a vital part of the Bring the Kids Home (BTKH) initiative by encouraging partnerships between behavioral health providers and schools to ensure success for youth at risk for residential placement but trying to stay at home. As a result, this effort should save the state considerable funding in avoided costs in residential care. Project was funded in FY08 and FY09 at \$100.0 MHTAAR, and continues that funding into FY10.</i></p>												
1092 MHTAAR (Other)		100.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2010 MH Trust: BTKH - Technical Assistance	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>This funding will allow DBH to streamline business practices among Bring the Kids Home providers with an emphasis on performance based funding and outcomes. It will support technical assistance, training, and on-going mentoring to improve delivery of integrated, family-driven, recovery oriented services. Training and technical assistance may be from State staff, contractors, or other providers. Services may be on-site, via telephone and/or via video-conferencing. Focus will include business practices such as a) developing Medicaid service delivery, documentation and billing capacity or partnerships to achieve administrative economies, b) performance improvement and outcomes monitoring, c) PERM related preparation or d) improving and implementing fiscal systems and will also include clinical performance improvement projects such as a) developing wraparound facilitation, planning and implementation, b) implementing evidence based or best practices, c) developing FASD waiver services, d) expanding in-home and family therapy service models and e) implementing models for sub-populations of children and their families for whom in-state services are limited (children with aggression, for example). FY10 funding would begin project with \$100.0 MHTAAR, \$100.0 GF/MH increment, and \$75.0 Medicaid administrative match.</i>												
1092 MHTAAR (Other)		100.0										
FY2010 AMD: MH Trust: Housing - Grant 383.05 Office of Integrated Housing	Inc	15.0	0.0	0.0	0.0	0.0	0.0	15.0	0.0	0	0	0
<i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being combined with the "MH Trust: Dis Justice - 1379.02 Clinical position within Office of Integrated Housing" project. We are requesting that \$15.0 from that reduction be added to this change record, creating a total request of \$200.0 MHTAAR.</i>												
1092 MHTAAR (Other)		15.0										
FY2010 Funding for dedicated information technology for AKAIMS development, maintenance and support	Inc	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		150.0										
FY2011 Maintain Existing Tobacco Enforcement and Education Program	Inc	175.0	60.0	20.0	95.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaska Tobacco Enforcement and Education program was integrated into DBH in 2003, moving from the Division of Public Health. Since that time, no increase in funding for this program has occurred. At this time, the Tobacco budget component does not fully cover all associated personnel (3.0 FTE investigators, multiple student interns and .5 FTE admin clerk) and the required travel. This program operates throughout the state with just those three investigators. Two investigators are located in Anchorage with a third investigator in Juneau. In addition, training and signage materials for this program have not been updated, revised or reprinted during this time. In researching best-practices related to decreasing sales of tobacco to minors, we plan to implement a system of public and personal recognition to clerks and retailers who do not sell tobacco to minors via certificates, incentives and public recognition. These funds would be used to fully fund the current positions, update the training and signage materials, and fund required tobacco education and enforcement travel.</i>												
<i>Consequences of no funding: Tobacco enforcement and education of retailers is a critical piece of our substance use prevention and early intervention efforts in that access to tobacco promotes more use by teens while inaccessibility reduces use. Through these funds we will be able to enhance our existing program through improved training, updated and more current signage related to not selling to minors and a 'best-practice' approach to recognition and reward for those individuals who are supporting our efforts by not selling to minors. Without funding we will be unable to improve our retailer training program and will be unable to implement a new recognition program to thank our</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2011 Maintain Existing Tobacco Enforcement and Education Program (continued)												
<i>partners in the retail industry. Our goal is to continue seeing a decrease in the number of Alaska youth who smoke tobacco or use other tobacco products.</i>												
<i>In addition, if Alaska does not comply with the enforcement stipulated in this regulation, the statute (42 USC 300X-26(c)) requires the reduction of the State's Substance Abuse Prevention and Treatment (SAPT) Block Grant allotment for non-compliance. Currently, the SAPT Block Grant supplies a critical funding component to grantee agencies providing substance abuse treatment services.</i>												
<i>The anticipated outcomes are:</i>												
<i>1. Increase the availability and effectiveness of retailer education about the State's tobacco enforcement efforts and the importance of not selling tobacco to youth under 19 years of age by 20% by FY13.</i>												
<i>2. Increase the effectiveness, visibility and quantity of retailer signage related to no-sales of tobacco to individuals under age 19 by 40% by FY13.</i>												
<i>3. Decrease the percentage of youth purchasing tobacco products at a retail outlet to 4% by FY13 (using data from the YRBS).</i>												
1168 Tob ED/CES (DGF)		175.0										
FY2011 MH Trust Workforce Dev - PhD Internship Consortium (AK-PIC)	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>This project will fund a grant for technical assistance to support the accreditation of the Alaska Psychology Internship Consortium (AK-PIC). This includes support of the AK-PIC in the orientation and placement of the first internship cohort during July/August 2010, facilitation of the APA Accreditation application submission and self-study, application for participation in the national Association of Psychology Postdoctoral and Internship Centers (APPIC). APA accreditation helps to ensure that internship programs are setting and achieving high but reasonable standards in education and service delivery. Additionally, licensure for clinical psychologists in most states requires the completion of an APA-accredited internship. Without licensure, most psychologists cannot be reimbursed for services. At present, no such internship exists in Alaska. The state risks students currently in the UAF/UAA program would leave the state for internship placement, unless slots are available in AK, and potentially not return to AK for professional practice.</i>												
1037 GF/MH (UGF)		100.0										
FY2011 MH Trust Workforce Dev - Grant 2709 DBH/UAA/UAF PhD Student Partnership	IncOTI	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
<i>This project funds Internships for Ph.D. clinical community psychology students with the State of Alaska Division of Behavioral Health. The doctorate program in Clinical Community Psychology at the University of Alaska, with a rural indigenous emphasis, has been designed to prepare doctoral level practitioner-scientists who join theory, practice and research to meet behavioral health needs and to improve the well-being of Alaskans and their communities. The purpose of the research assistantship is to provide the student with an opportunity to be involved in actual applied research within the field and to be mentored by researchers who are involved in the types of applied research that graduates of the program will ultimately do upon completion of the program.</i>												
1092 MHTAAR (Other)		50.0										
FY2011 MH Trust: BTKH - Grant 2465.01 Tribal/rural system development	IncOTI	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funding will assist in establishing serious emotional disturbance (SED) children's services in rural areas. Almost</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2011 MH Trust: BTKH - Grant 2465.01												
Tribal/rural system development (continued)												
40% of youth experiencing SED in Residential Psychiatric Treatment Centers (RPTCs) out of state are Alaska Native. This funding will develop services, improve funding mechanisms such as Medicaid at 100% FMAP, and improve 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.												
1092 MHTAAR (Other)		200.0										
FY2011 MH Trust: Housing - Grant 383.06 Office of Integrated Housing	IncOTI	200.0	200.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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 that exists 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 FY01. Current project in FY11 is \$200.0 Trust funds with a match through a joint Trust/state position for clinical technical assistance in the Supported Housing Office.												
1092 MHTAAR (Other)		200.0										
FY2011 MH Trust: BTKH - Grant 2463.01 Technical Assistance	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
This funding will allow DBH to streamline business practices among Bring the Kids Home providers with an emphasis on performance based funding and outcomes. It will support technical assistance, training, and on-going mentoring to improve delivery of integrated, family-driven, recovery oriented services. Training and technical assistance may be from State staff, contractors, or other providers. Services may be on-site, via telephone and/or via video-conferencing. Focus will include business practices such as a) developing Medicaid service delivery, documentation and billing capacity or partnerships to achieve administrative economies, b) performance improvement and outcomes monitoring, c) PERM related preparation or d) improving and implementing fiscal systems and will also include clinical performance improvement projects such as a) developing wraparound facilitation, planning and implementation, b) implementing evidence based or best practices, c) developing FASD waiver services, d) expanding in-home and family therapy service models and e) implementing models for sub-populations of children and their families for whom in-state services are limited (children with aggression, for example).												
1092 MHTAAR (Other)		100.0										
FY2011 MH Trust: BTKH - Grant 1391.03 Tool kit development and expand school-based services capacity via contract	IncOTI	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
The Tool Kit Development project funds a contractor to utilize a 'tool kit' of effective school-based programs that is shared statewide to encourage new programming in school districts dealing with youth experiencing serious emotional disturbance (SED) via school-based Medicaid. Funding will be managed by DHSS/BH Administration via contract. This funding provides for a vital part of the Bring the Kids Home (BTKH) Initiative plan by encouraging partnerships between behavioral health providers and schools to ensure success for youth at risk for residential												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2011 MH Trust: BTKH - Grant 1391.03 Tool kit development and expand school-based services capacity via contract (continued)												
<i>placement but trying to stay at home. As a result, this effort should save the state considerable funding in avoided costs in residential care.</i>												
1092 MHTAAR (Other)		50.0										
FY2011 Budget Clarification project, fund change to reflect ASAP fees collected from clients referred to ASAP program	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		135.0										
1156 Rcpt Svcs (DGF)		-135.0										
FY2011 AMD: MH Trust: AMHB/ABADA - Psychiatric Emergency Services, DES/DET Expansion	IncOTI	200.0	150.0	50.0	0.0	0.0	0.0	0.0	0.0	0	0	1
<i>DHSS DBH requests authorization to carry-over \$200.0 of the allotted \$300.0 from FY10 to FY11 for the MH Trust: AMHB/ABADA -- Psychiatric Emergency Services DES/DET Expansion project for the following activities:</i>												
<i>Non-permanent oversight position is responsible for continued development of Emergency Services (DES/DET) statewide continuum of care, on-going support/training and development of sites in MatSu and Kenai/Soldotna communities. Position qualifications require a high level degree in behavioral health field, senior-level experience with Alaska's emergency services systems of care and experience and prior working relationships with hospitals state-wide.</i>												
<i>Travel expense for oversight position to DES/T sites for orientation, training, implementation and support.</i>												
<i>In FY10, the funding was authorized in the Designated Evaluation and Treatment Component. In FY11, the division is requesting this funding in the BH Administration component where division personal services and employee travel are budgeted.</i>												
1092 MHTAAR (Other)		200.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-23.8	0.0	-23.8	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-5.2										
1004 Gen Fund (UGF)		-1.4										
1005 GF/Prgm (DGF)		-0.5										
1037 GF/MH (UGF)		-12.2										
1168 Tob ED/CES (DGF)		-3.6										
1180 A/D T&P Fd (DGF)		-0.9										
FY2011 MH Trust: BTKH - Grant 2465.01 Tribal/rural system development	Inc	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0	0	0
<i>Funding will assist in establishing SED children's services in rural areas. Almost 40% of youth experiencing serious emotional disturbance (SED) in Residential Psychiatric Treatment Centers (RPTCs) out of state are Alaska Native. 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>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2011 MH Trust: BTKH - Grant 2465.01 Tribal/rural system development (continued)												
1037 GF/MH (UGF)		100.0										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		1.5										
1037 GF/MH (UGF)		0.2										
1092 MHTAAR (Other)		-5.8										
1168 Tob ED/CES (DGF)		6.1										
1180 A/D T&P Fd (DGF)		-2.0										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-4.1										
1037 GF/MH (UGF)		4.2										
1180 A/D T&P Fd (DGF)		-0.1										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	9.8	9.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$9.8</i>												
1002 Fed Rcpts (Fed)		0.7										
1004 Gen Fund (UGF)		5.3										
1037 GF/MH (UGF)		2.0										
1168 Tob ED/CES (DGF)		1.8										
FY2012 MH Trust: BTKH - Grant 2465.01 Tribal/rural system development	IncM	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funding will assist in establishing SED children's services in rural areas. Almost 40% of youth experiencing serious emotional disturbance (SED) in Residential Psychiatric Treatment Centers (RPTCs) out of state are Alaska Native. 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										
FY2012 MH Trust: BTKH - Grant 2463.02 Technical Assistance	IncM	330.0	0.0	10.0	320.0	0.0	0.0	0.0	0.0	0	0	0
<i>This funding will allow DBH to streamline business practices among Bring the Kids Home providers with an emphasis on performance-based funding and outcomes. It will support technical assistance, training, and on-going mentoring to improve delivery of integrated, family-driven, recovery oriented services. Training and technical assistance may be from State staff, contractors, or other providers. Services may be on-site, via telephone and/or via video-conferencing. Focus will include business practices such as a) developing Medicaid service delivery, documentation, and billing capacity or partnerships to achieve administrative economies, b) performance improvement and outcomes monitoring, c) PERM-related preparation or d) improving and implementing fiscal systems, and will also include clinical performance improvement projects such as a) developing wraparound</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2012 MH Trust: BTKH - Grant 2463.02												
Technical Assistance (continued)												
<i>facilitation, planning and implementation, b) implementing evidence based or best practices, c) developing FASD waiver services, d) expanding in-home and family therapy service models and e) implementing models for sub-populations of children and their families for whom in-state services are limited (children with aggression, for example).</i>												
1092 MHTAAR (Other)		330.0										
FY2012 MH Trust: Housing - Grant 383.07 Office of Integrated Housing	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 FY01. FY11 is \$200.0 MHTAAR with a match through a joint Trust/state position for clinical technical assistance in the Supported Housing Office.</i>												
1092 MHTAAR (Other)		225.0										
FY2013 MH Trust Continuing - Sustaining Alaska 2-1-1	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										
FY2013 MH Trust Continuing - Sustaining Alaska 2-1-1 (Fund 90% of request)	Dec	-2.5	0.0	0.0	-2.5	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)		-2.5										
FY2013 MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development	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</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2013 MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development (continued)												
<i>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>												
<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										
FY2013 MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development (Fund 90% of request)	Dec	-5.0	0.0	0.0	-5.0	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.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2013 MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development (Fund 90% of request) (continued)												
<i>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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<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</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Behavioral Health Administration (continued)</b>												
FY2013 MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development (Fund 90% of request) (continued)												
<i>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)		-5.0										
FY2013 MH Trust: BTKH - Grant 2465.03 Tribal/Rural System Development	IncM	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										
FY2013 MH Trust: Housing - Grant 383.08 Office of Integrated Housing	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										
<b>* Allocation Total *</b>		<b>4,883.4</b>	<b>1,469.4</b>	<b>109.9</b>	<b>2,014.9</b>	<b>20.1</b>	<b>4.6</b>	<b>1,134.4</b>	<b>130.1</b>	<b>11</b>	<b>0</b>	<b>2</b>
<b>Community Action Prevention &amp; Intervention Grants</b>												
FY2007 Rural Human Svcs Systems Prog-Add 10 New Counselors in Villages under existing partnership with UAF School of Rural Svcs	Inc	550.0	0.0	0.0	0.0	0.0	0.0	550.0	0.0	0	0	0
<i>The Rural Human Services System Program is a partnership between DBH and the University of Alaska Fairbanks (UAF) School of Rural Services. This program began over 10 years ago with the goal being to develop</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Community Action Prevention &amp; Intervention Grants (continued)</b>												
FY2007 Rural Human Svcs Systems Prog-Add												
10 New Counselors in Villages under existing												
partnership with UAF School of Rural Svcs												
(continued)												
<i>a trained, local and competent social services workforce across rural Alaska. The overarching goal is a "counselor in every village."</i>												
 <i>Across the state of Alaska one of the continuing and most devastating problems is having too few trained, qualified, culturally competent and stable service providers in rural Alaska. Our most rural and remote Alaskan villages often lack trained service providers who are behavioral health generalist, able to address and respond to a variety of daily issues such as child abuse, domestic violence, alcohol abuse, depression and other issues. Those trained individuals who move to rural and remote Alaska usually do not stay more than 1-2 years, leaving villages with constant turnover and gaps in service delivery and availability.</i>												
 <i>The RHSS Program aims to identify individuals who already live ( most often were born and raised) in communities, to provide them training and to establish these RHSS positions as local providers who work under the supervision of a professional clinician providing ongoing support, resources, referral and general early intervention services in their community of origin.</i>												
 <i>With these new dollars the RHSS program will be able to add ten new positions to the existing RHSS Program and, in the process provide 10 new villages with paraprofessional behavioral health services. This funding will enable each paraprofessional counselor to attend the UAF Rural Human Services certification program and it will pay for a portion of these paraprofessional positions to provide supervised services within their home community.</i>												
 <i>These positions are vital to our statewide coverage for early intervention services in the most rural and remote locations. These positions also enhance our Treatment and Recovery grant programs in rural Alaska. In FY04, the RHSS Program had 89 RHS Counselors who served 13,004 non-emergency clients and responded to 1,926 emergency situations during the year. With the addition of these 10 new positions we anticipate serving an additional 1,680-2,000 clients per year, in villages currently underserved or unserved. In addition, ten new paraprofessionals will be training as human services generalist and will assist in stabilizing and enhancing our rural behavioral health workforce.</i>												
 <i>The addition of these funds will increase our RHS paraprofessional counselor coverage by 11% and the number of services by 12-15%, moving us forward in reaching our statewide goal of a "counselor in every village."</i>												
1037 GF/MH (UGF)		550.0										
FY2007 Eliminate I/A Receipt Authority. Health Care Services	Dec	-56.5	0.0	0.0	0.0	0.0	0.0	-56.5	0.0	0	0	0
will not fund Court-appt special advocate (CASSA) grants in												
FY07												
<i>This change record eliminates interagency receipt authority from this component. The Division of Health Care Services did not fund any CAASA grants in FY06 and will not be funding any CAASA grants in FY07.</i>												
1007 I/A Rcpts (Other)		-56.5										
FY2007 Reduce Federal Receipt Authorization for substance	Dec	-236.7	0.0	0.0	0.0	0.0	0.0	-236.7	0.0	0	0	0
Abuse Prevention and Treatment (SAPT) Block Grant												
<i>This record reduces federal receipt authorization to anticipated receipt levels in FY07.</i>												
1002 Fed Rcpts (Fed)		-236.7										

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<b>Behavioral Health (continued)</b>												
<b>Community Action Prevention &amp; Intervention Grants (continued)</b>												
FY2010 Increased Grantee Costs for Providing Prevention and Treatment Services for Substance Abuse and Mental Health Clients	Inc	89.1	0.0	0.0	10.4	0.0	0.0	78.7	0.0	0	0	0
<i>The Division of Behavioral Health recommends an increase for grant programs providing prevention and treatment services for substance abuse and mental health clients. This increase will enhance the community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures. Approval of this request will avoid a reduction in capacity due to increased grantee costs and continue serving our vulnerable Alaskans.</i>												
<i>Performance Measures Affected:</i> <i>Dept-Core Services: Provide an integrated behavioral health system</i> <i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i> <i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i>												
1037 GF/MH (UGF)		89.1										
FY2012 Multidisciplinary Rural Community Pilot Project - Year Two - DVSA Initiative RSA from Gov	IncOTI	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.</i>												
1007 I/A Rcpts (Other)		1,400.0										
FY2013 Multidisciplinary Rural Community Pilot Project - Year Three - Reimbursable Services Agreement from Governor's Office	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										
FY2013 Domestic Violence and Sexual Assault: Family Wellness Warriors Initiative - Year Three - RSA from Governor's Office	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										
<b>* Allocation Total *</b>		<b>3,345.9</b>	<b>0.0</b>	<b>0.0</b>	<b>10.4</b>	<b>0.0</b>	<b>0.0</b>	<b>3,335.5</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Rural Services and Suicide Prevention</b>												
FY2007 Eliminate Federal Authorization for AK Suicide Prevention Target/Gatekeeper grant termination	Dec	-500.0	0.0	0.0	-201.0	0.0	0.0	-299.0	0.0	0	0	0
<i>This record eliminates federal authorization from this component due to the termination of the Alaska Suicide Prevention Target/Gatekeeper grant.</i>												
1002 Fed Rcpts (Fed)		-500.0										
FY2010 Increased Grantee Costs for Providing Prevention and Treatment Services for Substance Abuse and Mental Health Clients	Inc	20.5	0.0	0.0	2.4	0.0	0.0	18.1	0.0	0	0	0
<i>The Division of Behavioral Health recommends an increase for grant programs providing prevention and treatment services for substance abuse and mental health clients. This increase will enhance the community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures. Approval of this request will avoid a reduction in capacity due to increased grantee costs and continue serving our vulnerable Alaskans.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i>												
1037 GF/MH (UGF)		20.5										
FY2011 Funding for suicide reponse and postvention resources	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>3/16/10: added in Senate subcommittee</i>												
1180 A/D T&P Fd (DGF)		200.0										
<b>* Allocation Total *</b>		-279.5	0.0	0.0	-198.6	0.0	0.0	-80.9	0.0	0	0	0
<b>Psychiatric Emergency Services</b>												
FY2006 Adjustments to MHTAAR Funding	Dec	-308.5	0.0	0.0	-308.5	0.0	0.0	0.0	0.0	0	0	0
<i>This change record reflects a decrease in funding for the following Mental Health Trust project:</i>												
<i>Rural Behavioral Health Conference &lt;\$308.5&gt;</i>												
1092 MHTAAR (Other)		-308.5										
FY2007 Eliminate Federal Authority for the Community Mental Health Services (CMHS) Block Grant	Dec	-572.3	0.0	0.0	0.0	0.0	0.0	-572.3	0.0	0	0	0
<i>This record completely eliminates the \$670.8 of federal authorization in this component. Placement of federal authorization in this component was an error. The \$670.8 will be eliminated in this manner:</i>												
<i>\$572.3 will be decremented</i>												
<i>\$98.5 will be transferred to the SED Youth component for the Trauma Initiative and the FASD treatment programs.</i>												
1002 Fed Rcpts (Fed)		-572.3										
FY2008 Decrease in MHTAAR Funding for Rural Behavioral Health Conference	Dec	-50.0	0.0	0.0	-50.0	0.0	0.0	0.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Psychiatric Emergency Services (continued)</b>												
FY2008 Decrease in MHTAAR Funding for Rural Behavioral Health Conference (continued)												
MHTAAR funding reduced in FY08												
The Rural Behavioral Health Conference was part of MHTAAR funding in FY06 and FY07, and is not planned for in FY08.												
1092 MHTAAR (Other)		-50.0										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare												
	Inc	614.4	0.0	0.0	0.0	0.0	0.0	614.4	0.0	0	0	0
In SFY08 a general fund (GF) increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Psychiatric Emergency Services provided mental health services intended to aid people in psychiatric crisis and may include crisis intervention and brief therapeutic interventions to help stabilize the client and follow-up services through the ProShare program. This transfer of \$614.4 is necessary to give the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		614.4										
FY2009 Discontinue Private ProShare Refinancing												
	Inc	1,631.6	0.0	0.0	0.0	0.0	0.0	1,631.6	0.0	0	0	0
This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.												
The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.												
ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.												
In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.												



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<b>Behavioral Health (continued)</b>												
<b>Psychiatric Emergency Services (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
<p><i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i></p> <p><i>Performance Measures Affected:</i></p> <p><i>Dept-Core Service--Manage health care coverage for Alaskans in need</i></p> <p><i>Dept-Core Services--Protect and promote the health of Alaskans</i></p> <p><i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i></p> <p><i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i></p> <p><i>DBH-A-1-A1.1a--Improve and enhance the quality of life of children with serious emotional disturbance by implementing the Bring the Kids Home program</i></p> <p><i>DBH-A-1-A2.1b--Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i></p> <p><i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i></p> <p><i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i></p> <p><i>DPH-A--Healthy people in healthy communities</i></p> <p><i>DPH-A-A4--Assure access to early preventative services and quality health care</i></p>												
1037 GF/MH (UGF)		1,631.6										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	Inc	158.0	0.0	0.0	0.0	0.0	0.0	158.0	0.0	0	0	0
<p><i>This request is for additional GF needed to match federal revenues for the Single Point of Entry Psychiatric services funded through the Medicaid ProShare program. The annual rate the federal government reimburses the state for Medicaid benefits will decline on October 1, 2008, requiring additional GF to maintain services at the current level.</i></p> <p><i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i></p> <p><i>This increment will help the department improve the following performance measures:</i></p> <p><i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i></p> <p><i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i></p> <p><i>DBH-A-1-A2.1b--Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i></p> <p><i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i></p> <p><i>DPH-A--Healthy people in healthy communities</i></p> <p><i>DPH-A--A2--Reduce suffering, death and disability due to chronic disease</i></p> <p><i>DPH-A--A4--Assure access to early preventative services and quality health care</i></p>												
1037 GF/MH (UGF)		158.0										
FY2009 AMD: Increase GF Auth to Replace Lost Federal Share of Proshare SPEP	Inc	1,100.0	0.0	0.0	0.0	0.0	0.0	1,100.0	0.0	0	0	0
<p><i>This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Single Point of Entry Psychiatric (SPEP) Medicaid program by the federal Medicaid Agency. The larger, non-SPEP, portion of the Private ProShare program was previously disallowed and change records reflecting that</i></p>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Psychiatric Emergency Services (continued)</b>												
FY2009 AMD: Increase GF Auth to Replace Lost Federal Share of Proshare SPEP (continued)												
<i>disallowance are already included in the Governor's Budget. This amendment became necessary after the reconsideration of the SPEP portion of the ProShare program was denied.</i>												
<i>There is an existing change record in the Governor's Budget Health Care Services (HCS) Medicaid component requesting a \$16,000.0 decrement in federal funding. There is also a corresponding amendment in HCS Medicaid reducing federal funding by an additional \$1,100.0.</i>												
<i>The department has made payments to hospitals for several years under this program. SPEP was an important part of the ProShare program and the department's strategy to provide access to quality health care services. ProShare SPEP Medicaid funds have supported mental health care programs that benefit many Alaskans. Without the ProShare SPEP Medicaid program the same services will have to be funded with 100 percent GF.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost the appeal when the U.S. Department of Health and Human Services Department Appeals Board upheld the disallowed claim. At that time it was not yet determined how the SPEP portion of that claim would be handled.</i>												
<i>The department is committed to continue funding these services at the same level in support of its mission to manage mental health care for Alaskans in need. While the federal authority is no longer needed in Health Care Services, in order to maintain current service levels, the department is requesting additional funds in the Behavioral Health division to replace this lost federal money.</i>												
1004 Gen Fund (UGF)		1,100.0										
FY2011 MH Trust: AMHB/ABADA - Grant 2464.01 Designated	Inc0TI	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
Evaluation and Treatment Expansion												
<i>Through a variety of avenues, public comment to the Alaska Mental Health Board this year has consistently been that Alaskans experiencing psychiatric emergencies cannot receive adequate services in their community. We have heard that rural hospitals are resistant to providing this acute care due to the cost, facility requirements, staffing requirements, and perceived obstacles to reimbursement. We have heard that Alaska Psychiatric Institute (API) is often at the limits of its capacity, with the majority of admissions coming from the Kenai Peninsula and Mat-Su areas. We have observed that Alaskans experiencing psychiatric emergencies in rural communities are too often being held in the custody of a village public safety officer or local police as a way of being kept safe pending transport to API. The system providing acute stabilization and treatment is at risk, as seen by the recent closure of the Designated Evaluation and Treatment (DET) beds at Mt. Edgecombe Hospital in Sitka due to the costs and lack of adequate staffing.</i>												
<i>Cost is an increasing concern, given that the need regularly outstrips the resources currently allocated for these services. Additional funds are needed to meet the costs of serving people in need of DES/DET services. These services are a more economical solution than transporting people in crisis to API. DBH reported that the average cost of transport per person in FY08 was \$1,384.51 which does not include the costs of treatment.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Psychiatric Emergency Services (continued)</b>												
FY2011 MH Trust: AMHB/ABADA - Grant												
2464.01 Designated Evaluation and Treatment												
Expansion (continued)												
<i>This project proposes to prevent further erosion of already limited services by providing additional short-term funding for existing services. This will encourage existing service providers to maintain their DES/DET facilities by offering a consistent source of reimbursement. This will also support the rising transport costs of getting people in crisis to a DET facility and home again. DBH staff has reported that commercial transport costs have increased 17% in the past year and further inflation (exceeding 20%) is expected.</i>												
<i>Recognizing that the above is only a short-term solution, this recommendation includes the use of telemedicine for acute stabilization as a cost-containment measure. API has offered use of its existing telemedicine infrastructure as a basis for this recommendation. Initially, pilot projects with hospitals demonstrating a high degree of readiness are recommended. The goal is that these pilots will demonstrate success and cost-effectiveness. DBH reports that 209 people were transported from their home community to API in FY06 and 147 in FY07, at a cost of nearly \$200.0 each year. API staff and potential community hospital partners in Kenai have reported that a stabilization room in a rural site with a videoconference or other telehealth connection to an on-call psychiatrist can be set up for less than \$30.0 and staffed at a rate far less than annual cost of transport to API.</i>												
<i>The Comprehensive Integrated Mental Health Plan has set the goal of ensuring that high quality treatment, recovery and support services are provided as close to one's home community as possible. This recommendation directly relates to achieving that goal. These services also work toward the goals of reducing suicide and the criminalization of Alaskans experiencing mental illness.</i>												
<i>This recommendation calls for an investment of \$1,600 to \$3,200 per beneficiary, often less than the costs of transportation. Offering stabilization and treatment closer to home will help avoid far more costly API services and thereby ease capacity concerns at API. This recommendation is that the savings reaped from providing localized acute stabilization services should be reinvested in expanding the pilot projects, further reducing transportation costs and enhancing emergency services available in rural communities.</i>												
<i>It will take at least five years for pilots to be developed to a sufficient degree to have any impact on the need for transport to API. Thus, the GF/MH funding for existing DES/DET will need to be appropriated for FY10-15 (at least), with savings realized during that time reinvested in the pilots. Then, with local psychiatric emergency services available in rural hub hospitals, the nearly \$600.0 or more spent annually (based on DBH data for FY06 and FY07) on transport to API could be substantially reduced.</i>												
1092 MHTAAR (Other)		300.0										
<b>* Allocation Total *</b>		<b>2,873.2</b>	<b>0.0</b>	<b>0.0</b>	<b>-58.5</b>	<b>0.0</b>	<b>0.0</b>	<b>2,931.7</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Services to the Seriously Mentally III</b>												
FY2006 Adjustments to MHTAAR Funding	Dec	-29.0	0.0	0.0	0.0	0.0	0.0	-29.0	0.0	0	0	0
<i>This decrement in MHTAAR funding reflects adjustments to the following Mental Health projects:</i>												
<i>Integrated Support-Co-occurring Disorders &lt;\$529.0&gt;</i>												
<i>Consumer Directed Programs and Clubhouses &lt;\$200.0&gt;</i>												
<i>Rent Subsidy:Replicate "Bridge" funding model \$250.0</i>												
<i>Housing Retention Support Services \$250.0</i>												
<i>Incentive Grants (Housing for Beneficiaries) \$200.0</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2006 Adjustments to MHTAAR Funding (continued)												
<i>The Mental Health Trust has provided funding for three new projects in FY06:</i>												
<i>Rent Subsidy: Replicate "Bridge" Funding Model \$250.0 - The Mental Health Trust has provided funding to replicate the State of Hawaii's "Bridge" model. This model provides a mechanism of funding to assist beneficiaries immediately following discharge from an institutional setting for up to two years while on the Home Choice voucher waitlist, Social Security benefits, or securing other long term supports.</i>												
<i>Housing Retention Support Services \$250.0 - This increment provides funding for ongoing support to maintain the success of beneficiaries in community housing settings. Projects included in this activity include: Special Needs Housing Grants, Transitional Housing for Substance Abuse Project, Trust Beneficiary Single Room Occupancy providers.</i>												
<i>Incentive Grants (Housing for Beneficiaries) \$200.0 - This increment is designed to increase targeted Housing Assistance Program (HAP) grants and to provide incentive grants to serve high needs beneficiary populations, including: outreach to street populations, chronic public inebriates, corrections felons and potentially violent parolees.</i>												
1092 MHTAAR (Other)		-29.0										
FY2007 Trust Project Funding Additions: Flexible special needs housing rent up, rent subsidy to replace "Bridge" funding model	Inc	550.0	0.0	0.0	0.0	0.0	0.0	550.0	0.0	0	0	0
<i>The Mental Health Trust will fund the following additional projects in the Services for Seriously Mentally Ill component in FY07:</i>												
<i>Flexible Special Needs Housing Rent Up \$300.0</i>												
<i>Rent Subsidy: Replicate "Bridge" Funding Model \$250.0</i>												
1092 MHTAAR (Other)		550.0										
FY2007 Reduce Federal Authorization for the Co-Occurring State Incentive Grant (Co-SIG) Grant and Potential Grants	Dec	-509.1	0.0	0.0	0.0	0.0	0.0	-509.1	0.0	0	0	0
<i>This record reduces federal authorization for the following grants/items:</i>												
<i>SAMHSA Co-Occurring State Incentive (Co-SIG) Grant (\$420.0)</i>												
<i>Federal Authority for Potential Grants (\$89.1)</i>												
<i>The Co-SIG grant is nearing its completion, so the division will receive less funding in FY07. The CMHS grant has excess federal authorization recorded in this component. The authority for potential grants is simply being eliminated. There are no potential grants expected to be received in this component for FY07.</i>												
1002 Fed Rcpts (Fed)		-509.1										
FY2007 Mental Health Trust Funding Adjustment: maint of independent case mgt proj; beyond shelter outpatient svcs for homeless	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
<i>The Alaska Mental Health Trust will fund the following projects for a total of \$100.0 less in FY07 than in FY06:</i>												

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<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2007 Mental Health Trust Funding												
Adjustment: maint of independent case mgt												
proj; beyond shelter outpatient svcs for												
homeless (continued)												
<i>Maintenance of Independent Case Management Project for DBH Medicaid Sustainability Assistance (\$50.0)</i>												
<i>Beyond Shelter - Outpatient Services Homeless (\$50.0)</i>												
1092 MHTAAR (Other)		-100.0										
FY2007 AMD: Increase in Mental Health Trust funding	Inc	538.6	0.0	0.0	0.0	0.0	0.0	538.6	0.0	0	0	0
<i>The Division of Behavioral Health is requesting an amendment to add \$538.6 MHTAAR. Three MHTAAR projects have been identified for which a change of intent is being requested from the Mental Health Trust. The change of intent will allow these funds to be expended in FY07 instead of FY06. The rent subsidy and housing retention support services for "Bridge" model housing projects as well as the independent case management project have been awarded, but due to late start-up, the grantees will not be able to utilize all funds by June 30, 2006.</i>												
<i>The Bridge Home project targets persons with severe co-occurring disorders who have histories of repeat homelessness and institutionalization. Using a "housing first" model, the project will place approximately 40 individuals in scattered site apartments immediately upon their entrance into the program. The grantee, Anchorage Community Mental Health Services (ACMHS), will provide intensive 24-hour wraparound support services to keep the clients stable in their housing. The goal is to help the clients become good tenants and obtain federally-funded rental subsidies through the Housing Choice Voucher program. Ultimately, however, there should also be significant savings to the state as a result of decreased use of expensive Alaska Psychiatric Institute and Department of Corrections beds.</i>												
1092 MHTAAR (Other)		538.6										
FY2008 Decrease in MHTAAR Funding	Dec	-638.6	0.0	0.0	0.0	0.0	0.0	-638.6	0.0	0	0	0
<i>MHTAAR funding reduced in FY08</i>												
<i>Projects reduced or not funded:</i>												
<i>(\$207.8) Independent Case Management - not funded</i>												
<i>(\$301.1) Housing Retention Support Services - not funded</i>												
<i>(\$129.7) Bridge Home Pilot Project - reduced</i>												
1092 MHTAAR (Other)		-638.6										
FY2008 AMHTA Trust Recommendations for Peer Operated Support Services	Inc	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0	0	0
1037 GF/MH (UGF)		50.0										
1092 MHTAAR (Other)		50.0										
FY2008 AMHTA recommendations - Discharge Incentive grants	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
1092 MHTAAR (Other)		100.0										
FY2009 Add/Delete GF from Medicaid Svc for ProShare	Inc	798.7	0.0	0.0	0.0	0.0	0.0	798.7	0.0	0	0	0
<i>In SFY 08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services however, these services are provided by</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2009 Add/Delete GF from Medicaid Svc for ProShare (continued)												
other divisions. Services to Chronically Mentally Ill, through community mental health agencies, offer an array of assessment, treatment, rehabilitation and support services for adults with severe mental illnesses. This transfer of \$798.7 is necessary to give the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		798.7										
FY2009 Discontinue Private ProShare Refinancing	Inc	3,324.9	0.0	0.0	0.0	0.0	0.0	3,324.9	0.0	0	0	0
This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.												
The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.												
ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching GF through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.												
In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.												
The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.												
Performance Measures Affected:												
Dept-Core Services--Manage health care coverage for Alaskans in need												
Dept-Core Services--Protect and promote the health of Alaskans												
Dept-D-4--Provide quality management of health care coverage services providers and clients												
DBH-A-1-A2.1b--Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system												
HCS-A--Mitigate service reductions by replacing general funds with alternate funds												

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<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
HCS-B--Provide affordable access to quality health care services to eligible Alaskans												
DPH-A--Healthy people in healthy communities												
DPH-A-A4--Assure access to early preventative services and quality health care												
1037 GF/MH (UGF)		3,324.9										
FY2009 MH Trust: Beneficiaries Projects - Peer operated support svcs	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Grant 1396.01												
The Trust's Beneficiary Projects Initiative targets development of consumer-operated programs such as drop-in centers, case management programs, outreach programs, businesses, employment, housing programs, and crisis services that are a growing part of the behavioral health system development nation-wide. Research conducted by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) shows that participating consumers are satisfied with peer provided services and that programs met their objectives. The Division of Behavioral Health endorses the Evidence Based Practices established to date by SAMHSA and is working with the Trust's Beneficiary Projects Initiative to incorporate these programs into our service delivery system as cost-effective services that are preferred by a sector of consumers.												
1037 GF/MH (UGF)		50.0										
1092 MHTAAR (Other)		50.0										
FY2009 MH Trust: Housing - Flexible special needs housing "rent up"	IncOTI	300.0	0.0	0.0	0.0	0.0	0.0	0.0	300.0	0	0	0
Grant 114.04												
This project is a DHSS/Trust/AHFC collaboration ongoing since FY01 to provide capitol related operations funding for special needs housing projects for Trust beneficiaries. Funding covers the costs associated with the 'rent-up' period after development: rent vacancies, staff costs prior to full rental income resources, etc. The funds will serve as a matching allocation in the AHFC 'Special Needs Housing Grant' program and are available through DHSS Behavioral Health. Behavioral Health allocates the funds as a component of technical assistance provided to successful applicants. In this manner, housing providers are assured the technical assistance resources needed to successfully house Trust beneficiaries. Outcomes of this project are to assist in making development of special needs housing affordable as has been documented over the past 7 years.												
1092 MHTAAR (Other)		300.0										
FY2009 MH Trust: Housing - Bridge Home Pilot Project	IncOTI	750.0	0.0	0.0	0.0	0.0	0.0	0.0	750.0	0	0	0
Grant 575.03												
This project is a replication of successful transition programs in other states for individuals 'cycling' through emergency and institutional settings. The focus location for the project for now is Anchorage and institutions targeted for re-entry include Alaska Psychiatric Institute, Department of Corrections facilities, Providence Emergency rooms and other high cost social service and health programs. The project will allow for up to 60 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on 60% of income) in order to 'bridge' from institutional discharge onto the HUD 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 first full year of the project.												
1092 MHTAAR (Other)		750.0										

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<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2010 MH Trust: Benef Projects - Grant 1396.02 Peer operated support svcs	Inc	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<i>The Trust's Beneficiary Projects Initiative targets development of consumer-operated programs such as drop-in centers, case management programs, outreach programs, businesses, employment, housing programs, and crisis services that are a growing part of the behavioral health system development nation-wide. Research conducted by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) shows that participating consumers are satisfied with peer provided services and that programs met their objectives. The Division of Behavioral Health endorses the evidence based practices established to date by SAMHSA and is working with the Trust's Beneficiary Projects Initiative to incorporate these programs into our service delivery system as cost-effective services that are preferred by a sector of consumers.</i>												
1037 GF/MH (UGF)		50.0										
FY2010 MH Trust: Housing - Grant 604.04 Department of Corrections discharge incentive grants	IncOTI	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
<i>This project is a strategy in the Trust's Affordable Housing initiative and the Disability Justice workgroups. It is consistent with the Housing workgroup's focus on community re-entry by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers or support service resources. Resources will also increase the skill level and capacity for assisted living providers to successfully house this population.</i>												
1092 MHTAAR (Other)		350.0										
FY2010 MH Trust: Housing - Grant 114.05 Flexible special needs housing "rent up"	IncOTI	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>This project is a DHSS/Trust/AHFC collaboration ongoing since FY01 to provide capital related operations funding for special needs housing projects for Trust beneficiaries. Funding covers the costs associated with the 'rent-up' period after development: rent vacancies, staff costs prior to full rental income resources, etc. The funds will serve as a matching allocation in the AHFC Special Needs Housing Grant program and are available through DHSS Behavioral Health. Behavioral Health allocates the funds as a component of technical assistance provided to successful applicants. In this manner, housing providers are assured the technical assistance resources needed to successfully house Trust beneficiaries. Outcomes of this project are to assist in making development of special needs housing affordable as has been documented over the past seven years.</i>												
1092 MHTAAR (Other)		200.0										
FY2010 MH Trust: Housing - Grant 575.04 Bridge Home Pilot Project	IncOTI	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
<i>This project is a replication of successful transition programs in other states for individuals cycling through emergency and institutional setting. The focus location for the project for now is Anchorage and institutions targeted for re-entry include: Alaska Psychiatric Institution, Department of Corrections facilities, Providence emergency rooms and other high cost social service and health programs. The project will allow for up to 60 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on 60% of income) in order to 'bridge' from institutional discharge onto the HUD 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.</i>												
1092 MHTAAR (Other)		750.0										



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2011 MH Trust: Housing - Grant 604.05 Department of Corrections discharge incentive grants	IncOTI	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
<i>This project is a strategy in the Trust's Affordable Housing initiative and the Disability Justice workgroups. It is consistent with the Housing workgroup's focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers or support service resources. Resources will also increase the skill level and capacity for assisted living providers to successfully house this population.</i>												
1092 MHTAAR (Other)		350.0										
FY2011 MH Trust: Housing - Grant 575.05 Bridge Home Pilot Project	IncOTI	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
<i>This project continues to replicate successful transition programs in other states for individuals 'cycling' through emergency and institutional settings. The focus location for the project for now is Anchorage and institutions targeted for re-entry include: Alaska Psychiatric Institution, Department of Corrections facilities, Providence emergency rooms and other high cost social service and health programs. The project will allow for up to 60 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on 60% of income) in order to 'bridge' from institutional discharge onto the HUD 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.</i>												
1092 MHTAAR (Other)		750.0										
FY2012 MH Trust: AK Alc Bd - Alaska Complex Behavior Collaborative	IncOTI	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<i>Alaska's current system of care does not include appropriate services for individuals with cognitive disabilities and complex behaviors. Because of this, many of these individuals are served by API, where they languish in an unnecessarily restrictive environment for extended periods of time, or they are inappropriately held in places such as jails and emergency rooms. Many are ultimately sent out of the state for care, where in many cases they remain indefinitely. Risk for out-of-state placement typically occurs when the individual exhibits behaviors that are so complex that they are outside the range of expertise of local caregivers and providers, or the available treatment options in the state have been exhausted without resultant success for the individual. The result of the lack of appropriate services in Alaska is a cost to the individuals and their families. In addition, there are key risks and costs to the State of Alaska, including but not limited to:</i>												
<i>Potential exists for Americans with Disabilities Act (ADA) violations, specifically regarding Olmstead versus LC. The Department of Justice expects states to demonstrate progress on their waiting lists to move individuals with disabilities to less restrictive, integrated community-based settings, to have a clearly defined method to manage movement on the waiting lists, and to demonstrate their methodology regarding how their lists are developed and tracked. It appears that while limitations in state budgets may affect the state's rate and scope of compliance with the ADA's integration mandate, budget limitations do not relieve the state of its obligation to take effective steps to end inappropriate institutionalization. Such lawsuits are quite costly to states due to imposed court mandates and while such lawsuits may result in the development of needed services, they are not the most effective or cost efficient way to develop them.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2012 MH Trust: AK Alc Bd - Alaska Complex												
Behavior Collaborative (continued)												

*Continued un-budgeted, non-Medicaid general fund expenses related to things such as the need to provide additional staff to manage and contain some individuals, cover out-of-State travel and related expenses.*

*Continued escalating costs associated with providing an inadequate continuum of care, which currently adds additional expenses by bringing in extra staff to 'manage and contain' complex behaviors, instead of investing up-front in the workforce and programs to provide appropriate interventions and services.*

*The proposed Alaska Complex Behavior Collaborative consists of three primary components: the Alaska Complex Behavior Collaborative: the Hub, Brief Stabilization Services, and Intensive Intermediate Intervention Services. Below the Hub and Intensive Intermediate Intervention Services are discussed. The recommended model would have services available through three sites.*

*The Hub is conceptualized as a point of entry into the Alaska Complex Behavior Collaborative (Collaborative). Individuals may be brought to the attention of the Hub when their behaviors are complex; presenting a high risk of danger to self or others and the interventions required to ensure the safety of those involved are outside the skill-set of the current program staff. The services provided by the Hub will be available for individuals who are already receiving services supported by the Department of Health and Social Services, and will not be considered a means of achieving eligibility for services. The Hub will offer comprehensive assessment and diagnostic services by drawing on a pool of identified experts. These experts will be local or from outside of the state when a particular expertise is not available locally. Short-term contracts with expert consultants may be utilized to fill this workforce need. Individualized triage services will be available, in order to direct each individual to the appropriate level of care within the Collaborative or outside of it. In some cases, individuals may require brief stabilization or longer-term support through one of the two intervention arms of the Collaborative, which, based on the needs of each individual, could occur within their current placement or may require transfer to specialized services. It is estimated that implementation of this component would cost approximately \$650.0 GF/MH.*

*The Intensive Intermediate Intervention Services (FY12 \$300.0 GF/MH) component of the Collaborative will provide a residential option to individuals who require longer-term services prior to returning to previous or lower-acuity placements. This Service will be community-based and will provide a high level of structure and active behavioral intervention. The Intensive Intermediate Intervention Services will consist of approximately five beds. The unit will be staffed by highly trained specialists capable of providing intensive behavioral interventions. The unit will also be secure (either by staff, delayed egress or door locks) in order to provide maximum safety for the individual, staff, and public when it is clinically indicated. The anticipated length of stay will be between one and eighteen months, with comprehensive discharge planning and consultation with receiving providers/caregivers initiated at admission and continuing throughout the specialized interventions. Transition back to community services will include continued active consultation with receiving providers/caregivers and planned, well-coordinated, collaborative transfers of individuals back to their original residence and services. Ongoing follow-up services to the community will occur, in order to provide ongoing support and consultation with a goal of mitigating the need for return to more intensive placements. It is estimated that implementation of this component would cost approximately \$300.0 GF/MH.*

*It is anticipated that there will be one time start-up costs (\$150.0 MHTAAR) which could include but are not limited to training, facility modifications, and staff recruitment.*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2012 MH Trust: AK Alc Bd - Alaska Complex Behavior Collaborative (continued)												
1092 MHTAAR (Other) 75.0												
FY2012 MH Trust: AK MH Bd - Alaska Complex Behavior Collaborative	IncOTI	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0

*Alaska's current system of care does not include appropriate services for individuals with cognitive disabilities and complex behaviors. Because of this, many of these individuals are served by API, where they languish in an unnecessarily restrictive environment for extended periods of time, or they are inappropriately held in places such as jails and emergency rooms. Many are ultimately sent out of the state for care, where in many cases they remain indefinitely. Risk for out-of-state placement typically occurs when the individual exhibits behaviors that are so complex that they are outside the range of expertise of local caregivers and providers, or the available treatment options in the state have been exhausted without resultant success for the individual. The result of the lack of appropriate services in Alaska is a cost to the individuals and their families. In addition, there are key risks and costs to the State of Alaska, including but not limited to:*

*Potential exists for Americans with Disabilities Act (ADA) violations, specifically regarding Olmstead versus LC. The Department of Justice expects states to demonstrate progress on their waiting lists to move individuals with disabilities to less restrictive, integrated community-based settings, to have a clearly defined method to manage movement on the waiting lists, and to demonstrate their methodology regarding how their lists are developed and tracked. It appears that while limitations in state budgets may affect states rate and scope of compliance with the ADA's integration mandate, budget limitations do not relieve the states of their obligation to take effective steps to end inappropriate institutionalization. Such lawsuits are quite costly to states due to imposed court mandates and while such lawsuits may result in the development of needed services, they are not the most effective or cost efficient way to develop them.*

*Continued un-budgeted, non-Medicaid general fund expenses related to things such as the need to provide additional staff to manage and contain some individuals, cover out-of-State travel and related expenses.*

*Continued escalating costs associated with providing an inadequate continuum of care, which currently adds additional expenses by bringing in extra staff to 'manage and contain' complex behaviors, instead of investing up-front in the workforce and programs to provide appropriate interventions and services.*

*The proposed Alaska Complex Behavior Collaborative consists of three primary components: the Alaska Complex Behavior Collaborative: the Hub, Brief Stabilization Services, and Intensive Intermediate Intervention Services. Below the Hub and Intensive Intermediate Intervention Services are discussed. The recommended model would have services available through three sites.*

*The Hub is conceptualized as a point of entry into the Alaska Complex Behavior Collaborative (Collaborative). Individuals may be brought to the attention of the Hub when their behaviors are complex; presenting a high risk of danger to self or others and the interventions required to ensure the safety of those involved are outside the skill-set of the current program staff. The services provided by the Hub will be available for individuals who are already receiving services supported by the Department of Health and Social Services, and will not be considered a means of achieving eligibility for services. The Hub will offer comprehensive assessment and diagnostic services by drawing on a pool of identified experts. These experts will be local as well as from out-of-State, when a particular expertise is not available locally. Short-term contracts with expert consultants may be utilized to fill this workforce need. Individualized triage services will be available, in order to direct each individual to the appropriate*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2012 MH Trust: AK MH Bd - Alaska Complex												
Behavior Collaborative (continued)												
<i>level of care within the Collaborative or outside of it. In some cases, individuals may require brief stabilization or longer-term support through one of the two intervention arms of the Collaborative, which, based on the needs of each individual, could occur within their current placement or may require transfer to specialized services. It is estimated that implementation of this component would cost approximately \$650.0 GF/MH.</i>												
<i>The Intensive Intermediate Intervention Services (FY12 \$300.0 GF/MH) component of the Collaborative will provide a residential option to individuals who require longer-term services prior to returning to previous or lower-acuity placements. This Service will be community-based and will provide a high level of structure and active behavioral intervention. The Intensive Intermediate Intervention Services will consist of approximately five beds. The unit will be staffed by highly trained specialists capable of providing intensive behavioral interventions. The unit will also be secure (either by staff, delayed egress or door locks) in order to provide maximum safety for the individual, staff, and public when it is clinically indicated. The anticipated length of stay will be between one and eighteen months, with comprehensive discharge planning and consultation with receiving providers/caregivers initiated at admission and continuing throughout the specialized interventions. Transition back to community services will include continued active consultation with receiving providers/caregivers and planned, well-coordinated, collaborative transfers of individuals back to their original residence and services. Ongoing follow-up services to the community will occur, in order to provide ongoing support and consultation with a goal of mitigating the need for return to more intensive placements. It is estimated that implementation of this component would cost approximately \$300.0 GF/MH.</i>												
<i>It is anticipated that there will be one time start-up costs (\$150.0 MHTAAR) which could include but are not limited to training, facility modifications, and staff recruitment.</i>												
1092 MHTAAR (Other)		75.0										
FY2012 MH Trust: Housing - Grant 575.06 Bridge Home Program & Expansion	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 HUD 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 program was funded in FY11 with \$750.0 MHTAAR.</i>												
1092 MHTAAR (Other)		750.0										
FY2012 MH Trust: Housing - Grant 604.06 Department of Corrections discharge incentive grants	IncM	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<i>This project is a strategy in the Trust's Affordable Housing initiative and the Disability Justice workgroups. It is consistent with the Housing workgroup's focus on 'community re-entry'. It targets 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</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2012 MH Trust: Housing - Grant 604.06												
Department of Corrections discharge incentive grants (continued)												
<i>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. This program was funded in FY11 with \$350.0 MHTAAR. This increment will provide \$150.0 GF baseline funding.</i>												
1037 GF/MH (UGF)		150.0										
FY2012 MH Trust: Housing - Grant 604.06 Department of Corrections discharge incentive grants	IncM	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>This project is a 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. This program was funded in FY11 with \$350.0 MHTAAR.</i>												
1092 MHTAAR (Other)		250.0										
FY2012 CC: Alaska Complex Behavior Collaborative -- Start HUB in January. This increment funds operations for half a year	IncOTI	325.0	0.0	0.0	0.0	0.0	0.0	0.0	325.0	0	0	0
1037 GF/MH (UGF)		325.0										
FY2013 MH Trust: Housing - Grant 604.07 Department of Corrections Discharge Incentive Grants (Replace FY12 MHTAAR w/GF)	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 also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population.</i>												
1037 GF/MH (UGF)		50.0										
FY2013 MH Trust Housing-Grant 604.07 Dpt of Corrections Discharge Incentive Grants (Replace FY12 MHTAAR w/GF) (Fund - 90%)	Dec	-5.0	0.0	0.0	0.0	0.0	0.0	-5.0	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>												
1037 GF/MH (UGF)		-5.0										
FY2013 MH Trust: Housing - Grant 604.07 Department of Corrections Discharge Incentive Grants	IncM	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2013 MH Trust: Housing - Grant 604.07												
Department of Corrections Discharge Incentive												
Grants (continued)												
<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										
FY2013 MH Trust: Housing - Grant 575.07 Bridge Home	Inc	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
Program Expansion												
<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										
FY2013 MH Trust: Housing - Grant 575.07 Bridge Home	Dec	-30.0	0.0	0.0	0.0	0.0	0.0	-30.0	0.0	0	0	0
Program Expansion (Fund 90% of request)												
<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)		-30.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services to the Seriously Mentally Ill (continued)</b>												
FY2013 MH Trust: Housing - Grant 575.07 Bridge Home Program	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 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										
FY2013 CC: Alaska Complex Behavior Collaborative	IncOTI	650.0	0.0	0.0	0.0	0.0	0.0	650.0	0.0	0	0	0
<i>Department should come back in FY14 with a status update.</i>												
1037 GF/MH (UGF)		325.0										
1092 MHTAAR (Other)		325.0										
<b>* Allocation Total *</b>		<b>11,275.5</b>	<b>0.0</b>	<b>0.0</b>	<b>150.0</b>	<b>0.0</b>	<b>0.0</b>	<b>9,650.5</b>	<b>1,475.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Designated Evaluation and Treatment**

FY2009 Designated Evaluation and Treatment Increment	Inc	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
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*As a payer-of-last resort, the Designated Evaluation and Treatment program funds are made available to designated local community and specialty hospitals for evaluation, stabilization and treatment services, inpatient physician services and transportation for people under court-ordered commitment. It is also available to people who meet those criteria, but have agreed to accept services voluntarily in lieu of commitment, and who would otherwise go to the Alaska Psychiatric Institute. Local hospitalization is often the treatment of choice, keeps an individual connected to family or other support, and facilitates a rapid return home. Clinical management procedures have contained the growth rate to just the most needy individuals, only the necessary hospital days, and with the most economical transportation to Alaska Psychiatric Institute or other designated hospitals, but costs have continued to rise just as they have in other medical areas.*

*Using this funding, a local Designated Evaluation and Stabilization/Treatment facility may provide up to 72-hour inpatient psychiatric evaluations, up to 7 days of crisis stabilization, or up to 40 days of inpatient hospital services close to the consumer's home, family, and support system. Component funding also supports consumer and escort travel to designated hospitals and back to their home community and inpatient physician services that are not covered under the hospitals' daily rate. Fairbanks Memorial Hospital in Fairbanks and Bartlett Regional Hospital in Juneau provide designated evaluation and treatment services, and Ketchikan General Hospital in Ketchikan, Mt. Edgecumbe Hospital (SEARHC) in Sitka and Yukon-Kuskokwim Health Corporation in Bethel provide designated evaluation and stabilization services.*

*However, this State mandated program has continued to be under-funded each year for the last 6 years; budgets have usually been short between \$500,000 -750,000 each year. Due to an inadequate budget, some of the*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Designated Evaluation and Treatment (continued)</b>												
FY2009 Designated Evaluation and Treatment												
Increment (continued)												
<i>payments to hospitals, physicians and guard/escort services have been delayed. Efforts are made to use subsequent year's budgets to pay unpaid bills from the previous year, continuing the inadequacy of each year's budget. 6615 bed days were covered for 1215 patients costing a total of \$10,541,653.85; the overall daily hospital rate has increased \$1,611.76 or 18.7% between FY 03 and FY 08. There were 992 physician bills paid costing a total of \$292,852.24; the amount for covered physician charges has increased \$11,507.32, or 16.8 %, between FY03 and FY06. There were 3015 transports to Alaska Psychiatric Institute or other designated hospitals, costing a total of \$1,871,090.21; this cost has increased \$259,715.02 or, 80.2%, between FY03 and FY06.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1037 GF/MH (UGF)		350.0										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>This request is for additional GF needed to match federal revenues for the Designated Evaluation and Treatment services funded through the Medicaid Disproportionate Share Hospital program. The annual rate the federal government reimburses the state for Medicaid benefits will decline on October 1, 2008, requiring additional GF to maintain services at the current level.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1037 GF/MH (UGF)		200.0										
FY2010 MH Trust: AMHB/ABADA - Psychiatric Emergency Services: DES/DET Expansion	Inc	950.0	0.0	0.0	0.0	0.0	0.0	950.0	0.0	0	0	0
<i>Through a variety of avenues, public comment to the Alaska Mental Health Board this year has consistently been that Alaskans experiencing psychiatric emergencies cannot receive adequate services in their community. We have heard that rural hospitals are resistant to providing this acute care due to the cost, facility requirements, staffing requirements, and perceived obstacles to reimbursement. We have heard that Alaska Psychiatric Institute (API) is often at the limits of its capacity, with the majority of admissions coming from the Kenai Peninsula and</i>												



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**Behavioral Health (continued)**

**Designated Evaluation and Treatment (continued)**

FY2010 MH Trust: AMHB/ABADA - Psychiatric  
Emergency Services: DES/DET Expansion  
(continued)

*Mat-Su areas. We have observed that Alaskans experiencing psychiatric emergencies in rural communities are too often being held in the custody of a village public safety office or local police as a way of being kept safe pending transport to API. The system providing acute stabilization and treatment (DET/DES) is at risk, as seen by the recent closure of the Designated Evaluation and Treatment (DET) beds at Mt. Edgecombe Hospital in Sitka due to the costs and lack of adequate staffing.*

*AS 47 requires DBH to respond to psychiatric emergencies statewide, providing transportation, evaluation, and hospitalization for individuals at imminent risk of harming themselves or others, or gravely disabled by mental illness. In recent years, the demand for this service has risen dramatically, putting intense pressure on API's census, on the transportation system that supports the program, and on local communities statewide, many of whom have to hold very ill people in jail cells until transportation and a hospital bed can be made available for their care. In FY2008 the DET/DES Program served 383 clients, provided 800 bed days at an approved DES/DET Facilities and paid for 285 transports. The billing remains open for this program for 180 days following the last day in June 2008 so these numbers are likely to grow.*

*\$950,000 in GF is requested specifically to meet the current costs of the DET program. In particular, the costs of transporting ill people safely to API, Fairbanks Memorial or Juneau's Bartlett Hospital have risen dramatically: 17% in FY2008 and an additional 20% projected in FY2009. Further, because community hospitals with DES beds are overwhelmed with expensive psychiatric cases, they are increasingly reluctant to take these cases at all; in FY2008 Mt. Edgecombe Hospital in Sitka decided to close its DES beds. As DES beds disappear, psychiatric cases must be re-routed to Juneau, Fairbanks or Anchorage, an expensive transport cost. Finally, because DBH pays hospitals at the going Medicaid rate, and because Fairbanks and Bartlett's daily Medicaid rates recently rose 18% and 31% respectively, the current levels of funding are not adequate to fund the DET/DES system.*

*With additional funding, the division hopes to prevent further erosion of already limited services by providing additional short-term funding for existing services. This will encourage existing service providers to maintain their DES/DET facilities by offering a consistent source of reimbursement. This will also support the rising transport costs of getting people in crisis to a DET facility and home again.*

*Anticipated Outcomes:*

*Decrease admissions to API;  
Reduce transportation;  
Provide care closer to home.*

*Partners:*

*Mat Su Regional Hospital;  
Central Peninsula General Hospital;  
Maniilaq Health Center;  
South Peninsula General Hospital;  
Norton Sound Health Corporation;  
API Telepsychiatry.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Designated Evaluation and Treatment (continued)</b>												
FY2010 MH Trust: AMHB/ABADA - Psychiatric Emergency Services: DES/DET Expansion (continued)												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i>												
1037 GF/MH (UGF)		950.0										
FY2010 MH Trust: AMHB/ABADA - Psychiatric Emergency Services: DES/DET Expansion	IncOTI	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
<p><i>Through a variety of avenues, public comment to the Alaska Mental Health Board this year has consistently been that Alaskans experiencing psychiatric emergencies cannot receive adequate services in their community. We have heard that rural hospitals are resistant to providing this acute care due to the cost, facility requirements, staffing requirements, and perceived obstacles to reimbursement. We have heard that Alaska Psychiatric Institute (API) is often at the limits of its capacity, with the majority of admissions coming from the Kenai Peninsula and Mat-Su areas. We have observed that Alaskans experiencing psychiatric emergencies in rural communities are too often being held in the custody of a village public safety office or local police as a way of being kept safe pending transport to API. The system providing acute stabilization and treatment (DET/DES) is at risk, as seen by the recent closure of the Designated Evaluation and Treatment (DET) beds at Mt. Edgecombe Hospital in Sitka due to the costs and lack of adequate staffing.</i></p> <p><i>AS 47 requires DBH to respond to psychiatric emergencies statewide, providing transportation, evaluation, and hospitalization for individuals at imminent risk of harming themselves or others, or gravely disabled by mental illness. In recent years, the demand for this service has risen dramatically, putting intense pressure on API's census, on the transportation system that supports the program, and on local communities statewide, many of whom have to hold very ill people in jail cells until transportation and a hospital bed can be made available for their care. In FY2008 the DET/DES Program served 383 clients, provided 800 bed days at an approved DES/DET Facilities and paid for 285 transports. The billing remains open for this program for 180 days following the last day in June 2008 so these numbers are likely to grow.</i></p> <p><i>\$300.0 in MHTAAR is requested to expand the Designated Evaluation and Treatment (DET) and the Designated Evaluation and Stabilization (DES) system. The Division of Behavioral Health (DBH) is currently working with community hospitals across the state to develop new DES beds, focusing on local stabilization, which is clinically and financially a better option. It is anticipated that new DES beds will come on line in FY2010, so funding for these beds, and the cost to transport clients to DES facilities, is critical to support the statewide emergency response system.</i></p> <p><i>With additional funding, the division hopes to prevent further erosion of already limited services by providing additional short-term funding for existing services. This will encourage existing service providers to maintain their DES/DET facilities by offering a consistent source of reimbursement. This will also support the rising transport costs of getting people in crisis to a DET facility and home again. DBH staff have reported that commercial transport costs have increased 17% in the past year and further inflation exceeding 20% is expected.</i></p>												

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<b>Behavioral Health (continued)</b>												
<b>Designated Evaluation and Treatment (continued)</b>												
FY2010 MH Trust: AMHB/ABADA - Psychiatric												
Emergency Services: DES/DET Expansion												
(continued)												
<i>Anticipated Outcomes:</i>												
<i>Decrease admissions to API;</i>												
<i>Reduce transportation;</i>												
<i>Provide care closer to home.</i>												
<i>Partners:</i>												
<i>Mat Su Regional Hospital;</i>												
<i>Central Peninsula General Hospital;</i>												
<i>Manilaq Health Center;</i>												
<i>South Peninsula General Hospital;</i>												
<i>Norton Sound Health Corporation;</i>												
<i>API Telepsychiatry.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i>												
1092 MHTAAR (Other)		300.0										
<b>* Allocation Total *</b>		<b>1,800.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1,800.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Services for Severely Emotionally Disturbed Youth</b>												
FY2006 Bring The Kids Home Community-Based Services	Inc	2,093.0	0.0	0.0	198.0	0.0	0.0	1,895.0	0.0	0	0	0
<i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</i>												
<i>Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.</i>												
<i>There has been a steady increase in the number of custody and non-custody children and youth placed in out of state residential psychiatric treatment centers. In FY04 the division estimated that 733 children ranging in ages from six to seventeen were served out of state. The Child and Adolescent Needs and Strengths Assessment revealed that Alaska Native children represent 49% of the population of children in custody and 22% of the non-custody children sent to out of state placements. Frequently out of state treatment is not as therapeutically beneficial to children and their families as services delivered close to home.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2006 Bring The Kids Home												
Community-Based Services (continued)												
<i>The Bring The Kids Home initiative has three major long term goals:</i>												
<i>1) To build/develop and sustain the community-based and residential capacity to serve children with all intensities of need within the service delivery system in Alaska.</i>												
<i>2) To develop an integrated seamless service system in Alaska that will allow children and youth to be served in the most culturally competent, least restrictive setting, closest to home as determined to be safe and appropriate.</i>												
<i>3) Significantly reduce the existing numbers of children and youth in out of state care and gate-keep ensuring that the future use of out of state facilities is kept to a minimum.</i>												
<i>In FY 06 the the following strategies will be funded to support this initiative:</i>												
<i>1) Development and/or enhancement of family group homes, group homes with 24/7 staff, OSLC multi-dimensional homes and crisis/nursery homes. These homes will provide a consistent level of care that is not fully attainable in a residential home staffed with shift workers. 24/7 homes that do not use shift-worker models are approximately 20% less costly (\$1,067.0)</i>												
<i>2) Provide technical assistance and training for existing foster care providers to ensure the proper level of care is being provided (\$60.0)</i>												
<i>3) Enhancement of existing in-home resources for prevention of crisis situations (\$100.0)</i>												
<i>4) Establishment of regional teams with individualized funding pools and implementation of care coordination (\$851.0)</i>												
<i>5) Development of a standardized Level of Care guide (\$15.0)</i>												
1092 MHTAAR (Other)		1,958.0										
1156 Rcpt Svcs (DGF)		135.0										
FY2006 AMD: Carry Forward Funds for Change of Intent with	Inc	62.5	55.0	0.0	7.5	0.0	0.0	0.0	0.0	0	0	0
Bring the Kids Home Initiative												
<i>The Alaska Mental Health Trust Authority has approved for the Division of Behavioral Health to carry forward \$62.5 of FY05 funds to address the FY06 change of intent and needs for the Bring the Kids Home initiative.</i>												
<i>\$7.5 will be used to cover costs related to the development of a Child and Adolescent Needs and Strengths (CANS) Level of Care (LOC) determination pilot project including development and implementation of a level of care guide to differentiate between the need for in-state and out-of-state residential psychiatric treatment center care. It is anticipated that these funds will be used for additional costs related to refining the LOC guide, expanding use or function of the LOC guide, and/or purchasing additional technical or infrastructure needs to permit expanded utilization.</i>												
<i>In FY05, the trust allocated \$85.0 for two state utilization review positions (Mental Health Clinician III). The request to establish the positions is being processed with an anticipated hire date of March 1, 2005. Since the implementation of the initiative has been delayed, only one-third of the allocation will be used in FY05. The</i>												

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2006 AMD: Carry Forward Funds for Change of Intent with Bring the Kids Home Initiative (continued)												
<i>remaining \$55.0 will be carried forward for use in FY06. These positions are eligible for a federal Medicaid match rate of 75%.</i>												
1092 MHTAAR (Other)		62.5										
FY2007 Bring the Kids Home (BTKH) Expansion-Reinvest funds for in-state services and capacity development	Inc	870.0	0.0	0.0	356.7	0.0	0.0	513.3	0.0	0	0	0
<i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</i>												
<i>Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.</i>												
<i>In the FY06 operating budget the Alaska Mental Health Trust provided \$2,058.0 of funding for this initiative. The proposed increment will build upon the success of accomplishments in the prior year to expand the BTKH initiative into the following areas:</i>												
<i>Item 1: Regional and Out of State Placement Committees staffing \$870.0</i>												
<i>This funding will provide adequate staffing of the regional and out of state placement/resource committees to increase their capacity to provide gate keeping functions. These teams currently provide these functions only for custody children. Through this funding, the teams will begin to serve non-custody children looking for referrals to residential care.</i>												
<i>From 1998 to 2004 there was an across the board increase to the number of Alaska children served in out of state residential psychiatric treatment centers. During this period, the increase for custody children went from 17 children in 1998 to 56 children in 2004. During this same time period, the utilization increase for non-custody children went from 66 children in 1998 to 693 children in 2004.</i>												
<i>The most consistent initial approach to addressing this over-reliance on out of state residential care by non-custody children is to implement a consistent system of gate keeping for all children. This requires sufficient staffing for the regional and out of state placement/resource committees to serve referrals for non-custody children. Currently, the resource teams are required to meet twice weekly for 1 1/2 to 2 hours each to serve custody children only. In order to serve non-custody children, 6 additional FTEs are required, based on the current level of referrals. As in-state resources are developed and this impacts (decreases) referrals to residential care, the model may be refined.</i>												
<i>Item 2: BTKH CMHC Grant Support for Care Management for SED Youth \$1,250.0</i>												

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2007 Bring the Kids Home (BTKH)												
Expansion-Reinvest funds for in-state services and capacity development (continued)												
<i>This funding will provide additional grants to the Community Mental Health Centers (CMHCs) to work with families and youth prior to consideration by the placement/resource committees for residential care. The CMHCs or Regional Health Corporations will play a pivotal role in working with the family and youth to develop a local placement. When this fails, CMHCs will assume the responsibility of bringing the placement request to the Placement/Resource Committees to consider the child for regional/out of state placement.</i>												
<i>Currently, non-custody children (and some few custody children) may never connect with a CMHC prior to moving into residential care. To increase the capacity for in-home and community based services, this connection is vital. Currently, children and youth from rural and outlying areas have limited access to CMHCs and may not receive a thorough evaluation and access to an array of behavioral health services before moving into residential care. In addition, privately funded behavioral health services seldom cover the costs of care coordination to develop complex community based services. The service continuum offered is limited and includes services such as family and individual therapy. Children and families often require additional rehabilitation services in the home and community in order for the child to remain in a normalized setting. Without granting funds to enhance the CMHCs ability to develop and implement complex service packages for an increasing service load, children will continue to move into residential care.</i>												
1037 GF/MH (UGF)		870.0										
FY2007 Trust Funding for Additional Projects: Bring the Kids Home (BTKH) data collection	Inc	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<i>The Alaska Mental Health Trust will provide funding in the Seriously Emotionally Disturbed Youth (SED Youth) component for the following project:</i>												
<i>Bring The Kids Home (BTKH) Data Collection \$50.0</i>												
<i>AKAIMS is a standardized and consolidated behavioral health information collection and delivery system serving approximately 90 behavioral health provider agencies and many hundreds of users. Managed by the Division, the system will generate reports per federal and state regulation, including full HIPAA compliance. AKAIMS will be critical in providing for BTKH outcome measurement of indicators established for the BTKH focus area that document client satisfaction and client life domain improvement. Both of these areas are included in the Client Status Review form within AKAIMS. AKAIMS provides a rich data set of client characteristics, diagnoses, service encounters, etc. that will provide an excellent base to analyze whether youth are placed in the appropriate levels of care both in state and out of state. It will also enable tracking of the "recidivism rate" of youth returning to higher levels of care.</i>												
1092 MHTAAR (Other)		50.0										
FY2007 Trust Funding Adjustment- Bring the Kids Home: care coordination/screen tool; indiv. svcs; standard level of care guide	Dec	-310.5	0.0	0.0	0.0	0.0	0.0	-310.5	0.0	0	0	0
<i>Tha Alaska Mental Health Trust will reduce funding for the following projects in FY07:</i>												
<i>Bring The Kids Home (BTKH) Care Coordination and CANS Screening Tool (\$62.5)</i>												
<i>BTKH Individualized Services</i>												

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2007 Trust Funding Adjustment- Bring the Kids Home: care coordination/screen tool; indiv. svcs; standard level of care guide (continued) (\$233.0)												
Develop a Standardized Level of care Guide (\$15.0)												
1092 MHTAAR (Other)		-310.5										
FY2008 BTKH Community Behavioral Health Centers	Inc	1,500.0	0.0	0.0	0.0	0.0	0.0	1,500.0	0.0	0	0	0
Outpatient Grants and Training for Special Populations												
H&SS Division of Behavioral Health proposes a \$1,000.0 GF/MH and \$500.0 MHTAAR increment for the Bring the Kids Home (BTKH) Community Behavioral Health Centers Outpatient Grants and Training for Special Populations.												
BTKH is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.												
This increment will support the ongoing efforts of BTKH, a joint project of Division of Behavioral Health, Division of Juvenile Justice, Office of Children's Services and the Mental Health Trust Authority by funding Community Behavioral Health Centers (CBHC) grants to enhance outpatient services with innovative programs/training to reduce the need for residential level services. The grants will emphasize special populations such as FASD, 0-6 year olds, etc. Services must show good client outcomes. The program utilizes MHTAAR at first and tapers to GF/MH support.												
Division Measures:												
A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.												
Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.												
Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.												
A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.												
Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.												
Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.												
1037 GF/MH (UGF)		1,000.0										
1092 MHTAAR (Other)		500.0										
FY2008 Reduce BTKH Community Behavioral Health Cntr Request	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
1037 GF/MH (UGF)		-500.0										
FY2008 BTKH Individualized Services/Home and Community Based Start up Grants	Dec	-910.0	0.0	0.0	0.0	0.0	0.0	-910.0	0.0	0	0	0

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2008 BTKH Individualized Services/Home and Community Based Start up Grants (continued)												
<i>H&amp;SS Division of Behavioral Health proposes a \$950.0 GF/MH increment and a decrement of (\$910.0) MHTAAR funding for the BTKH Individualized Services and Home and Community Based Start Up Grants.</i>												
<i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</i>												
<i>This increment will support the ongoing efforts of Bring the Kids Home, a joint project of the Division of Behavioral Health, the Division of Juvenile Justice, Office of Children's Services and the Mental Health Trust Authority in the following areas:</i>												
<i>Item 1: BTKH Individualized Services which is a \$700.0 GF/MH increase and (\$200.0) MHTAAR reduction. Individualized Services procedures for Seriously Emotionally Disturbed Youth (SED Youth) needing residential care are in place for FY07. This saves a considerable amount of state funding by providing additional care not qualified under Medicaid thus enabling youth to stay at lower levels of care. In FY06 and FY07 this program was initiated with funding from the Trust.</i>												
<i>Item 2: BTKH Home and Community Based Start Up Grants which is a \$250.0 GF/MH increment and a (\$710.0) MHTAAR reduction. The Trust has funded this effort through FY06 and FY07 at \$1.1 million. As group homes are established at the initial proposed instate capacity, the plan is to continue Home and Community-based start up grants, but at a lower funding level for FY08. Trust funding in FY06 and FY07 for Home and Community-based startup grants assisted in establishing approximately 22 foster and group homes and outpatient programs with an estimated 230 youth benefiting in various ways.</i>												
<i>Division Measures:</i>												
<i>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i>												
<i>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</i>												
<i>Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</i>												
<i>Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.</i>												
1092 MHTAAR (Other)		-910.0										
FY2008 BTKH Individualized Services/Home and Community Based Start up Grants	Inc	950.0	0.0	0.0	0.0	0.0	0.0	950.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$950.0 GF/MH increment and a decrement of (\$910.0) MHTAAR funding for the BTKH Individualized Services and Home and Community Based Start Up Grants.</i>												



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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2008 BTKH Individualized Services/Home and Community Based Start up Grants (continued)												
<i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</i>												
<i>This increment will support the ongoing efforts of Bring the Kids Home, a joint project of the Division of Behavioral Health, the Division of Juvenile Justice, Office of Children's Services and the Mental Health Trust Authority in the following areas:</i>												
<i>Item 1: BTKH Individualized Services which is a \$700.0 GF/MH increase and (\$200.0) MHTAAR reduction. Individualized Services procedures for Seriously Emotionally Disturbed Youth (SED Youth) needing residential care are in place for FY07. This saves a considerable amount of state funding by providing additional care not qualified under Medicaid thus enabling youth to stay at lower levels of care. In FY06 and FY07 this program was initiated with funding from the Trust.</i>												
<i>Item 2: BTKH Home and Community Based Start Up Grants which is a \$250.0 GF/MH increment and a (\$710.0) MHTAAR reduction. The Trust has funded this effort through FY06 and FY07 at \$1.1 million. As group homes are established at the initial proposed instate capacity, the plan is to continue Home and Community-based start up grants, but at a lower funding level for FY08. Trust funding in FY06 and FY07 for Home and Community-based startup grants assisted in establishing approximately 22 foster and group homes and outpatient programs with an estimated 230 youth benefiting in various ways.</i>												
<i>Division Measures:</i>												
<i>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</i>												
<i>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</i>												
<i>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</i>												
<i>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</i>												
<i>Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</i>												
<i>Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.</i>												
1037 GF/MH (UGF)		950.0										
FY2008 BTKH Anchorage Crisis Stabilization	Inc	284.0	0.0	0.0	0.0	0.0	0.0	284.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$184.0 GF/MH and \$100.0 MHTAAR increment to fund the Bring the Kid Home Project, Anchorage Crisis stabilization - Funding for Non-Resourced Youth (custody and non-custody). This is a top priority of the BTKH project.</i>												
<i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												

FY2008 BTKH Anchorage Crisis Stabilization  
(continued)

*home, keep families more involved and intact, and more effectively carry out transitions and discharges.*

*This increment will support the ongoing efforts of Bring the Kids Home, a joint project of the Division of Behavioral Health, the Division of Juvenile Justice, Office of Children's Services and the Mental Health Trust Authority in the following area:*

*Anchorage Crisis Stabilization program is proposed at 15 beds to assist in keeping youth-in-crisis in parental custody and in as low a level of care as diagnostically appropriate. The funding will be used to assist both custody (Juvenile Justice and Children's Services) and non-custody youth (Division of Behavioral Health). Some youth will be Medicaid-eligible, some will not; hence the proposed mixture of grant funds and Medicaid match.*

*Division Measures:*

*A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.*

*Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.*

*Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.*

*A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.*

*Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.*

*Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.*

1037 GF/MH (UGF)		184.0										
1092 MHTAAR (Other)		100.0										
FY2008 BTKH Expansion of School-Based Services	Inc	450.0	0.0	0.0	0.0	0.0	0.0	450.0	0.0	0	0	0
<i>H&amp;SS Division of Behavioral Health proposes a \$250.0 GF/MH and \$200.0 MHTAAR increment to provide the Bring the Kid Home project, Expansion of School-Based Services.</i>												

*Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.*

*This increment will support the ongoing efforts of Bring the Kids Home, a joint project of the Division of Behavioral Health, the Division of Juvenile Justice, Office of Children's Services and the Mental Health Trust Authority by supporting use of Evidenced-based Practice (EBP) in schools and collaborations between Community Behavioral Health Centers (CBHC) and schools. These grants would be available to schools wishing to implement EBP (from a list provided by the Division of Behavioral Health) or to CBHCs and schools in partnership to expand school behavioral health services. EBP could be targeted towards children at risk of a Seriously Emotionally Disturbed Youth (SED Youth) diagnosis or who are already diagnosed.*

*Division Measures:*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2008 BTKH Expansion of School-Based Services (continued)												
<p>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</p> <p>Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</p> <p>Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</p> <p>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</p> <p>Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</p> <p>Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.</p>												
1037 GF/MH (UGF)		250.0										
1092 MHTAAR (Other)		200.0										
FY2008 BTKH Peer Navigators Funding to Non-Profits/Parent and Youth Navigators	Inc	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
<p>H&amp;SS Division of Behavioral Health proposes a \$200.0 GF/MH and 150.0 MHTAAR increment for the Bring the Kid Home project, Peer Navigators Funding to Non-Profits and Parent and Youth Navigators.</p> <p>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</p> <p>This increment will support the ongoing efforts of Bring the Kids Home, a joint project of the Division of Behavioral Health, Division of Juvenile Justice, Office of Children's Services and the Mental Health Trust Authority in the following areas:</p> <p>Item 1: BTKH Peer Navigators Funding to Non-Profits (Parent and Youth), a \$50.0 GF/MH and \$150.0 MHTAAR increment.</p> <p>Peer Navigator funding would allow both parents and youth to be hired to assist their peers who are trying to navigate the service delivery system to help best utilize the behavioral health and community-based system and their family's resources. Youth volunteers would be recruited to develop a youth advisory group, with travel and stipends, that would educate various groups about issues from their perspective. To provide a variety of approaches, funding would be managed to encourage peer navigators from several different agencies. Impacts of this program include:</p> <ol style="list-style-type: none"> <li>1) increased ability of consumers to use the behavioral health system effectively.</li> <li>2) decrease in need for higher levels of care because of early intervention.</li> <li>3) increased parental effectiveness in dealing with a child with behavioral health needs.</li> <li>4) increased consumer knowledge of community supports including emergency food, clothing and housing, low cost telephone services, and public benefits such as special education and Medicaid.</li> <li>5) increased system responsiveness to the needs of its clients.</li> </ol>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2008 BTKH Peer Navigators Funding to Non-Profits/Parent and Youth Navigators (continued)												
Item 2: BTKH Parent and Youth Navigators, a \$150.0 GF/MH increment												
Peer Navigator funding would allow both parents and youth to be hired to assist their peers who are trying to navigate the service delivery system to help best utilize the behavioral health and community-based system and their family's resources. Youth volunteers would be recruited to develop a youth advisory group, with travel and stipends that would educate various groups about issues from their perspective. To provide a variety of approaches, funding would be managed to encourage peer navigators from several different agencies. Impacts of this program include:												
1) increased ability of consumers to use the behavioral health system effectively.												
2) decrease in need for higher levels of care because of early intervention.												
3) increased parental effectiveness in dealing with a child with behavioral health needs.												
4) increased consumer knowledge of community supports including emergency food, clothing and housing, low cost telephone services, and public benefits such as special education and Medicaid.												
5) increased system responsiveness to the needs of its clients.												
Division Measures:												
A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.												
Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.												
Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.												
A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.												
Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.												
Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.												
1037 GF/MH (UGF)		200.0										
1092 MHTAAR (Other)		150.0										
FY2008 Decrease in MHTAAR Funding for BTKH data collection	Dec	-50.0	0.0	0.0	0.0	0.0	0.0	-50.0	0.0	0	0	0
MHTAAR funding reduced in FY08												
Projects With Funding Reduced or Not Funded												
(\$50.0) BTKH Data Collection - Not funded												
1092 MHTAAR (Other)		-50.0										
FY2009 Add/Delete GF from Medicaid Svc for ProShare	Inc	211.0	0.0	0.0	0.0	0.0	0.0	211.0	0.0	0	0	0
In SFY08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2009 Add/Delete GF from Medicaid Svc for ProShare (continued)												
<i>difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Services to Severely Emotion Disturbed Youth, through community mental health agencies, offer an array of assessment, psychotherapy, chemotherapy, case management and rehabilitation services for seriously emotionally Disturbed youth and their families, and to those youth who are at risk of becoming seriously emotionally disturbed. This transfer of \$211.0 is necessary to give the division the funding needed to continue these services.</i>												
1004 Gen Fund (UGF)		211.0										
FY2009 Discontinue Private ProShare Refinancing	Inc	902.0	0.0	0.0	0.0	0.0	0.0	902.0	0.0	0	0	0
<i>This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.</i>												
<i>The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.</i>												
<i>ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching GF through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i>												
<i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
Dept-D-4--Provide quality management of health care coverage services providers and clients												
DBH-A-1-A2.1b--Improve and enhance the quality of life of Alaskans with SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated BH service system												
HCS-A--Mitigate service reductions by replacing general funds with alternate funds												
HCS-B--Provide affordable access to quality health care services to eligible Alaskans												
DPH-A--Healthy people in healthy communities												
DPH-A-A4--Assure access to early preventative services and quality health care												
1037 GF/MH (UGF)		902.0										
FY2009 MH Trust: BTKH - Anchorage Crisis Stabilization, 15 beds and develop single point of entry	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
Anchorage Crisis Stabilization program and Single Point of Entry project expands services to youth-in-crisis for higher placements via 15 crisis stabilization beds, and develops a new single point of entry for children's services: assessment, service coordination and placement in community stabilization and/or into acute care as appropriate. It provides multiple grants to assist both custody (Juvenile Justice and Children's Services) and non-custody (Division of Behavioral Health) youth. Some youth will be Medicaid eligible; some will not (non-resourced), hence the proposed mixture of grant funds and GF/MH Medicaid match for operations of the facilities. This critical component of the BTKH overall plan is expected to save Medicaid funds for acute hospitalizations and eventual referrals to Residential Psychiatric Treatment Centers (RPTCs). This project was first funded in FY08 at \$100.0 MHTAAR and \$184.0 GF/MH; in FY09 funding levels are \$100.0 MHTAAR and \$200.0 GF/MH increment. Including the base funding, this project totals \$484.0: \$384.0 GF/MH and \$100.0 MHTAAR.												
1037 GF/MH (UGF)		100.0										
1092 MHTAAR (Other)		100.0										
FY2009 MH Trust: BTKH - Individualized Services	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
Of this request \$250.0 reflects a fund source change from FY08 to FY09 of MHTAAR to GF/MH as recommended by the Trust.												
Bring the Kids Home (BTKH) Individualized Services project will continue funding for additional care for youth experiencing serious emotional disturbance (SED) who are not qualified under Medicaid or who need non-Medicaid eligible services to stay at lower levels of care and avoid Residential Psychiatric Treatment Center (RPTC) placement. The project will be managed by Behavioral Health Utilization Staff with funds disseminated to behavioral health providers through simple grant agreements. This project maintains a critical, flexible component of the BTKH Focus Area plan by providing services to avoid costs of much more expensive residential care. The Utilization Review Staff provides quarterly outcome data to the BTKH Quarterly Work Group meetings on how the funding is utilized to save residential costs, number of youth served, and average cost per youth. BTKH Individualized Services was funded in FY07 with \$780.0 MHTAAR, in FY08 with \$500.0 MHTAAR and \$700.0 GF/MH, and is maintained at that level in FY09 with \$250.0 MHTAAR and \$250.0 GF/MH increment. The total for this project is \$1,200.0, which includes the base funding of \$700.0 GF/MH, increment GF/MH of \$250.0 and MHTAAR of \$250.0.												
1037 GF/MH (UGF)		250.0										
1092 MHTAAR (Other)		250.0										
FY2009 MH Trust: BTKH - Expansion of school-based services capacity via grants	IncOTI	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
BTKH Expansion of School-Based Services Capacity via Grants Support project continues the FY08 funding level for Evidence-Based Practice (EBP) in schools and collaborations between Community Behavioral Health Centers												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2009 MH Trust: BTKH - Expansion of school-based services capacity via grants (continued)												
<i>(CBHC) and schools. It also tracks the educational needs of Seriously Emotionally Disturbed Youth (SED Youth) transitioning to and from residential care. Managed by DHSS/BH who is disseminating funding with multiple grants, this funding enhances schools and providers to work together to ensure success of returning youth from Residential Psychiatric Treatment Centers (RPTC). Project was funded in FY08 at \$200.0 MHTAAR and \$250.0 GF/MH, and continues at that level in FY09.</i>												
1092 MHTAAR (Other)		200.0										
FY2009 MH Trust: BTKH - Home and Community based start up grants	IncOTI	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
<i>This project provides multiple start up grants to providers to expand services within Alaska at the outpatient and residential level for youth experiencing serious emotional disturbance (SED). Grants are managed by the Division of Behavioral Health. This effort is another key ingredient of the Bring the Kid Home (BTKH) initiative plan to develop in-state lower levels of care that avoids costly Residential Psychiatric Treatment Center (RPTC) care whenever possible and appropriate. Project gathers data on avoiding RPTC care. FY09 is the third year of start up funding as programs taper to other forms of reimbursement. Funded in FY08 at \$400.0 MHTAAR and \$250.0 GF/MH, and maintained in FY09 at \$500.0 MHTAAR increment. Including the base funding, this project totals \$750.0, which is \$250.0 GF/MH and \$500.0 MHTAAR.</i>												
1092 MHTAAR (Other)		500.0										
FY2009 MH Trust: BTKH - Community Behavioral Health Centers Outpatient and Emergency Residential Services and Training	Inc	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
<i>Grant 1392.01</i>												
<i>Managed DHSS/Behavioral Health, funding expands multiple grants to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). It will also emphasize special populations such as Fetal Alcohol Syndrome, birth to six years, etc. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of this outpatient service. Project was funded in FY08 at \$925.0 MHTAAR and \$500.0 GF/MH, and expands services by \$500.0 in FY09 with \$250.0 MHTAAR and \$1,250.0 GF/MH increment. This brings the funding for this project to \$2,000.0 which is \$250.0 MHTAAR, \$1,250.0 GF/MH increment and \$500.0 GF/MH included in base funding.</i>												
1037 GF/MH (UGF)		500.0										
1092 MHTAAR (Other)		250.0										
FY2009 AMD: MH Trust: BTKH - Peer Navigator Program	Inc	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<i>Grant 1388.01</i>												
<i>Parent and Youth Navigator project continues funding to allow parents (predominantly) but also youth, to be hired to assist their peers in navigating the service delivery system for youth experiencing serious emotional disturbance (SED). Grant funding would be managed by DHSS/BH to fund multiple grantees that would provide a variety of approaches allowing several different agencies to establish peer navigation programs. Grant funding would also be available for volunteer coordination to develop a volunteer youth advisory group, with grant funding for travel and per diem for volunteer youth and volunteer chaperones. This group would meet to educate various groups about issues from their perspective. Parent/peer navigation and parent/youth input in policy making 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. Grantees will be required to report outcomes such as</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2009 AMD: MH Trust: BTKH - Peer Navigator Program (continued)												
<i>number of parents involved, results of the interaction, and effectiveness of services. This project was first funded in FY08 at \$150.0 MHTAAR and \$200.0 GF/MH; in FY09 project is funded with \$50.0 MHTAAR and \$100.0 GF/MH increment. Including the \$200.0 GF/MH in the base, this project totals \$350.0: \$300.0 GF/MH and \$50.0 MHTAAR.</i>												
1037 GF/MH (UGF)		100.0										
1092 MHTAAR (Other)		50.0										
FY2010 MH Trust: BTKH - Transitional Aged Youth	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>This funding will start up and sustain community-based capacity for transitional aged youth to move into adulthood with age appropriate services ensuring productive work or educational activities. The goal of this increment is to target youth who are vulnerable to moving into adult systems such as adult justice, emergency mental health or substance abuse, early pregnancy or hospital based services. This increment will particularly target those youth with few or no family supports. It will seek to coordinate existing service systems and help youth access existing resources whenever possible and will fill service gaps when necessary to bridge the transition from child services to adulthood. FY10 funding begins project with \$300.0 MHTAAR and \$200.0 GF/MH increment.</i>												
1037 GF/MH (UGF)		200.0										
FY2010 MH Trust: BTKH - Tribal/rural system development	Inc	400.0	0.0	120.0	260.0	20.0	0.0	0.0	0.0	0	0	0
<i>Funding will assist in establishing SED children's services in rural areas. Almost 40% of youth experiencing serious emotional disturbance (SED) in Residential Psychiatric Treatment Centers (RPTCs) out of state are Alaska Native. 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. FY10 funding begins project with \$400.0 MHTAAR and \$400.0 GF/MH increment.</i>												
1037 GF/MH (UGF)		400.0										
FY2010 MH Trust: BTKH - Transitional Aged Youth	IncOTI	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
<i>This funding will start up and sustain community-based capacity for transitional aged youth to move into adulthood with age appropriate services ensuring productive work or educational activities. The goal of this increment is to target youth who are vulnerable to moving into adult systems such as adult justice, emergency mental health or substance abuse, early pregnancy or hospital based services. This increment will particularly target those youth with few or no family supports. It will seek to coordinate existing service systems and help youth access existing resources whenever possible and will fill service gaps when necessary to bridge the transition from child services to adulthood. FY10 funding begins project with \$300.0 MHTAAR and \$200.0 GF/MH increment.</i>												
1092 MHTAAR (Other)		300.0										
FY2010 AMD: MH Trust: BTKH - Transitional Aged Youth	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
<i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being reduced.</i>												
1092 MHTAAR (Other)		-100.0										
FY2010 MH Trust: BTKH - Tribal/rural system development	IncOTI	400.0	0.0	120.0	260.0	20.0	0.0	0.0	0.0	0	0	0
<i>Funding will assist in establishing SED children's services in rural areas. Almost 40% of youth experiencing serious emotional disturbance (SED) in Residential Psychiatric Treatment Centers (RPTCs) out of state are</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2010 MH Trust: BTKH - Tribal/rural system development (continued)												
<i>Alaska Native. 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. FY10 funding begins project with \$400.0 MHTAAR and \$400.0 GF/MH increment.</i>												
1092 MHTAAR (Other)		400.0										
FY2010 MH Trust: BTKH - 1389.02 Crisis Bed Stabilization - Anchorage and statewide	IncOTI	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<i>This program maintains services in Anchorage and begins to expand services beyond Anchorage for youth-in-crisis by avoiding higher placements via crisis stabilization beds. Managed by DHSS/BH, it provides multiple grants to assist both custody (Juvenile Justice and Children's Services) and non-custody (Division of Behavioral Health) youth. Some youth will be Medicaid eligible; some will not (non-resourced), hence the proposed mixture of grant funds and GF/MH Medicaid match for operations of the facilities. This critical component of the BTKH overall plan is expected to save Medicaid funds for acute hospitalizations and eventual referrals to Residential Psychiatric Treatment Centers (RPTCs). This project was first funded in FY08 at \$100.0 MHTAAR and \$184.0 GF/MH; in FY09 funding levels are \$100.0 MHTAAR and \$100.0 GF/MH increment. FY10 expands to \$150.0 MHTAAR while maintaining the FY09 GF/MH base of \$284.0.</i>												
1092 MHTAAR (Other)		150.0										
FY2010 MH Trust: BTKH -Grant 1392.02 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training	IncOTI	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>Managed by grants from DHSS/Behavioral Health, funding expands multiple grants to Community Behavioral Health Centers (CBHC) grants to enhance outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). It will also emphasize special populations such as Fetal Alcohol Syndrome, birth to six years, etc. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of these outpatient services. Project was funded in FY08 at \$925.0 MHTAAR and \$500.0 GF/MH, and FY09 with \$250.0 MHTAAR and GF/MH increment of \$500.0. FY10 maintains MHTAAR at \$250.0 and expands services with a GF/MH increment of \$1,100.0.</i>												
1092 MHTAAR (Other)		250.0										
FY2010 MH Trust: BTKH - Grant 1390.02 Expansion of school-based services capacity via grants	IncOTI	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>Bring the Kids Home Expansion of School-Based Services Capacity via Grants Support project provides educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs) to ensure their educational success upon return. It also pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham. This program encourages an environment of support and connection to local behavioral health providers for these youth experiencing serious emotional disturbance (SED). DHSS/BH manages these funds via multiple grants. Project was funded in FY08 and FY09 at \$200.0 MHTAAR. FY08 GF/MH of \$250.0 is included in the base budget for this project.</i>												
1092 MHTAAR (Other)		200.0										

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2010 Grants to community behavioral health centers for innovative programs and training	Inc	1,100.0	0.0	0.0	0.0	0.0	0.0	1,100.0	0.0	0	0	0
1037 GF/MH (UGF)		1,100.0										
FY2010 Funding for BTKH that provides individualized services to avoid costs of Residential Psychiatric Treatment Centers	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
1037 GF/MH (UGF)		500.0										
FY2011 MH Trust: BTKH -Grant 1392.03 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
<i>Managed by grants from DHSS/Behavioral Health, funding expands multiple grants to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). It will also emphasize special populations such as Fetal Alcohol Syndrome, birth to six years, etc. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of these outpatient services.</i>												
1037 GF/MH (UGF)		500.0										
FY2011 MH Trust: BTKH - Grant 2466.01 Transitional Aged Youth	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>This funding will start up and sustain community-based capacity for transitional aged youth to move into adulthood with age appropriate services ensuring productive work or educational activities. The goal of this increment is to target youth who are vulnerable to moving into adult systems such as adult justice, emergency mental health or substance abuse, early pregnancy or hospital based services. This increment will particularly target those youth with few or no family supports. It will seek to coordinate existing service systems and help youth access existing resources whenever possible and will fill service gaps when necessary to bridge the transition from child services to adulthood.</i>												
1037 GF/MH (UGF)		100.0										
FY2011 Additional Funding for MH Trust: BTKH - Individualized Services	Inc	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
<i>Bring the Kids Home (BTKH) Individualized Services project will continue funding for additional care for youth experiencing serious emotional disturbance (SED) who are not qualified under Medicaid or who need non-Medicaid eligible services to stay at lower levels of care and avoid Residential Psychiatric Treatment Center (RPTC) placement. The project will be managed by DHSS/BH Utilization Review (UR) staff with funds disseminated to behavioral health providers through grant agreements. This project maintains a critical, flexible component of the BTKH Focus Area plan by providing services to avoid costs of much more expensive residential care. The UR staff provides quarterly outcome data to the BTKH Quarterly Work Group meetings on how the funding is utilized to save residential costs, number of youth served, and average cost per youth.</i>												
1037 GF/MH (UGF)		400.0										
FY2011 MH Trust: BTKH - Grant 1390.03 Expansion of school-based services capacity via grants	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>Bring the Kids Home Expansion of School-Based Services Capacity via Grants Support project provides educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs) to ensure their educational success upon return. It also pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham. This program encourages an environment of support and connection to local</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2011 MH Trust: BTKH - Grant 1390.03												
Expansion of school-based services capacity												
via grants (continued)												
<i>behavioral health providers for these youth experiencing serious emotional disturbance (SED). DHSS/BH manages these funds via multiple grants.</i>												
1037 GF/MH (UGF)		200.0										
FY2011 MH Trust: BTKH -Grant 1392.03 Community	IncOTI	450.0	0.0	0.0	0.0	0.0	0.0	450.0	0.0	0	0	0
Behavioral Health Centers Outpatient & Emergency Residential												
Services & Training												
<i>Managed by grants from DHSS/Behavioral Health, funding expands multiple grants to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). It will also emphasize special populations such as Fetal Alcohol Syndrome, birth to six years, etc. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of these outpatient services.</i>												
1092 MHTAAR (Other)		450.0										
FY2011 MH Trust: BTKH - Grant 2466.01 Transitional Aged	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Youth												
<i>This funding will start up and sustain community-based capacity for transitional aged youth to move into adulthood with age appropriate services ensuring productive work or educational activities. The goal of this increment is to target youth who are vulnerable to moving into adult systems such as adult justice, emergency mental health or substance abuse, early pregnancy or hospital based services. This increment will particularly target those youth with few or no family supports. It will seek to coordinate existing service systems and help youth access existing resources whenever possible and will fill service gaps when necessary to bridge the transition from child services to adulthood.</i>												
1092 MHTAAR (Other)		100.0										
FY2011 MH Trust: BTKH - Grant 1390.03 Expansion of	IncOTI	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
school-based services capacity via grants												
<i>Bring the Kids Home Expansion of School-Based Services Capacity via Grants Support project provides educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs) to ensure their educational success upon return. It also pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham. This program encourages an environment of support and connection to local behavioral health providers for these youth experiencing serious emotional disturbance (SED). DHSS/BH manages these funds via multiple grants.</i>												
1092 MHTAAR (Other)		200.0										
FY2011 MH Trust: BTKH - 1389.03 Crisis Bed Stabilization -	IncOTI	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
Anchorage and statewide												
<i>This program maintains services in Anchorage and begins to expand services beyond Anchorage for youth-in-crisis by avoiding higher placements via crisis stabilization beds. Managed by DHSS/BH, it provides multiple grants to assist both custody (Juvenile Justice and Children's Services) and non-custody (Division of Behavioral Health) youth. Some youth will be Medicaid eligible; some will not (non-resourced), hence the proposed mixture of grant funds and GF/MH Medicaid match for operations of the facilities. This critical component of the BTKH overall plan is expected to save Medicaid funds for acute hospitalizations and eventual referrals to Residential Psychiatric Treatment Centers (RPTCs).</i>												
1092 MHTAAR (Other)		150.0										

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2011 MH Trust: BTKH - Grant 1388.03 Peer Navigator Program	IncOTI	175.0	0.0	0.0	0.0	0.0	0.0	175.0	0.0	0	0	0
<i>The Parent and Youth Navigator project continues funding to allow parents (predominantly) but also youth, to be hired to assist their peers in navigating the service delivery system for youth experiencing serious emotional disturbance (SED). Grant funding would also be available for volunteer coordination to develop a volunteer youth advisory group, with grant funding for travel and per diem for volunteer youth and volunteer chaperones. This group would meet to educate various groups about issues from their perspective. Parent/peer navigation and parent/youth input in policymaking 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. Grantees will be required to report outcomes such as number of parents involved, results of the interaction, and effectiveness of services.</i>												
1092 MHTAAR (Other)		175.0										
FY2011 Additional Peer Navigator Program Funding	Inc	275.0	0.0	0.0	0.0	0.0	0.0	275.0	0.0	0	0	0
<i>Peer navigators run parenting skills training, peer support groups, provide assistance, resources and information and advocate for family needs. It is not necessary to use expensive professional counselors. Peer navigators work closely w/other systems, Behavioral Health Centers, acute care settings, homes, schools, and communities. This increment will add \$275.0 to the \$300.0 GF currently in the base budget.</i>												
<i>Adopted in H&amp;SS House Finance Subcommittee on 2/24/10.</i>												
1037 GF/MH (UGF)		275.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-10.1	0.0	-10.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.7										
1037 GF/MH (UGF)		-9.4										
FY2012 MH Trust: BTKH - Grant 1388.04 Peer Navigator Program	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>The Parent and Youth Navigator project continues funding to allow primarily parents, but also youth, to be hired to assist their peers in navigating the service delivery system for youth experiencing serious emotional disturbance (SED). Grant funding would also be available for volunteer coordination to develop a volunteer youth advisory group, with grant funding for travel and per diem for volunteer youth and volunteer chaperones. This group would meet to educate various groups about issues from their perspective. Parent/peer navigation and parent/youth input in policymaking 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. Grantees will be required to report outcomes such as number of parents involved, results of the interaction, and effectiveness of services.</i>												
1037 GF/MH (UGF)		100.0										
FY2012 MH Trust: BTKH - Grant 1388.04 Peer Navigator Program	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>The Parent and Youth Navigator project continues funding to allow primarily parents, but also youth, to be hired to assist their peers in navigating the service delivery system for youth experiencing serious emotional disturbance (SED). Grant funding would also be available for volunteer coordination to develop a volunteer youth advisory group, with grant funding for travel and per diem for volunteer youth and volunteer chaperones. This group would meet to educate various groups about issues from their perspective. Parent/peer navigation and parent/youth input in policymaking 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. Grantees will be</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2012 MH Trust: BTKH - Grant 1388.04 Peer Navigator Program (continued)												
<i>required to report outcomes such as number of parents involved, results of the interaction, and effectiveness of services.</i>												
1092 MHTAAR (Other)		100.0										
FY2012 MH Trust: BTKH - Crisis Bed Stabilization - Anchorage and statewide	Inc	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<i>This program maintains services in Anchorage and begins to expand services beyond Anchorage for youth-in-crisis by avoiding higher placements via crisis stabilization beds. Managed by DHSS/BH, it provides multiple grants to assist both custody (Juvenile Justice and Children's Services) and non-custody (Division of Behavioral Health) youth. Some youth will be Medicaid eligible; some will not (non-resourced), hence the proposed mixture of grant funds and GF/MH Medicaid match for operations of the facilities. This critical component of the BTKH overall plan is expected to save Medicaid funds for acute hospitalizations and eventual referrals to Residential Psychiatric Treatment Centers (RPTCs).</i>												
1037 GF/MH (UGF)		150.0										
FY2012 MH Trust: BTKH - Grant 1390.04 Expansion of school-based services capacity via grants	Inc	175.0	0.0	0.0	0.0	0.0	0.0	175.0	0.0	0	0	0
<i>Bring the Kids Home Expansion of School-Based Services Capacity via Grants Support project provides educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs) to ensure their educational success upon return. It also pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham. This program encourages an environment of support and connection to local behavioral health providers for these youth experiencing serious emotional disturbance (SED). DHSS/BH manages these funds via multiple grants.</i>												
1037 GF/MH (UGF)		175.0										
FY2012 MH Trust: BTKH - Grant 1390.04 Expansion of school-based services capacity via grants	IncM	125.0	0.0	0.0	0.0	0.0	0.0	125.0	0.0	0	0	0
<i>Bring the Kids Home Expansion of School-Based Services Capacity via Grants Support project provides educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs) to ensure their educational success upon return. It also pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham. This program encourages an environment of support and connection to local behavioral health providers for these youth experiencing serious emotional disturbance (SED). DHSS/BH manages these funds via multiple grants.</i>												
1092 MHTAAR (Other)		125.0										
FY2012 MH Trust: BTKH - Grant 2466.02 Transitional Aged Youth	IncM	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>This funding will start up and sustain community-based capacity for transitional aged youth to move into adulthood with age appropriate services ensuring productive work or educational activities. The goal of this increment is to target youth who are vulnerable to moving into adult systems such as adult justice, emergency mental health or substance abuse, early pregnancy or hospital based services. This increment will particularly target those youth with few or no family supports. It will seek to coordinate existing service systems and help youth access existing resources whenever possible and will fill service gaps when necessary to bridge the transition from child services to adulthood.</i>												
1092 MHTAAR (Other)		250.0										
FY2012 MH Trust: BTKH -Grant 1392.04 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training	Inc	380.0	0.0	0.0	0.0	0.0	0.0	380.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2012 MH Trust: BTKH -Grant 1392.04												
Community Behavioral Health Centers												
Outpatient & Emergency Residential Services &												
Training (continued)												
<i>Managed by grants from DHSS/Behavioral Health, this funding will expand multiple grants to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). It will also emphasize special populations such as Fetal Alcohol Syndrome, birth to six years, etc. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of these outpatient services. This increment will add \$380.0 GF/MH to \$2,850.0 baseline GF/MH.</i>												
1037 GF/MH (UGF)		380.0										
FY2012 MH Trust: BTKH -Grant 1392.04 Community	IncM	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
Behavioral Health Centers Outpatient & Emergency Residential												
Services & Training												
<i>Managed by grants from DHSS/Behavioral Health, funding expands multiple grants to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). It will also emphasize special populations such as Fetal Alcohol Syndrome, birth to six years, etc. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of these outpatient services.</i>												
1092 MHTAAR (Other)		400.0										
FY2013 MH Trust: AK MH Bd- Early Childhood Screening &	Inc	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
Brief Behavioral Services												
<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										

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<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2013 MH Trust AK MH Bd- Early Childhood Screening & Brief Behavioral Services (Fund 90% of request)	Dec	-40.0	0.0	0.0	0.0	0.0	0.0	-40.0	0.0	0	0	0
<p><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></p> <p><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></p> <p><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></p>												
1037 GF/MH (UGF)		-40.0										
FY2013 MH Trust: BTKH - BTKH In-Home Intensive Support	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<p><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.</i></p> <p><i>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 developing intensive behavioral health services in a community setting. This increment will support start-up of this model.</i></p>												
1092 MHTAAR (Other)		200.0										
FY2013 MH Trust: BTKH - Grant 1390.05 Expansion of School-Based Services Capacity via Grants	IncM	125.0	0.0	0.0	0.0	0.0	0.0	125.0	0.0	0	0	0
<p><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></p>												
1092 MHTAAR (Other)		125.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2013 MH Trust: BTKH - Grant 2466.03 Transitional Aged Youth	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										
FY2013 MH Trust: BTKH - Grant 2466.03 Transitional Aged Youth: Sustain/Expand the Transition to Independence Process	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 &amp; \$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										
FY2013 BTKH-Grant 2466.03 Transitional Aged Youth: Sustain/Expand the Transition to Independence Process (Fund - 90%)	Dec	-25.0	0.0	0.0	0.0	0.0	0.0	-25.0	0.0	0	0	0
<i>This increment provides \$250.0 GH/MH (\$50.0 to replace MHTAAR &amp; \$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)		-25.0										
FY2013 MH Trust: BTKH - Grant 3051.02 Peer Navigator Program	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. 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										



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2013 MH Trust: BTKH - Grant 3051.02 Peer Navigator Program Expansion	Inc	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. 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										
FY2013 BTKH - Grant 3051.02 Peer Navigator Program Expansion (Fund 90% of request)	Dec	-10.0	0.0	0.0	0.0	0.0	0.0	-10.0	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. 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)		-10.0										
FY2013 MH Trust: BTKH -Grant 1392.05 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training	IncM	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
<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										
FY2013 MH Trust: BTKH -Grant 1392.05 Community BH Centers Outpatient & Emergency Residential Services & Training Expansion	Inc	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<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										
FY2013 MH Trust: BTKH - Grant 2463.03 Evidence Based Family Therapy Models	Inc	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
<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</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Services for Severely Emotionally Disturbed Youth (continued)</b>												
FY2013 MH Trust: BTKH - Grant 2463.03												
Evidence Based Family Therapy Models												
(continued)												
to implement Parenting with Love and Limits (PLL) for children with severe emotional disturbances and their families. MHTAAR/MH funds will support expansion to new communities and GF/MH funds will be required to sustain training, supervision, quality assurance and system development over time. Additional family therapy models may be selected for future years, based on system gaps and needs. This enhancement of outpatient behavioral health services is required to ensure that severely disturbed children are able to remain in their homes and communities.												
1037 GF/MH (UGF)		300.0										
FY2013 BTKH - Grant 2463.03 Evidence Based Family Therapy Models (Fund 90% of request)	Dec	-30.0	0.0	0.0	-30.0	0.0	0.0	0.0	0.0	0	0	0
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 families. MHTAAR/MH funds will support expansion to new communities and GF/MH funds will be required to sustain training, supervision, quality assurance and system development over time. Additional family therapy models may be selected for future years, based on system gaps and needs. This enhancement of outpatient behavioral health services is required to ensure that severely disturbed children are able to remain in their homes and communities.												
1037 GF/MH (UGF)		-30.0										
FY2013 MH Trust: BTKH - Grant 2463.03 Evidence Based Family Therapy Models	IncM	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
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 families. MHTAAR/MH funds will support expansion to new communities and GF/MH funds will be required to sustain training, supervision, quality assurance and system development over time. Additional family therapy models may be selected for future years, based on system gaps and needs. This enhancement of outpatient behavioral health services is required to ensure that severely disturbed children are able to remain in their homes and communities.												
1092 MHTAAR (Other)		200.0										
<b>* Allocation Total *</b>		<b>18,091.9</b>	<b>55.0</b>	<b>229.9</b>	<b>1,552.2</b>	<b>40.0</b>	<b>0.0</b>	<b>16,214.8</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Alaska Psychiatric Institute</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	17.3	0.0	0.0	17.3	0.0	0.0	0.0	0.0	0	0	0
Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.												
1004 Gen Fund (UGF)		17.3										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	129.2	129.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		0.3										
1037 GF/MH (UGF)		128.9										

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<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2007 Adjustment to reflect appropriate fund sources for API.	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace unrealized receipts and align rev. from other divisions												
<i>This request appropriately accounts for API revenue sources by replacing unrealizable receipts for SDPR and CIP to Interagency Receipts.</i>												
1007 I/A Rcpts (Other)		1,449.0										
1061 CIP Rcpts (Other)		-249.0										
1108 Stat Desig (Other)		-1,200.0										
FY2007 Adjust I/A receipts for API disproportionate share hospitals (DSH) allotment budgeted RSA with Medicaid	Inc	665.0	0.0	0.0	665.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment will provide budgeted Interagency Receipts for Medicaid Disappropriate Share Hospital allotment funds available to API. In past years these funds have been received via unbudgeted Reimbursable Services Agreement (RSA) receipts.</i>												
<i>The federal DSH allotment has been increased by 16% this fiscal year. API provides seven day a week, twenty-four hour inpatient treatment for Alaskans with severe and persistent psychiatric disorders or serious maladaptive behaviors. Approximately 85% of API's clients are indigent, with no third-party resources (including Medicaid) to pay for services. Clients are admitted either voluntarily or involuntarily through a Peace Officer Application or Ex Parte commitment from a judge or magistrate, a mental health professional, or a community mental health center. API provides outreach, consultation, and training to mental health service providers, the community mental health centers. API moved into the new facility in July of 2005. API is presently budgeted, staffed and configured for 72 beds; however, as API may not turn away involuntary patients, the facility is often at risk of exceeding bed capacity (e.g., the highest daily census in FY2005 was in January at 80 in one day in the old facility).</i>												
<i>Since July 2005, API has reached capacity of 80 beds and requires additional operating funds due to the circumstances of the patient population noted above.</i>												
1007 I/A Rcpts (Other)		665.0										
FY2007 API Pharmacy-for increased costs of pharmaceuticals	Inc	150.0	0.0	0.0	0.0	150.0	0.0	0.0	0.0	0	0	0
<i>The API Pharmacy budget has remained under funded over the past 4 years with no increment; however, estimated operating costs each year exceed the budgeted authority. API is committed to providing the highest level of Psychiatric care to the residents of Alaska. The rising costs of pharmaceuticals have significantly impacted the budget and despite use of generics, prescribing the safest and most effective medications has required an increase in the request for funding. This funding will benefit patients and help provide better care to Alaskans.</i>												
1037 GF/MH (UGF)		150.0										
FY2007 Phasing in (year 1 of 3) of Medicare Rate Change for psychiatric care resulting in loss of Medicare revenue.	Inc	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0
<i>Alaska Psychiatric Institute (API) was historically paid by Medicare at a reasonable cost of the actual expenditures. In January of 2005 Medicare implemented a new payment system for psychiatric care to be phased-in over a three year period. The payment will be based on the diagnosis and how long Medicare believes it should take for the average patient to recover. All Inpatient Psychiatric Facilities (IPF's) will see a reduction in most payments and close to a totally phased out cost reimbursement method in 2007. API will experience payment reconciliation by their fiscal intermediaries between the payment rates based on diagnosis and length of stay. The result is that the financial responsibility of caring for these acute, complex patients will fall back to the State of Alaska Mental Health funds or other funding sources.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2007 Phasing in (year 1 of 3) of Medicare Rate Change for psychiatric care resulting in loss of Medicare revenue. (continued)												
<p><i>API serves both acute, short-term patients, and longer-term care patients who have organic or highly complex case diagnoses that would make it extremely difficult to place them in a community setting for care. Most of the Medicare patients API serves are either over 65 years of age or they may be the more complex cases. In many instances these patients exceed the Medicare 90 day limit for payment for psychiatric days. Because of this, for FY 07 API anticipates a loss of close to \$500.0. API is requesting this increment to bridge the financial gap to continue patient care due to this regulatory change in payments for Medicare.</i></p>												
1037 GF/MH (UGF)		500.0										
FY2007 Loss of Medicare Revenue due to Rate Change	Dec	-500.0	0.0	0.0	-500.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>Alaska Psychiatric Institute (API) was historically paid by Medicare at a reasonable cost of the actual expenditures. In January of 2005 Medicare implemented a new payment system for psychiatric care to be phased-in over a three year period. The payment will be based on the diagnosis and how long Medicare believes it should take for the average patient to recover. All Inpatient Psychiatric Facilities (IPF's) will see a reduction in most payments and close to a totally phased out cost reimbursement method in 2007. API will experience payment reconciliation by their fiscal intermediaries between the payment rates based on diagnosis and length of stay. The result is that the financial responsibility of caring for these acute, complex patients will fall back to the State of Alaska Mental Health funds or other funding sources.</i></p>												
<p><i>API serves both acute, short-term patients, and longer-term care patients who have organic or highly complex case diagnoses that would make it extremely difficult to place them in a community setting for care. Most of the Medicare patients API serves are either over 65 years of age or they may be the more complex cases. In many instances these patients exceed the Medicare 90 day limit for payment for psychiatric days. Because of this, for FY 07 API anticipates a loss of close to \$500.0.</i></p>												
1108 Stat Desig (Other)		-500.0										
FY2008 AMD: Delete Long-Term Vacant Positions	Dec	-159.8	-159.8	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	-2
<p><i>This efficiency reduction includes a part-time (non-perm) nurse, a maintenance staff person and a Health Planner.</i></p>												
<p><i>The nurse will limit flexibility in staff for those times when census requires additional nursing staff and all the full-time staff has already worked a full shift. The maintenance position is part of a team which is able to absorb the workload. The Health Planner has been vacant for more than a year and there have been no attempts to hire for the position. API has been able to utilize existing staff and alternate resources for this work.</i></p>												
1004 Gen Fund (UGF)		-0.1										
1007 I/A Rcpts (Other)		-90.3										
1037 GF/MH (UGF)		-65.0										
1108 Stat Desig (Other)		-4.4										
FY2008 AMHTA recommendations - Telepsychiatry	Inc	67.6	0.0	0.0	0.0	0.0	0.0	0.0	67.6	0	0	0
1092 MHTAAR (Other)		67.6										
FY2008 PERS adjustment of unrealizable receipts	Dec	-1,435.4	-1,435.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-1,087.6										
1108 Stat Desig (Other)		-347.8										
FY2008 Correct Unrealizable Fund Sources for LTC Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2008 Correct Unrealizable Fund Sources for LTC Increase (continued)												
1007 I/A Rcpts (Other)		-21.8										
1037 GF/MH (UGF)		27.9										
1108 Stat Desig (Other)		-6.1										
 FY2009 Correct Unrealizable Fund Sources for Salary Adjustments: GGU	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-214.1										
1108 Stat Desig (Other)		214.1										
FY2009 SDPR and GF Fund Change due to new Medicaid Revenue Enhancement Regulation Changes	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Behavioral Health is requesting additional expenditure authority of \$2,200.0 Statutory Designated Program Receipt (SDPR). SDPR collections have increased over the past two fiscal years due to revenue enhancement strategies. The increased authority to collect will allow API to continue improving patient care and treatment, help the Veteran's Administration serve Alaskans returning from active duty with psychiatric needs, and pay for TeleBehavioral Health and the Electronic Medical Record System.</i>												
<i>This funding request will be in addition to the \$3,133.8 SDPR approved in the FY08 budget and the FY08 supplemental request for an additional \$2,200.0. It was not known that additional SDPR authorization would be needed during the FY08 budget process. The new Medicaid billing and collection processes did not become apparent until late in FY07.</i>												
<b>PURPOSE</b>												
<i>SDPR collections have increased due to new Medicare regulations effective 7/2/2006, which allowed reimbursement for:</i>												
<i>-- Diagnosis Related Group activities at the institution;</i>												
<i>-- billing for Medicare Part B (Physician Services) identified by consultants in October 2006;</i>												
<i>-- billing for Medicare Part D (Pharmaceutical) as identified by consultants in October 2006; and</i>												
<i>-- scheduled increases in the Medicaid daily rate that impacts the amount billed to Medicare and other third party payers.</i>												
<i>The increase in Medicaid hospital in patient daily rate has increased from \$982.15 in FY06 to \$1,016.16 in FY07 and is anticipated to be \$1,048.23 in FY08.</i>												
<i>The SDPR funding will be used to improve and implement the following API activities.</i>												
<i>-- The exploration of improvements to person centered treatment plans and implementation of a mall concept service plan has begun at this type of facility across the United States. Currently, API has implemented this new care concept that allows patients to receive disease-related education and psychiatric treatment in a setting that will promote recovery for chronic and acute patients. This program educates and encourages patients to learn to function more independently in their daily life, and to become less dependent on the structures provided by a hospital setting. It is anticipated that this system of care will reduce recidivism.</i>												
<i>-- Tele-Behavioral Health (TBH) is emerging as a new technique across the United States, and has been piloted in Alaska with a federal grant, which expired August 2007. This program will allow for psychiatric evaluation and treatment of patients from remote villages. The development of this infrastructure allows for rapid treatment in the</i>												

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<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2009 SDPR and GF Fund Change due to new Medicaid Revenue Enhancement Regulation Changes (continued)												
<i>patient's home setting without requiring transport to API.</i>												
<i>-- The Veteran's Administration has limited resources to assist returning Alaskans Veterans from active duty in Iraq and Afghanistan. These services will be provided as in-patient treatment as well as outpatient treatment through TeleBehavioral Health.</i>												
<i>-- The Electronic Medical Records (EMR) system is partially funded with an existing Capital project and the balance (approximately \$350.0) from the operating budget. This system is designed to track important patient data and will provide API with reliable funding and census information.</i>												
<b>TIMING ISSUES</b>												
<i>The new TeleBehavioral Health program in FY07 was federally funded through August 30, 2007. The excess \$1,247,289 collected in FY07 is being carried forward to FY08, which reduces API's ability to care for clients as intended by the Statutory Designated Program Receipts. Because of the shortage of medical professionals and the difficulty in recruiting in Alaska, the program will be carried out by existing positions, contracted physician services (Locum Tenens physicians) and on-call nurses.</i>												
<i>Acute psychiatric care will continue to be a community need across the State of Alaska, as API continues to build a clinical infrastructure to meet anticipated needs as the default "safety net" when other services are not available. It is anticipated that approximately 3,600 combat troops from Stryker Brigade and 700 non-combat reserves are expected to return to Alaska from the Iraq War Theater this fiscal year. It is estimated that up to 30% of this population will require screening and intervention for Post Traumatic Stress Disorder. In the past five years increase in care to this population has grown between 13-17% yearly, with the largest increase this year.</i>												
<b>BUDGETARY ISSUES</b>												
<i>Continuing authority will be requested in future budget submissions to assist API in its dedication and commitment to serve the citizens of the State of Alaska. Recovery is our goal.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services: Provide an integrated behavioral health system</i>												
<i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>												
<i>BH-A1, A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</i>												
1037 GF/MH (UGF)		-2,200.0										
1108 Stat Desig (Other)		2,200.0										
FY2010 Increase SDPR for Telepsychiatry	Inc	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment would provide additional Statutory Designated Program Receipt (SDPR) authority to fund psychiatric services within the TeleBehavioral Health program. SDPR collections have increased over the past two fiscal years due to revenue enhancement strategies to increase receipts from private insurance and self payors.</i>												

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<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2010 Increase SDPR for Telepsychiatry (continued)												
<p><i>API has experienced numerous turnovers in psychiatry positions at the hospital. At the same time, there is a statewide shortage of psychiatrists. API psychiatrists often provide telephone consultation and guidance to rural and frontier hospital Emergency Departments and rural health clinics, a practice which is expected to grow. API psychiatrists also staff the API TeleBehavioral Health Program (telemedicine), which provides 'real time' access to Alaskans who otherwise would have to travel to a regional hub for evaluation by a licensed practitioner.</i></p> <p><i>Approximately 40% of API admissions come from rural areas; with an average of 1300 annual admissions per year, this amounts to 520 admissions. Half (50%) of the aggregate rural admissions come from the Kenai and Mat-Su regional service areas. By increasing access to psychiatric evaluation and medication management services via telepsychiatry, it is determined that over a three year period, Division of Behavioral Health-API will demonstrate a decrease in the referral rate for involuntary admission to API.</i></p> <p><i>The API TeleBehavioral Health Program recently launched a pilot project to integrate psychiatry with the Alaska Primary Care service delivery network specifically to treat mild and moderate depression. Depression is Alaska's most frequently diagnosed mental illness. As the efficacy of this evidence-based program takes root in Alaska, additional requests for collaboration will be made upon the API psychiatric staff. The Department of Health and Social Services, Division of Behavioral Health expects to manage the growth of additional psychiatric inpatient beds in regional hubs such as Wasilla, Kenai and Bethel. While these regions may not be able to justify a full time psychiatrist for the inpatient beds, it is expected for API to fill this need via technology such as telemedicine.</i></p> <p><i>Outcomes:</i></p> <p><i>Decrease admissions to API from rural areas;</i>  <i>Decrease transportation costs for Title 47 admissions;</i>  <i>Relieve statewide psychiatry shortage with the use of technology;</i>  <i>Increase capacity in Primary Care to treat Depression.</i></p> <p><i>Performance Measures Affected:</i>  <i>Dept-Core Services: Provide an integrated behavioral health system</i>  <i>Dept-B-2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</i>  <i>BH-A1, A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</i></p>												
1108 Stat Desig (Other)		200.0										
FY2010 MH Trust Cont - IMPACT model of treating depression	IncOTI	70.0	0.0	0.0	70.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The Alaskan IMPACT project proposes using the IMPACT model (Improving Mood - Promoting Access to Collaborative Treatment), a collaborative model for treating depression in adults, to establish protocols for identifying and intervening with depressed Alaskans within the primary care setting, where people feel most comfortable. This tested model relies on regular contact with a depression care manager and psychiatrist, with an emphasis on identifying manageable steps toward positive lifestyle changes, and working closely with primary care physicians providing patient education and support for the antidepressant medication when needed.</i></p> <p><i>This increment will support use of telehealth equipment for a psychiatrist from API to provide weekly consultation to three demonstration projects in urban and rural Alaska.</i></p>												

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<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2010 MH Trust Cont - IMPACT model of treating depression (continued)												
1092 MHTAAR (Other)		70.0										
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the LTC Bargaining Unit Agreement	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>It is likely that the Alaska Psychiatric Institute's daily rate for patients will increase for FY2010; therefore Statutory Designated Program Receipt collections will increase. No additional Interagency Receipts beyond the budgeted FY2010 amount are anticipated.</i>												
1007 I/A Rcpts (Other)		-12.7										
1108 Stat Desig (Other)		12.7										
FY2010 Agreement Not Ratified: Reverse Fund Source Corrections for the Salary adjustments for the LTC Bargaining Unit Agreement	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>It is likely that the Alaska Psychiatric Institute's daily rate for patients will increase for FY2010; therefore Statutory Designated Program Receipt collections will increase. No additional Interagency Receipts beyond the budgeted FY2010 amount are anticipated.</i>												
1007 I/A Rcpts (Other)		12.7										
1108 Stat Desig (Other)		-12.7										
FY2011 Reflect Interagency Receipts for Medicaid-Eligible Clients	Inc	3,900.0	650.0	0.0	1,750.0	0.0	0.0	1,500.0	0.0	0	0	0
<i>The Department of Health and Social Services, Division of Behavioral Health is requesting \$3,900,000 additional Inter-Agency Receipt (I/A) authority. I/A collections have increased due to increases in the Disproportionate Share Hospital (DSH) allotments and Medicaid rates. In order to utilize these I/A receipts, API expenditures have been recorded under the unbudgeted structure using I/A authority from Health Care Services via a Reimbursable Service Agreement. The increased authority will allow the division to clean up the budget for API so it accurately reflects operations.</i>												
1007 I/A Rcpts (Other)		3,900.0										
FY2011 CC: IncOTI for MH Trust Workforce Dev - API Psychiatry Residency Training	IncOTI	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
<i>Alaska has a unique opportunity to partner with the University of Washington School of Medicine Department of Psychiatry Residency Program. This will continue the Psychiatric Residency Program which has completed a needs assessment and feasibility analysis. Partnering with an established psychiatry residency would be better than creating an independent free standing psychiatry residency. The long term goal is to train psychiatric residents in Alaska to increase the supply of psychiatric physicians. The longer an individual trains in a given location, the more likely they are to remain in that location after completing formal training.</i>												
1037 GF/MH (UGF)		300.0										
FY2011 CC: Decrease funding for MH Trust Workforce Dev - API Psychiatry Residency Training	Dec	-200.0	0.0	0.0	-200.0	0.0	0.0	0.0	0.0	0	0	0
<i>Alaska has a unique opportunity to partner with the University of Washington School of Medicine Department of Psychiatry Residency Program. This will continue the Psychiatric Residency Program which has completed a needs assessment and feasibility analysis. Partnering with an established psychiatry residency would be better than creating an independent free standing psychiatry residency. The long term goal is to train psychiatric residents in Alaska to increase the supply of psychiatric physicians. The longer an individual trains in a given location, the more likely they are to remain in that location after completing formal training.</i>												
1037 GF/MH (UGF)		-200.0										



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<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2011 MH Trust Cont - Grant 2467.01 IMPACT model of treating depression	IncOTI	70.0	0.0	0.0	70.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaskan IMPACT project is using the IMPACT model (Improving Mood - Promoting Access to Collaborative Treatment), a collaborative model for treating depression in adults, to establish protocols for identifying and intervening with depressed Alaskans within the primary care setting, where people feel most comfortable. This tested model relies on regular contact with a depression care manager and psychiatrist, with an emphasis on identifying manageable steps toward positive lifestyle changes, and working closely with primary care physicians providing patient education and support for the antidepressant medication when needed.</i>												
<i>This increment will support use of telehealth equipment for a psychiatrist from API to provide weekly consultation to three demonstration projects in urban and rural Alaska.</i>												
1092 MHTAAR (Other)		70.0										
FY2011 MH Trust: BTKH - Grant 2708 Child Psychiatrist	IncOTI	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<i>Funds would hire a child psychiatrist at Alaska Psychiatric Institute (API) to provide doctor-to-doctor consultation to other Residential Psychiatric Treatment Centers (RPTCs) around issues of case planning and treatment recommendations. The psychiatrist would provide the state a second opinion for state staff working to divert children from RPTC care and provide consults to primary care physicians for children at risk of moving into acute or residential care. The goal would be to move youth experiencing serious emotional disturbance (SED) to the lowest level of care that is appropriately possible.</i>												
1092 MHTAAR (Other)		50.0										
FY2011 Incorporate \$15 million of fuel trigger in FY11 base. Trigger start point moves from \$36 to \$51.	Inc	19.6	0.0	0.0	19.6	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		19.6										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.3	0.0	-1.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.1										
1037 GF/MH (UGF)		-1.2										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	57.2	57.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$57.2</i>												
1007 I/A Rcpts (Other)		37.4										
1037 GF/MH (UGF)		7.1										
1092 MHTAAR (Other)		1.3										
1108 Stat Desig (Other)		11.4										
FY2012 MH Trust: BTKH - Grant 2708.01 Child Psychiatrist	Inc	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds would hire a child psychiatrist at Alaska Psychiatric Institute (API) to provide doctor-to-doctor consultation to other Residential Psychiatric Treatment Centers (RPTCs) around issues of case planning and treatment recommendations. The psychiatrist would provide the state a second opinion for state staff working to divert children from RPTC care and provide consults to primary care physicians for children at risk of moving into acute or residential care. The goal would be to move youth experiencing serious emotional disturbance (SED) to the lowest level of care that is appropriately possible.</i>												
1037 GF/MH (UGF)		50.0										
FY2012 MH Trust: Cont - Grant 2467.02 IMPACT model of treating depression	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaskan IMPACT project is using the IMPACT model (Improving Mood - Promoting Access to Collaborative</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alaska Psychiatric Institute (continued)</b>												
FY2012 MH Trust: Cont - Grant 2467.02												
IMPACT model of treating depression												
(continued)												
<i>Treatment), a collaborative model for treating depression in adults, to establish protocols for identifying and intervening with depressed Alaskans within the primary care setting, where people feel most comfortable. This tested model relies on regular contact with a depression care manager and psychiatrist, with an emphasis on identifying manageable steps toward positive lifestyle changes, and working closely with primary care physicians providing patient education and support for the antidepressant medication when needed. This increment will support use of tele-health equipment for a psychiatrist from API to provide weekly consultation to three demonstration projects in urban and rural Alaska.</i>												
1092 MHTAAR (Other)		75.0										
FY2012 LFD: Replace one-time funding for MH Trust Workforce	IncM	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
Dev -- API Psychiatry Residency Training												
1037 GF/MH (UGF)		100.0										
FY2012 Incorporate partial FY11 distribution of fuel trigger in	Inc	17.7	0.0	0.0	17.7	0.0	0.0	0.0	0.0	0	0	0
FY12 base. Trigger start point moves from \$51 to \$65.												
1004 Gen Fund (UGF)		17.7										
FY2013 MH Trust Cont - Grant 2467.03 IMPACT Model of	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
Treating Depression												
<i>The Alaskan IMPACT project is using the IMPACT model (Improving Mood - Promoting Access to Collaborative Treatment), a collaborative model for treating depression in adults, to establish protocols for identifying and intervening with depressed Alaskans within the primary care setting, where people feel most comfortable. This tested model relies on regular contact with a depression care manager and psychiatrist, with an emphasis on identifying manageable steps toward positive lifestyle changes, and working closely with primary care physicians providing patient education and support for the antidepressant medication when needed.</i>												
<i>This increment will support use of telehealth equipment for a psychiatrist from API to provide weekly consultation to three demonstration projects in urban and rural Alaska.</i>												
1092 MHTAAR (Other)		75.0										
<b>* Allocation Total *</b>		<b>4,217.1</b>	<b>-758.8</b>	<b>-1.3</b>	<b>3,209.6</b>	<b>150.0</b>	<b>0.0</b>	<b>1,550.0</b>	<b>67.6</b>	<b>-1</b>	<b>0</b>	<b>-2</b>
<b>Alaska Psychiatric Institute Advisory Board</b>												
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.0	0.0	-1.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-1.0										
<b>* Allocation Total *</b>		<b>-1.0</b>	<b>0.0</b>	<b>-1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse</b>												
FY2006 AMD: Increase to fully fund combined Boards	Inc	161.6	72.1	30.0	50.2	2.3	7.0	0.0	0.0	0	0	0
component												
<i>In February 2005 the Alaska Mental Health Trust Authority (AMHTA) agreed to fund additional portions of the Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) using MHTAAR funding. This increment will allow the boards to have the means to pay for their operating expenses. As part of the agreement, there will be only one executive director and a program coordinator along with other operating staff. The increment also allows for the boards to hold their quarterly meetings and other operating expenses (leasing costs, etc.), and supplies.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (continued)</b>												
FY2006 AMD: Increase to fully fund combined Boards component (continued)												
1092 MHTAAR (Other)		161.6										
FY2007 Trust Authority Projects: Board Trust partnership, infrastructure improvement, integrated family voice	Inc	90.7	23.3	10.0	50.0	7.4	0.0	0.0	0.0	0	0	0
<i>Bundle joint staffing, infrastructure and board trust partnership into one project per the Trust Authority. This project funds Alaska Mental Health Board (AMHB)/Advisory Board on Alcohol and Drug Abuse (ABADA) joint staffing and operations. \$194.5</i>												
<i>Funded in the combined project: Board Trust partnership ABADA (\$18.0) Infrastructure improvements ABADA (\$85.4) Integrated Family Voice AMHB (\$0.4)</i>												
<i>The net result of this transaction is an increment of \$90.7.</i>												
1092 MHTAAR (Other)		90.7										
FY2008 Joint Board Support	Inc	19.7	0.0	0.0	19.7	0.0	0.0	0.0	0.0	0	0	0
<i>The Mental Health Trust Authority authorized this increase for the MHTAAR Project AMHB/ABADA joint board support and to support the consumer conference.</i>												
1092 MHTAAR (Other)		19.7										
FY2008 Reduce Uncollectible Interagency Receipts	Dec	-14.2	0.0	0.0	-14.2	0.0	0.0	0.0	0.0	0	0	0
<i>This decreases the interagency receipts that are not collectible.</i>												
1007 I/A Rcpts (Other)		-14.2										
FY2008 AMD: Reduce AHMTA Joint Board Support Services	Dec	-19.7	0.0	0.0	-19.7	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaska Mental Health Trust Authority (AHMTA) reduced the MHTAAR Project for the AMHB/ABADA Joint Board Support to support the consumer conference.</i>												
1092 MHTAAR (Other)		-19.7										
FY2008 AMHTA recommendations - Reinstatement Trust joint board support	Inc	19.7	0.0	0.0	19.7	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		19.7										
FY2008 PERS adjustment of unrealizable receipts	Dec	-14.4	-14.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		-14.4										
FY2009 MH Trust: Cont - Advisory Board of Alcoholism and Drug Abuse/AK Mental Health Board joint staffing	IncOTI	381.1	236.3	62.0	62.8	20.0	0.0	0.0	0.0	0	0	0
<i>Grant 605.03 Alaska Mental Health Trust Authority funding provides a supplement to the basic operations of the merged staff of Advisory Board of 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. \$15.0 of this amount is intended for travel costs related to the advocacy coordinator position.</i>												
1092 MHTAAR (Other)		381.1										
FY2009 MH Trust: Bring The Kids Home - Strong family voice: parent and youth involved via AK Mental Health Board	IncOTI	25.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0	0	0
<i>Grant 606.03</i>												

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<b>Behavioral Health (continued)</b>												
<b>Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (continued)</b>												
FY2009 MH Trust: Bring The Kids Home - Strong family voice: parent and youth involved via AK Mental Health Board (continued) <i>Managed by the Alaska Mental Health Board (AMHB), this project expands funding that brings a significant number of parents and youth, including rural families, to the Bring the Kids Home (BTKH) quarterly meetings and other advocacy and policy setting meetings. It also provides a regularly scheduled teleconference that supports parents who have sons or daughters experiencing serious emotional disturbance (SED). Funded at \$25.0 MHTAAR in FY08, this request is for continuation funding of \$25.0 MHTAAR in FY09.</i>												
1092 MHTAAR (Other)		25.0										
FY2009 Decrease Interagency Receipts	Dec	-2.5	-2.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This is to delete \$2.5 in Interagency Receipts that are not realizable.</i>												
1007 I/A Rcpts (Other)		-2.5										
FY2010 MH Trust: Cont - Grant 605.04 ABADA/AMHB joint staffing <i>This Trust funding provides a supplement to the basic operations of the merged staff of Advisory Board of 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. \$15.0 of this amount is intended for travel costs related to the advocacy coordinator position. Funded at \$388.7 MHTAAR in FY09.</i>												
1092 MHTAAR (Other)		403.3	222.4	72.9	87.8	20.2	0.0	0.0	0.0	0	0	0
FY2010 MH Trust: BTKH - Grant 606.04 Strong family voice: parent and youth involved via AMHB <i>Managed by the Alaska Mental Health Board (AMHB), this project expands funding that brings a significant number of parents and youth, including rural families, to the Bring the Kids Home (BTKH) quarterly meetings and other advocacy and policy setting meetings. It supports parents who have sons/daughters experiencing serious emotional disturbance (SED). Funded at \$25.0 MHTAAR in FY08 and in FY09; FY10 funds it at \$25.0 MHTAAR.</i>	IncOTI	25.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		25.0										
FY2011 MH Trust: BTKH - Grant 606.05 Strong family voice: parent and youth involved via AMHB <i>Managed by the Alaska Mental Health Board (AMHB), this project expands funding that brings a significant number of parents and youth, including rural families, to the Bring the Kids Home (BTKH) quarterly meetings and other advocacy and policy setting meetings. It supports parents who have sons/daughters experiencing serious emotional disturbance (SED).</i>	IncOTI	50.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		50.0										
FY2011 MH Trust: Cont - Grant 605.05 ABADA/AMHB 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>	IncOTI	418.8	232.6	75.0	90.3	20.9	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		418.8										
FY2011 Reduce general fund travel line item by 10 percent. 1037 GF/MH (UGF)	Dec	-6.1	0.0	-6.1	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	2.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (continued)</b>												
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011												
Noncovered Employees Salary Increase												
(continued)												
FY2011 Noncovered Employees Year 1 increase												
: \$2.0												
1002 Fed Rcpts (Fed)		0.1										
1037 GF/MH (UGF)		1.6										
1092 MHTAAR (Other)		0.3										
FY2012 MH Trust: BTKH - Grant 606.06 Strong family voice: parent and youth involved via AMHB	IncM	25.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Managed by the Alaska Mental Health Board (AMHB), this project expands funding that brings a significant number of parents and youth, including rural families, to the Bring the Kids Home (BTKH) quarterly meetings and other advocacy and policy setting meetings. It supports parents who have sons/daughters experiencing serious emotional disturbance (SED).</i>												
1092 MHTAAR (Other)		25.0										
FY2012 MH Trust: Cont - Grant 605.06 ABADA/AMHB joint staffing	IncM	430.0	250.0	85.0	65.0	30.0	0.0	0.0	0.0	0	0	0
<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)		430.0										
FY2013 MH Trust: BTKH - Strong Family Voice: Parent and Youth Involved via AMHB	Inc	50.0	0.0	35.0	10.0	5.0	0.0	0.0	0.0	0	0	0
<i>This increment will provide \$50.0 GF/MH to DHSS/Behavioral Health to continue the Alaska Mental Health Board (AMHB) Family Voice project long-term. The AMHB allocates staff time for planning and Family Voice funding pays for costs associated with bringing family and youth to events and activities. Family Voice funds pay for costs associated with providing orientation and training to youth and family members to participate effectively in policy meetings, bringing parents and youth, including rural families, to the Bring the Kids Home (BTKH) quarterly 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										
FY2013 BTKH - Strong Family Voice: Parent and Youth Involved via AMHB (Fund 90% of request)	Dec	-5.0	0.0	-3.5	-1.0	-0.5	0.0	0.0	0.0	0	0	0
<i>This increment will provide \$50.0 GF/MH to DHSS/Behavioral Health to continue the Alaska Mental Health Board (AMHB) Family Voice project long-term. The AMHB allocates staff time for planning and Family Voice funding pays for costs associated with bringing family and youth to events and activities. Family Voice funds pay for costs associated with providing orientation and training to youth and family members to participate effectively in policy meetings, bringing parents and youth, including rural families, to the Bring the Kids Home (BTKH) quarterly 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)		-5.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Behavioral Health (continued)</b>												
<b>Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (continued)</b>												
FY2013 MH Trust: Cont - Grant 605.07 ABADA/AMHB Joint Staffing	IncM	435.0	269.0	90.0	60.0	16.0	0.0	0.0	0.0	0	0	0
<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										
<b>* Allocation Total *</b>		<b>2,475.0</b>	<b>1,290.8</b>	<b>550.3</b>	<b>505.6</b>	<b>121.3</b>	<b>7.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Suicide Prevention Council</b>												
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	2.6	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		2.6										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-2.3	0.0	-2.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		-2.3										
FY2013 MH Trust: ABADA/AMHB School Based Suicide Prevention	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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<b>Behavioral Health (continued)</b>												
<b>Suicide Prevention Council (continued)</b>												
FY2013 Ch. 33, SLA 2012 (HB 21) SUICIDE PREVENTION COUNCIL MEMBERS	FisNot	4.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Updated fiscal note to reflect current fiscal year.</i>												
1037 GF/MH (UGF)		4.0										
<b>* Allocation Total *</b>		454.3	2.6	1.7	35.0	0.0	0.0	415.0	0.0	0	0	0
<b>** Appropriation Total **</b>		69,776.2	3,043.8	972.1	6,557.0	376.4	11.6	57,942.6	872.7	11	0	0
<b>Children's Services</b>												
<b>Children's Services Management</b>												
FY2006 Implement New Payment Error Rate Measurement Program	Inc	46.4	0.0	2.5	36.9	2.5	4.5	0.0	0.0	0	0	0
<i>This increment is needed to implement new Medicaid case eligibility and medical service review requirements mandated by federal "Payment Error Rate Measurement" (PERM) regulations.</i>												
<i>Centers for Medicare and Medicaid Services (CMS) issued proposed regulations that require states to sample payments on Medicaid claims. CMS issued these regulations to meet requirements in the Improper Payments Act (IMPA) passed by congress. CMS makes these regulations effective October 1, 2005. The regulations mandate a quality control review of payments to medical providers, including a review of the eligibility criteria, medical necessity, and correctness of the payment. The proposed requirements assume a 50% error rate for all states, and CMS wrote the sampling requirements to ensure each state would draw approximately the same number of claims in an annual sample. This creates a statistically valid National Sample, and an inordinately large sample size for Alaska.</i>												
<i>To meet the requirements described in the regulation, the estimated cost to the Office of Children's Services for FY2006 is \$46.4.</i>												
1002 Fed Rcpts (Fed)		23.2										
1003 G/F Match (UGF)		23.2										
FY2006 Online Resources for Children of Alaska (ORCA) Maintenance Agreement	Inc	420.0	0.0	0.0	420.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment will fund data processing support services for ongoing system maintenance, help desk support and design/implementation support purchased from the private sector for the ORCA computer system.</i>												
1002 Fed Rcpts (Fed)		300.0										
1004 Gen Fund (UGF)		120.0										
FY2006 ORCA Management Help Desk Support	Inc	171.9	80.1	0.0	91.8	0.0	0.0	0.0	0.0	0	0	0
<i>This increment will fund a portion of the project manager (PC 064591) position budgeted in this component and contractual services purchased from the private sector (development and/or quality assurance contractor) for ORCA help desk support in FY06.</i>												
1002 Fed Rcpts (Fed)		42.9										
1004 Gen Fund (UGF)		129.0										
FY2006 Deleted Excess CIP Receipt Authority	Dec	-91.6	-91.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This will delete unrealizable CIP Receipt authorization.</i>												
1061 CIP Rcpts (Other)		-91.6										
FY2006 Delete Excess I/A Authorization	Dec	-171.2	-171.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This will delete unrealizable I/A authorization.</i>												
1007 I/A Rcpts (Other)		-171.2										

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2006 Funding correction from general funds to general funds match in Children's Services Management	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		120.0										
1004 Gen Fund (UGF)		-120.0										
FY2006 Ch. 64, SLA 2005 (HB 53) Children in Need of Aid /Adoption/Guardianship	FisNot	142.7	71.9	0.0	70.8	0.0	0.0	0.0	0.0	1	0	0
1004 Gen Fund (UGF)		142.7										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	19.9	19.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		11.2										
1003 G/F Match (UGF)		0.3										
1004 Gen Fund (UGF)		8.4										
FY2007 Online Resources for Children of Alaska (ORCA) Services Ownership and Upgraded Infrastructure	Inc	562.7	157.5	2.6	375.1	1.2	26.3	0.0	0.0	2	0	0
<p><i>ORCA (Online Resources for the Children of Alaska) Services/Support Ownership</i>  <i>This request will provide the OCS (Office of Children's Services) with adequate funding to continue contracted services for the more complex and high profile portions of the ORCA application such as financial processing, financial reporting, and provider payments. This request also funds the level of help desk support required for the OCS to function at an optimal level. Help desk functions are currently provided via contracted services.</i></p> <p><i>ORCA and the State of Alaska receive National recognition</i>  <i>The ORCA information system went live in September 2004, only six weeks behind its original schedule. The extremely complex financial and payment system went live in February 2005, 22 months after project inception. Typical system development time nationwide is 4 to 5 years. Alaska's achievement is noteworthy.</i></p> <p><i>On September 7, 2005, the ORCA system was recognized by two prestigious, independent organizations, the Center for Digital Government and the American Public Human Services Association - Information Systems Management: "The Center for Digital Government Award honored Alaska's new Online Resource for the Children of Alaska (ORCA) system, which provides the State's over 450 social workers spread across 33 geographically dispersed locations with the ability to instantly share information on the more than 10,000 child abuse and neglect cases that are investigated annually.</i></p> <p><i>Richard Varn, senior fellow at the Center for Digital Government, presented the award to CGI-AMS noting that, "the Center recognizes CGI-AMS and the State of Alaska for its transformational ORCA system. We conducted a thorough nationwide review and the ORCA project stands as one of the finest examples of technology advancing a critical public service offering."</i></p> <p><i>Alaska's social workers can access case records in real-time through a Web-based system that supports child abuse, foster care, adoptions, and financial processing. Best practices in areas of risk assessment, placement, and payment processing are fully supported. ORCA was implemented in 14 months [sic]."</i>  <i>www.cgi.com/web/en/news_events/news_flashses/2005/65192.htm</i></p> <p><i>OCS Note: the actual implementation took 17 months.</i></p> <p><i>ORCA Federal Review - No Payback of \$6 Million in Federal funds</i></p>												



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**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Children's Services Management (continued)**

FY2007 Online Resources for Children of  
Alaska (ORCA) Services Ownership and  
Upgraded Infrastructure (continued)

*In September 2005, the U.S. Department of Health and Human Services conducted an assessment of ORCA. Federal reviewers visited 5 locations and interviewed nearly 100 OCS staff about ORCA. The review, while in draft status, notes that*

- 1. Prior to ORCA, Alaska had spent over \$6.0 million in federal funds and made no significant progress toward implementing a system;*
- 2. Alaska has made significant progress in meeting federal requirements and is no longer in jeopardy of having to pay back matching Title IV-E funds expended during the previously failed development effort;*
- 3. OCS workers are embracing ORCA as a system that supports the OCS business model;*
- 4. Performance related concerns relate to bandwidth issues; and*
- 5. Preliminary findings have identified that staff need additional help desk and training support to leverage the functionality available in the ORCA system.*

*FY 2007 Request Detail:*

*1) Personal Services - \$215.0 Current levels of Level II help desk support have proven to be inadequate to respond to the need. OCS carries a backlog of approximately 70 open ORCA Help Desk tickets. Eighty percent of these are more than one week old, so overflow inquiries and ORCA payment problems are being responded to by the provider payment accounting staff. While highly qualified in their area of expertise, provider payments, it has been a burden on accounting staff when tasked with these time consuming requests, complaints, and training issues related to ORCA.*

*Under the current contract, help desk services and implementation support cost \$550.0 for three assigned FTE's. In FY 2006, OCS received \$80.1 of the total \$500.1 for one help desk staff. This request includes \$215.0 for three additional FTE's (and associated travel and supplies) to provide program help desk, implementation, and maintenance support:*

Program Coordinator R20	81.7
Project Assistants (2) R16	128.2
Travel and Commodities Costs	5.1
<b>Total</b>	<b>215.0</b>

*2) Continuation of CGI Maintenance Contract - \$500.0 Lately, it has become evident that OCS/FMS (Finance and Management Services) will not be adequately prepared to fully assume ORCA maintenance requirements in FY 2007. A knowledge transfer from contractor to state is in progress, but the complexity of the financial system, the steep learning curve, high staff turnover, and difficulty recruiting for these highly technical and specialized positions has proven to be insurmountable. This request for \$500.0 is to continue contracted maintenance services for one year to support these difficult areas of the process and to maintain a good risk mitigation strategy under the circumstances.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2007 Online Resources for Children of Alaska (ORCA) Services Ownership and Upgraded Infrastructure (continued)												
3) Infrastructure Upgrade for ORCA sites - \$35.0 OCS is requesting \$35.0 for network infrastructure upgrades for regional sites that were not part of the recent Statewide Area Network (WAN) improvement project. These sites experience extreme communication delays and productivity loss due to the slow performance of network connections. This affects the use of the ORCA management information system as well as agency email. This request will purchase the necessary satellite equipment with the necessary bandwidth to avoid lost productivity and worker frustration in the non-WAN sites of Aniak, King Salmon, Galena, McGrath, and St. Mary's.												
These costs are Title IV-E eligible at 50% of the foster care and adoption blended penetration rate.												
1002 Fed Rcpts (Fed)		191.4										
1003 G/F Match (UGF)		191.3										
1004 Gen Fund (UGF)		180.0										
FY2007 Bring the Kids Home-Regional Out-of-State Placement Committees for non-custody children to provide gatekeeping functions	Inc	200.0	153.0	5.0	33.0	3.0	6.0	0.0	0.0	2	0	0
Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.												
Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.												
This funding will provide adequate staffing of the regional and out-of-state placement/resource committees to increase their capacity to provide gate keeping functions. These teams currently provide these functions only for custody children. Through this funding, the teams will begin to serve non-custody children looking for referrals to residential care.												
From 1998 to 2004 there was an across the board increase to the number of Alaska children served in out-of-state residential psychiatric treatment centers. During this period, the increase for custody children went from 17 children in 1998 to 56 children in 2004. During this same time period, the utilization increase for non-custody children went from 66 children in 1998 to 693 children in 2004.												
To address this over-reliance on out-of-state residential care by non-custody children, a consistent system of gate keeping for all children will be implemented. This requires sufficient staffing for the regional and out-of-state placement/resource committees to serve referrals for non-custody children. Currently, the resource teams are required to meet twice weekly for 1 1/2 to 2 hours each to serve custody children only. In order to serve non-custody children, 6 additional FTEs are required, based on the current level of referrals. Two positions will be in each of three components, Office of Children's Services, Division of Juvenile Justice and Division of Behavioral Health. As in-state resources are developed and this impacts (decreases) referrals to residential care, the model may be refined.												
1002 Fed Rcpts (Fed)		100.0										

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2007 Bring the Kids Home-Regional Out-of-State Placement Committees for non-custody children to provide gatekeeping functions (continued)												
1037 GF/MH (UGF)		100.0										
FY2007 Bring the Kids Home-Regional Out-of-State Placement Committees for non-custody children to provide gatekeeping functions	Dec	-80.0	-61.2	-2.0	-13.2	-1.2	-2.4	0.0	0.0	-2	0	0
<p><i>Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.</i></p> <p><i>Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.</i></p> <p><i>This funding will provide adequate staffing of the regional and out-of-state placement/resource committees to increase their capacity to provide gate keeping functions. These teams currently provide these functions only for custody children. Through this funding, the teams will begin to serve non-custody children looking for referrals to residential care.</i></p> <p><i>From 1998 to 2004 there was an across the board increase to the number of Alaska children served in out-of-state residential psychiatric treatment centers. During this period, the increase for custody children went from 17 children in 1998 to 56 children in 2004. During this same time period, the utilization increase for non-custody children went from 66 children in 1998 to 693 children in 2004.</i></p> <p><i>To address this over-reliance on out-of-state residential care by non-custody children, a consistent system of gate keeping for all children will be implemented. This requires sufficient staffing for the regional and out-of-state placement/resource committees to serve referrals for non-custody children. Currently, the resource teams are required to meet twice weekly for 1 1/2 to 2 hours each to serve custody children only. In order to serve non-custody children, 6 additional FTEs are required, based on the current level of referrals. Two positions will be in each of three components, Office of Children's Services, Division of Juvenile Justice and Division of Behavioral Health. As in-state resources are developed and this impacts (decreases) referrals to residential care, the model may be refined.</i></p>												
1002 Fed Rcpts (Fed)		-40.0										
1037 GF/MH (UGF)		-40.0										
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act	Dec	-652.1	0.0	0.0	0.0	0.0	0.0	0.0	-652.1	0	0	0
<p><i>The Department of Health and Social Services, Office of Children's Services requests \$652.1 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act (DRA) of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i></p>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**  
**Children's Services Management (continued)**  
 FY2008 Shortfall due to implementation of the  
 Federal Deficit Reduction Act (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*Rosales*

*The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.*

*The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relative's home from which the child is removed.*

*The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Management Component to be \$389.8. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.*

*Unlicensed Relative Placements*

*The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.*

*The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Management Component to be \$281.1. Unlicensed relative placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.*

*Children's Services Management (CSM) Component Estimate of Reimbursable Expenses:*  
*Reimbursable Expenses*

*5,154.8 Total Expenditures*  
*x 66% IV-E Administrative Penetration Rate*  
*= 3,402.2 Expenditures Eligible for IV-E Reimbursement*  
*x 50% Federal Administrative Reimbursement Rate*  
*= 1,701.1 Pre DRA Federal Fund Participation*

*Rosales and Unlicensed Relative*  
*5,154.8 Total Expenditures*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued)												
x 40.7% 25.3% Reduction in Penetration Rate												
= 2,098.0 Expenditures Eligible for IV-E Reimbursement												
x 50% Federal Administrative Reimbursement Rate												
= 1,049.0 Post DRA Federal Fund Participation												
 Component Summary												
1,701.1 Pre DRA Federal Fund Participation												
- 1,049.0 Post DRA Federal Fund Participation												
= 652.1 FY2008 GF Need												
 To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.												
 Children's services management provides management and support to all OCS programs.												
 Missions and Measures												
Funding for this increment is essential to OCS's ability to meet all of its department and division level performance measures related to child protection services, early intervention services, recruitment and retention of qualified workers, and adoptions (all strategies relating to the end results cited below will be impacted). In particular, the division will not be able to complete implementation of the safety assessment model that will in turn affect the OCS's ability to decrease the rate of repeat maltreatment. Nor will the OCS be able to build on its work to retain an effective and efficient workforce. It will also limit the division's ability to improve the referral process from protective services to early intervention services, reunify children with their families, promote safe and timely adoptions, and increase the number of resource family assessments.												
 Department Level Measures												
End Result: C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.												
 Division Level Measures												
End Result: A. To prevent children from abuse and neglect.												
1002 Fed Rcpts (Fed)		-652.1										
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act	Inc	652.1	0.0	0.0	0.0	0.0	0.0	0.0	652.1	0	0	0

The Department of Health and Social Services, Office of Children's Services requests \$652.1 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act (DRA) of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.

Rosales

The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)												
<i>Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relative's home from which the child is removed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Management Component to be \$389.8. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.</i>												
<i>Unlicensed Relative Placements</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Management Component to be \$281.1. Unlicensed relative placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.</i>												
<i>Children's Services Management (CSM) Component Estimate of Reimbursable Expenses:</i>												
<i>Reimbursable Expenses</i>												
<i>5,154.8 Total Expenditures</i>												
<i>x 66% IV-E Administrative Penetration Rate</i>												
<i>= 3,402.2 Expenditures Eligible for IV-E Reimbursement</i>												
<i>x 50% Federal Administrative Reimbursement Rate</i>												
<i>= 1,701.1 Pre DRA Federal Fund Participation</i>												
<i>Rosales and Unlicensed Relative</i>												
<i>5,154.8 Total Expenditures</i>												
<i>x 40.7% 25.3% Reduction in Penetration Rate</i>												
<i>= 2,098.0 Expenditures Eligible for IV-E Reimbursement</i>												
<i>x 50% Federal Administrative Reimbursement Rate</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)												
= 1,049.0 Post DRA Federal Fund Participation												
<i>Component Summary</i>												
1,701.1 Pre DRA Federal Fund Participation												
- 1,049.0 Post DRA Federal Fund Participation												
= 652.1 FY2008 GF Need												
To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.												
Children's services management provides management and support to all OCS programs.												
<i>Missions and Measures</i>												
Funding for this increment is essential to OCS's ability to meet all of its department and division level performance measures related to child protection services, early intervention services, recruitment and retention of qualified workers, and adoptions (all strategies relating to the end results cited below will be impacted). In particular, the division will not be able to complete implementation of the safety assessment model that will in turn affect the OCS's ability to decrease the rate of repeat maltreatment. Nor will the OCS be able to build on its work to retain an effective and efficient workforce. It will also limit the division's ability to improve the referral process from protective services to early intervention services, reunify children with their families, promote safe and timely adoptions, and increase the number of resource family assessments.												
<i>Department Level Measures</i>												
End Result: C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.												
<i>Division Level Measures</i>												
End Result: A. To prevent children from abuse and neglect.												
1004 Gen Fund (UGF)		652.1										
FY2008 AMD: Decreased Use of Consulting for Title IV-E and Medicaid	Dec	-50.0	0.0	0.0	-50.0	0.0	0.0	0.0	0.0	0	0	0
The Office of Children's Services has contracted for consulting services for several years to help with the complexities of the Title IV-E program and Medicaid and to encourage maximization of federal participation in these programs. Although there will be an increased need for these services if the division is to implement Medicaid Targeted Case Management, we feel we can reduce the levels of services required by 50 percent by limiting travel to Juneau and utilizing consultant time on priority issues only.												
1002 Fed Rcpts (Fed)		-15.0										
1003 G/F Match (UGF)		-35.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-14.0	-14.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-14.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2009 Funding for Federally Mandated Child and Family Services reviews.	IncOTI	200.0	0.0	77.0	123.0	0.0	0.0	0.0	0.0	0	0	0
<i>Move federally mandated child and family services reviews (CFSR) project from Capital Budget to Operating Budget.</i>												
<i>This amendment will fund the development and implementation of a Program Improvement Plan which will be a result of a CFSR.</i>												
<i>The purpose of a CFSR is to help states improve safety, permanency, and well-being outcomes for children and families receiving services through the child welfare system and to monitor compliance with the requirements of Title IV-B of the Social Security Act. CFSRs offer states a new way to manage their child welfare systems - with a focus on continuous improvement. Therefore, compliance standards are set for each measure at 95% to 100%. Each CFSR includes a statewide assessment and an onsite review of child and family services outcomes and program systems.</i>												
1002 Fed Rcpts (Fed)		48.3										
1003 G/F Match (UGF)		151.7										
FY2010 Reduce Federal Authorization to Reimbursable Levels	Dec	-2,481.6	0.0	0.0	0.0	0.0	0.0	-2,481.6	0.0	0	0	0
<i>This decrement deletes federal authority in place for the defunct Healthy Families Program.</i>												
1002 Fed Rcpts (Fed)		-2,481.6										
FY2010 Produce television and radio public service announcements, highlighting the need for Alaska Foster Care homes	IncOTI	30.0	0.0	0.0	30.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		30.0										
FY2011 Decrease Unrealizable Interagency Receipts for Medicaid School Based Claims	Dec	-165.0	0.0	0.0	-165.0	0.0	0.0	0.0	0.0	0	0	0
<i>Replace unrealizable interagency receipts for Medicaid School Based Claims. Without this fund source change the Office of Children's Services will not be able to fully pay program and administrative salaries and overhead costs.</i>												
1007 I/A Rcpts (Other)		-165.0										
FY2011 Delete Unrealizable Federal Receipts Authority	Dec	-750.0	-200.0	0.0	-550.0	0.0	0.0	0.0	0.0	0	0	0
<i>Delete unrealizable federal receipt authority. Federal authority has been undercollected by more than \$500.0 since 2006.</i>												
1002 Fed Rcpts (Fed)		-750.0										
FY2011 Delete Unrealizable Interagency Receipt Authority	Dec	-283.5	-283.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Delete unrealizable interagency receipt (I/A) authority. I/A authority has been undercollected by more than \$400.0 since 2005.</i>												
1007 I/A Rcpts (Other)		-283.5										
FY2011 Replace unrealizable interagency receipts due to the loss of Medicaid School Based Claims funding	Inc	165.0	0.0	0.0	165.0	0.0	0.0	0.0	0.0	0	0	0
<i>3/5/10 House amendment</i>												
1004 Gen Fund (UGF)		165.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-10.0	0.0	-10.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-4.1										
1004 Gen Fund (UGF)		-5.8										



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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Management (continued)</b>												
FY2011 Reduce general fund travel line item by 10 percent. (continued)												
1037 GF/MH (UGF)		-0.1										
FY2011 Job Training and University of Alaska tuition waivers and foster parent recruitment and notification	Inc	175.0	0.0	0.0	0.0	0.0	0.0	0.0	175.0	0	0	0
<i>3/8/10 amendment: ADD INTENT: It is the intent of the Legislature that the Office of Children's Services shall effectively use these funds to address the stated foster youth stability and success goals stated below:</i>												
<i>EXPLANATION:</i>												
<i>\$85,000: Supplement Employment Training Vouchers for youth covered by the Independent Living Program.</i>												
<i>\$55,000: Fund an additional 10 University of Alaska Presidential Tuition Waivers beyond the annual 10 waivers funded by the University.</i>												
<i>\$35,000: Television ads to recruit foster parents in shortage areas, including ads on highly watched television programs (\$30,000); annual mailing to foster parents on the OCS FosterWear discount clothing plan (\$5,000).</i>												
1004 Gen Fund (UGF)		175.0										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	9.3	9.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$9.3</i>												
1002 Fed Rcpts (Fed)		4.5										
1003 G/F Match (UGF)		0.8										
1004 Gen Fund (UGF)		4.0										
FY2011 Ch. 80, SLA 2010 (HB 126) FOSTER CARE/CINA/EDUCATION OF HOMELESS	FisNot	204.2	0.0	0.0	204.2	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		73.5										
1003 G/F Match (UGF)		130.7										
FY2013 Education and Training Voucher program within the Independent Living Program	Inc	200.0	0.0	0.0	0.0	0.0	0.0	0.0	200.0	0	0	0
1004 Gen Fund (UGF)		200.0										
<b>* Allocation Total *</b>		<b>-1,549.8</b>	<b>-329.8</b>	<b>75.1</b>	<b>771.6</b>	<b>5.5</b>	<b>34.4</b>	<b>-2,481.6</b>	<b>375.0</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Children's Services Training</b>												
FY2006 Enhance Training Capacity for Front-Line Staff.	IncOTI	409.2	0.0	102.3	306.9	0.0	0.0	0.0	0.0	0	0	0
One-time item to enhance \$1.2 million budgeted for training.												
<i>This increment funds ongoing training and staff development for existing front-line and management staff and will provide funding for the Family and Youth Services Training Academy to provide TONE (Training and Orientation for New Employees) for new social workers as they are hired. Timely TONE is essential for new social workers to perform intake, investigation, and on-going field work. The additional training will be provided to approximately 200 social workers.</i>												
1002 Fed Rcpts (Fed)		188.8										
1003 G/F Match (UGF)		220.4										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Training (continued)</b>												
FY2007 Continue FY06 enhanced training capacity for front line staff. In FY06 was an increment/one-time item (IncOTI)	Inc	409.2	0.0	102.3	306.9	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		188.8										
1003 G/F Match (UGF)		220.4										
FY2007 CC: Reduce FY06 enhanced training capacity for front line staff.	Dec	-220.4	0.0	-55.1	-165.3	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-220.4										
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act	Dec	-223.6	0.0	0.0	0.0	0.0	0.0	0.0	-223.6	0	0	0
<p><i>The Department of Health and Social Services, Office of Children's Services requests \$223.6 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i></p> <p><i>Rosales</i></p> <p><i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i></p> <p><i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i></p> <p><i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Training Component to be \$133.6. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.</i></p> <p><i>Unlicensed Relative Placements</i></p> <p><i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i></p> <p><i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Training Component to be \$96.4. Unlicensed relative</i></p>												

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**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Children's Services Training (continued)**

FY2008 Shortfall due to implementation of the  
Federal Deficit Reduction Act (continued)

*placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.*

*Children's Services Training (CST) Component Estimate of Reimbursable Expenses:*

*Reimbursable Expenses*

*1,767.3 Total Expenditures*  
*x 66% IV-E Administrative Penetration Rate*  
*= 1,166.4 Expenditures Eligible for IV-E Reimbursement*  
*x 50% Federal Administrative Reimbursement Rate*  
*= 583.2 Pre DRA Federal Fund Participation*

*Rosales and Unlicensed Relative*

*1,767.3 Total Expenditures*  
*x 40.7% 25.3% Reduction in Penetration Rate*  
*= 719.3 Expenditures Eligible for IV-E Reimbursement*  
*x 50% Federal Administrative Reimbursement Rate*  
*= 359.6 Post DRA Federal Fund Participation*

*Component Summary*

*583.2 Pre DRA Federal Fund Participation*  
*- 359.6 Post DRA Federal Fund Participation*  
*= 223.6 FY2008 GF Need*

*To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.*

*Children's services training provides mandatory front line worker training through the University of Alaska as well as other necessary training from various sources for all OCS workers, such as safety assessment and forensic interviewing training.*

*Missions and Measures*

*OCS has undergone a major new initiative in 2006, and in order to continue to implement practice changes on the front line, on-going training will be needed to maximize gains. In addition, training has been directly related to worker retention. Without this funding change, OCS will not be able to provide adequate training for front line workers and will therefore not be able to meet or improve on any targeted performance measures related to child protective services.*

*Department Level Measures*

*End Result: C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.*

*Strategy: C2: Implementation of new safety assessment model to provide frontline workers with a better tool to identify safety issues in the home.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Training (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued)												
Strategy: C4: Retain an effective and efficient workforce.												
1002 Fed Rcpts (Fed)		-223.6										
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act	Inc	223.6	0.0	0.0	0.0	0.0	0.0	0.0	223.6	0	0	0
<p>The Department of Health and Social Services, Office of Children's Services requests \$223.6 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</p> <p>Rosales</p> <p>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</p> <p>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</p> <p>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Training Component to be \$133.6. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.</p> <p>Unlicensed Relative Placements</p> <p>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</p> <p>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Children's Services Training Component to be \$96.4. Unlicensed relative placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.</p> <p>Children's Services Training (CST) Component Estimate of Reimbursable Expenses:</p>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)  
Children's Services Training (continued)**

FY2008 Replace federal funding due to  
implementation of the Federal Deficit Reduction  
Act (continued)

*Reimbursable Expenses*

1,767.3 Total Expenditures  
x 66% IV-E Administrative Penetration Rate  
= 1,166.4 Expenditures Eligible for IV-E Reimbursement  
x 50% Federal Administrative Reimbursement Rate  
= 583.2 Pre DRA Federal Fund Participation

*Rosales and Unlicensed Relative*

1,767.3 Total Expenditures  
x 40.7% 25.3% Reduction in Penetration Rate  
= 719.3 Expenditures Eligible for IV-E Reimbursement  
x 50% Federal Administrative Reimbursement Rate  
= 359.6 Post DRA Federal Fund Participation

*Component Summary*

583.2 Pre DRA Federal Fund Participation  
- 359.6 Post DRA Federal Fund Participation  
= 223.6 FY2008 GF Need

*To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.*

*Children's services training provides mandatory front line worker training through the University of Alaska as well as other necessary training from various sources for all OCS workers, such as safety assessment and forensic interviewing training.*

*Missions and Measures*

*OCS has undergone a major new initiative in 2006, and in order to continue to implement practice changes on the front line, on-going training will be needed to maximize gains. In addition, training has been directly related to worker retention. Without this funding change, OCS will not be able to provide adequate training for front line workers and will therefore not be able to meet or improve on any targeted performance measures related to child protective services.*

*Department Level Measures*

*End Result: C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.*

*Strategy: C2: Implementation of new safety assessment model to provide frontline workers with a better tool to identify safety issues in the home.*

*Strategy: C4: Retain an effective and efficient workforce.*

1004 Gen Fund (UGF) 223.6

FY2009 Basic Staff Training and Development	Inc	427.0	0.0	207.5	219.5	0.0	0.0	0.0	0.0	0	0	0
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**Children's Services (continued)**

**Children's Services Training (continued)**

FY2009 Basic Staff Training and Development  
(continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*This request addresses an area that the Office of Children's Services (OCS) anticipates will make a positive difference to its ability to retain staff at a minimal cost to the state: 1) improve new employee training for frontline workers by extending the length of training so that it is in line with other child welfare agencies nationwide and by enhancing the curriculum to provide new employees with all of the tools necessary to achieve OCS system improvements; and 2) provide all OCS staff the opportunity for continued education that is on point with their specific job class and beneficial to the state.*

*Any effort toward extending retention of employees is key to accomplishing our mission to protect children from abuse and neglect.*

*Enhanced Training for Frontline Workers: Two weeks of Training of New Employees (TONE) curriculum is offered to each newly hired child protective services caseworker through contracted services from the University of Alaska. This training is mandatory for every new front line worker and should include the critical tools necessary to achieve OCS system improvements. It should provide a solid base for new workers whereby OCS can retain and recruit effective staff members so that our mission to protect children from abuse and neglect can be achieved. This training should be in step with nationwide standards.*

*In July of 2006, Office of Children's Service (OCS) management began to review the training curriculum, and formed a TONE Advisory Group that consisted of OCS staff and Tribal partners. The goal of the advisory group was to review and revise the current curriculum to be more practice oriented, incorporate the new replaced practice standards and enhance cultural competency throughout all training, rather than offering it in just one training module. OCS has also reached out to consultants and staff for guidance.*

*Prior to the OCS-initiated effort to assess currently offered TONE, the DHSS contracted with ACTION for Child Protection, Inc., a national child safety intervention organization, to study and evaluate the OCS business functions. The ACTION report recommended that training should employ the Adoption & Safe Families Act as a foundation or framework to the entire curriculum; that the training curriculum should clearly identify the OCS mission and define who OCS serves; that there be a clear distinction in curriculum regarding the difference between maltreatment, risk and safety; and that much more time should be spent training staff on state-of-the-art best practice standards. The executive summary portion of the ACTION report recommended that OCS develop an exceptional training program for new and experienced workers.*

*In January of 2007, the University of Alaska Anchorage's School of Social Work - Social Work Evaluation Program, released a brief to the OCS titled "Child Welfare Training Opportunities in Alaska". This brief was prepared in response to a request from OCS to provide additional recommendations about Alaska's child protection new worker training.*

*UAA's research revealed what they refer to as "overarching issues and recommendations" that include:*

*\* Alaska has a low number of training days as compared to other states. Arizona 6 weeks; Oregon 5 weeks; Nevada and Idaho 4 weeks; and Alaska follows with only 2 weeks. In fact, 3 weeks was the lowest number of full weeks reported other than Alaska's 2 weeks.*

*Recommendation: Alaska could expand the breadth and depth of new employee training to be consistent with*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Training (continued)</b>												
FY2009 Basic Staff Training and Development												
(continued)												
other states' standards.												
* Cultural competence is discussed but not clearly so.												
Recommendation: Alaska's child welfare training should rigorously incorporate the elements of Native culture and the laws that affect Native children into new employee training.												
* There could be strong relationships between Children and Family Services Review (CFSR) outcomes and training.												
Recommendation: Alaska CSFR deficiencies are improving; however, the state can tailor training so that employees have stronger skills in the areas of CFSR deficiencies.												
In addition to the two studies previously discussed, OCS initiated an employee survey recently in an effort to determine what staff within OCS agreed with and disagreed with. Questions focused on salaries, organization, leadership, communication, problem recognition and solving, supervision, community relations, quality of office settings, records management, and training. Of the 345 respondents, 39.4% disagreed and 20.9% strongly disagreed with the statement: The quality of initial and ongoing training for staff is good. Further, 52% of all staff responding said that initial and ongoing and quality of training for staff requires the most immediate attention in order to improve the effectiveness of the organization.												
This increment request reflects the DHSS' desire to expand OCS TONE training by two additional weeks to offer its staff the full spectrum of training that is being recommended by national experts, UAA professionals, Tribal partners and its own management. OCS anticipates \$219.5 in costs to expand the existing TONE curriculum with the University of Anchorage based on the average cost for 92 new employee training episodes annually. OCS anticipates \$207.5 of travel related costs associated with an additional 2-week training course for new frontline workers. Travel costs are based on an average two-week TONE training expense of \$2,260 per employee. This includes transportation, per diem, and lodging. Prices increase significantly when training occurs between May and October in Anchorage.												
Alaska's children and their families deserve caseworkers that have been given the tools and training necessary to provide exemplary services. This total increment reflects a necessary employer effort for the OCS to develop and maintain a professional work force.												
Department Measures												
C: Result - Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.												
Target #1 Decrease the rate of substantiated allegations of child abuse and neglect in Alaska.												
Target #2 Decrease the rate of repeat maltreatment to meet or exceed the national standard of 6.1 percent.												
Target #3 Decrease the percentage of substantiated maltreatment by out-of-home providers.												
Target #4 Annual employee turnover rate; number of positions available to provide direct services.												
OCS Measures												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Services Training (continued)</b>												
FY2009 Basic Staff Training and Development (continued)												
A: Result - To prevent abuse and neglect of children.												
Target #1 Increase the number of Early Intervention/Infant Learning Program screenings for children age 0 - 3 to meet federal requirements.												
A1: Strategy - Improve the referral process from Children's Protective Services to Early Intervention/Infant Learning Program services.												
Target #1 Increase the percentage of child protection services referrals to children ages 0 - 3 and attain federal compliance.												
A2: Strategy - To reunify children in out-of-home placements with parents and caretakers as soon as it is possible.												
Target #1 Increase the rate of children reunified with their parents or caretakers within 12 months of removal.												
1002 Fed Rcpts (Fed)		57.9										
1004 Gen Fund (UGF)		369.1										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-20.3	0.0	-20.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-8.4										
1004 Gen Fund (UGF)		-11.9										
<b>* Allocation Total *</b>		<b>1,004.7</b>	<b>0.0</b>	<b>336.7</b>	<b>668.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Front Line Social Workers**

FY2006 Front Line Social Work Expansion and Title IV-E Foster Care Realignment	Inc	3,028.1	2,147.4	110.0	541.1	103.6	126.0	0.0	0.0	31	0	0
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*The federal Child and Family Services Review (CFSR) completed in September of 2002, highlighted inadequacies within the Office of Children's Services (OCS) in ensuring the safety of children, finding children permanent homes and making sure their health, education and mental health needs are met. Many of the areas identified as needing improvement were attributed to high caseloads.*

*In order to keep children safe, recruit more resource families to provide foster/adoptive homes, meet the outcomes defined in the federal program improvement plan, and enhance safety in foster/adoptive homes, the Office of Children's Services requests 31 additional positions in FY06 to respond to growth in caseload and assign front-line workers to prevention, protection and permanency.*

*Ten positions will be assigned to perform home studies of foster homes and adoptive homes. Two positions will be assigned to supervise home study workers. Three positions will be assigned to enhance ongoing efforts to recruit and retain foster families. Eleven positions will be assigned to perform intake, investigation, follow-up and ongoing case management to respond to growing caseload and more timely follow-up with more regularity. Finally, five positions will be assigned full time to serve as business analysts/expert resources/data processing liaisons to all the users of the recently-implemented ORCA computer system.*

*Additional travel and contractual funds (for vehicle leases) are requested in FY06 to perform home visits and site*



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2006 Front Line Social Work Expansion and Title IV-E Foster Care Realignment (continued)												
<i>visits in order to satisfy programmatic quality assurance goals of the federal program improvement plan.</i>												
<i>To enhance staff retention, OCS will begin to pay licensing fees to ensure licensure credentials are current for front-line workers, supervisors, and management staff. Many front-line workers are not renewing their social worker licenses because of increases in licensing fees (currently \$500 per license for a two-year period). This will allow for the renewal of an estimated 250 licenses per year.</i>												
<i>Office renovation involving, moving, and wiring is required in order to co-locate and consolidate existing and new staff to the extent possible in Anchorage and Fairbanks .</i>												
<i>Increased costs for the positions and support costs are being partially offset by a fund change built into the calculation of fund sources for this increment. GF has been reduced by 900.0 and federal increased by 900.0 to reflect anticipated increased Title IVE collection.</i>												
1002 Fed Rcpts (Fed)		2,197.6										
1004 Gen Fund (UGF)		830.5										
FY2006 Fund change from general funds to general funds match in Front Line Social Workers	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		3,700.0										
1004 Gen Fund (UGF)		-3,700.0										
FY2006 Ch. 64, SLA 2005 (HB 53) Children in Need of Aid /Adoption/Guardianship	FisNot	106.2	33.7	28.0	2.0	0.6	41.9	0.0	0.0	0	1	0
1004 Gen Fund (UGF)		106.2										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	6.1	6.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		4.8										
1003 G/F Match (UGF)		0.4										
1004 Gen Fund (UGF)		0.9										
FY2007 Citizens Review Panel operating costs	Inc	35.7	0.0	0.0	35.7	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		35.7										
FY2007 Provide 50% funding awaiting ruling AMD: Rosales Reversal - Ninth Circuit Court of Appeals Decision	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Provisions in the 2006 federal Budget Reconciliation Bill limit the state's ability to claim IV-E maintenance and administrative costs. The bill was passed out of Congress in early February and signed into law on February 8, 2006.</i>												
<i>It is unknown at this time whether provisions of the bill are effective as of February 8, 2006 or are retroactive to October 1, 2005. In addition, it is unknown as to how states will be expected to discontinue or phase out Rosales.</i>												
<i>In the Rosales case, the court ruled that a child did not need to be Title IV-A (AFDC now TANF) eligible in the same home from which s/he was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the eligibility month. States were able to choose the home in which to base eligibility. Alaska became eligible to claim maintenance payments under this</i>												

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2007 Provide 50% funding awaiting ruling

AMD: Rosales Reversal - Ninth Circuit Court of

Appeals Decision (continued)

*ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective. However, with the changes in the Budget Reconciliation Bill, Alaska will lose this eligibility.*

*The Office of Children's Services has done an initial analysis on the potential annual cost to the State. Rosales accounts for about 15% of the foster care population resulting in a loss of federal participation in administrative costs of approximately \$105,556 monthly or \$1,266,666 annually. This loss will impact the Front Line Social Workers component.*

*There is a possibility that children currently in custody and eligible for IV-E under the Rosales decision may be grandfathered in. This would reduce the impact of the Budget Reconciliation Bill changes.*

*General funds are required in the Front Line Social Workers component to replace lost federal receipts and maintain the current number of front line staff.*

*This shortfall was not addressed in the FY07 Governor's Budget because the action by Congress was not known at the time.*

*If the federal funds are not replaced, the budgetary impact would result in the need to reduce front line workers by more than 25 positions. The division sees no other alternative to this request.*

1002 Fed Rcpts (Fed) -633.4

1004 Gen Fund (UGF) 633.4

FY2007 Provide 50% funding awaiting ruling AMD: Limits to Foster Care Admin Claims - Unlicensed Foster Care	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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*Provisions in the 2006 federal Budget Reconciliation Bill limit the state's ability to claim IV-E maintenance and administrative costs. The bill was passed out of Congress in early February and signed into law on February 8, 2006.*

*It is unknown at this time whether provisions of the bill are effective as of February 8, 2006 or are retroactive to October 1, 2005.*

*The bill eliminates Title IV-E administrative claims for otherwise-federally eligible children in unlicensed foster homes with the exception that claims can be made for up to 12 months for a child in a relative home that is in the process of being licensed. OCS estimates a monthly loss of federal revenue of \$111,256 or \$1,335,072 annually.*

*With the limitations placed on the ability to claim administrative costs for unlicensed foster homes, the OCS anticipates there may be increased costs as the division continues to focus on relative placements under the provisions of last session's CH 64, SLA05 (HB 53) related to child-in-need-of-aid proceedings. More than 50 percent of the state's relative homes are unlicensed.*

*General funds are required in the Front Line Social Workers component to replace lost federal receipts and maintain the current level of support to the State's foster and adoptive parents and foster*

*kids.*

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2007 Provide 50% awaiting ruling AMD:												
Limits to Foster Care Admin Claims -												
Unlicensed Foster Care (continued)												
<i>This shortfall was not addressed in the FY07 Governor's Budget request because the action by Congress was not known at that time.</i>												
1002 Fed Rcpts (Fed)		-667.6										
1004 Gen Fund (UGF)		667.6										
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act	Dec	-1,872.6	0.0	0.0	0.0	0.0	0.0	0.0	-1,872.6	0	0	0
<i>The Department of Health and Social Services, Office of Children's Services requests \$1,872.6 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i>												
<i>Rosales</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Front Line Social Worker Component to be \$1,259.87 adjusted for the FY 2007 appropriation. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.</i>												
<i>Unlicensed Relative Placements</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Front Line Social Worker Component to be \$697.6 adjusted downward for the</i>												

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2008 Shortfall due to implementation of the  
Federal Deficit Reduction Act (continued)

*FY 2007 appropriation. Unlicensed relative placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.*

*Front Line Social Worker (FLSW) Component Estimate of Reimbursable Expenses:*

*Reimbursable Expenses*

25,087.9 Total Expenditures  
x 66% IV-E Administrative Penetration Rate  
= 16,558 Expenditures Eligible for IV-E Reimbursement  
x 50% Federal Administrative Reimbursement Rate  
= 8,279.0 Pre DRA Federal Fund Participation

*Rosales and Unlicensed Relative*

25,087.9 Total Expenditures  
x 40.7% 25.3% Reduction in Penetration Rate  
= 10,210.8 Expenditures Eligible for IV-E Reimbursement  
x 50% Federal Administrative Reimbursement Rate  
= 5,105.4 Post DRA Federal Fund Participation

*Component Summary*

8,279.0 Pre DRA Federal Fund Participation  
- 5,105.4 Post DRA Federal Fund Participation  
= 3,173.6 Reduced Reimbursement  
- 1,301.0 FY2007 Appropriations  
= 1,872.6 FY2008 GF Need

*Adjustments have been made to account for the FY 2007 appropriation for DRA. To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.*

*The Front Line Social Worker component provides for the personal services and related costs for front line and support workers providing child protective services in the field.*

*Missions and Measures*

*Division missions and measures pivot upon the ability of frontline workers to provide the direct services required to keep children safe. Without this funding, OCS would be forced to reduce frontline staff by 20 or more positions effectively wiping out 1/3 of the progress made over the past two years. Without adequate staffing, caseload numbers increase, the ability to provide quality services decreases, worker frustration increases, and people leave the jobs. Funding of this request directly impacts the following end results and all efforts to meet them:*

*Department Level Measures*

*End Result: C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued) <i>are, first and foremost, protected from abuse or neglect.</i>												
<i>Division Level Measures</i>												
<i>End Result: A. To prevent children from abuse and neglect.</i>												
1002 Fed Rcpts (Fed)		-1,872.6										
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act	Inc	1,872.6	0.0	0.0	0.0	0.0	0.0	0.0	1,872.6	0	0	0
<i>The Department of Health and Social Services, Office of Children's Services requests \$1,872.6 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i>												
<i>Rosales</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
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<i>Unlicensed Relative Placements</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Front Line Social Worker Component to be \$697.6 adjusted downward for the FY 2007 appropriation. Unlicensed relative placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the</i>												

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2008 Replace federal funding due to  
implementation of the Federal Deficit Reduction  
Act (continued)

*percent of state administrative expenditures that will be considered IV-E reimbursable at 50%.*

*Front Line Social Worker (FLSW) Component Estimate of Reimbursable Expenses:*

*Reimbursable Expenses*

*25,087.9 Total Expenditures*

*x 66% IV-E Administrative Penetration Rate*

*= 16,558 Expenditures Eligible for IV-E Reimbursement*

*x 50% Federal Administrative Reimbursement Rate*

*= 8,279.0 Pre DRA Federal Fund Participation*

*Rosales and Unlicensed Relative*

*25,087.9 Total Expenditures*

*x 40.7% 25.3% Reduction in Penetration Rate*

*= 10,210.8 Expenditures Eligible for IV-E Reimbursement*

*x 50% Federal Administrative Reimbursement Rate*

*= 5,105.4 Post DRA Federal Fund Participation*

*Component Summary*

*8,279.0 Pre DRA Federal Fund Participation*

*- 5,105.4 Post DRA Federal Fund Participation*

*= 3,173.6 Reduced Reimbursement*

*- 1,301.0 FY2007 Appropriations*

*= 1,872.6 FY2008 GF Need*

*Adjustments have been made to account for the FY 2007 appropriation for DRA. To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.*

*The Front Line Social Worker component provides for the personal services and related costs for front line and support workers providing child protective services in the field.*

*Missions and Measures*

*Division missions and measures pivot upon the ability of frontline workers to provide the direct services required to keep children safe. Without this funding, OCS would be forced to reduce frontline staff by 20 or more positions effectively wiping out 1/3 of the progress made over the past two years. Without adequate staffing, caseload numbers increase, the ability to provide quality services decreases, worker frustration increases, and people leave the jobs. Funding of this request directly impacts the following end results and all efforts to meet them:*

*Department Level Measures*

*End Result: C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)

*Division Level Measures*

*End Result: A. To prevent children from abuse and neglect.*

1004 Gen Fund (UGF) 1,872.6

FY2008 AMD: Implement Medicaid Targeted Case

Management for Foster Care Administration (Reg Chg)

*This change is based on implementation of Medicaid Targeted Case Management within Child Welfare.*

*Estimates by the Office of Children's Services indicate a potential savings of \$800.7 in general funds for the 4th quarter of FY 2008.*

*The Department of Health and Social Services received a Medicaid State Plan Amendment (SPA) for approval to reimburse the Office of Children's Services (OCS) for targeted case management services provided to Medicaid eligible children who are in state custody and under the age of 21 years.*

*There are challenges with implementing targeted case management. Alaska must proceed carefully to ensure that appropriate procedures are in place for assuring compliance with federal requirements.*

*Challenges related to implementation and maintenance of the program include:*

*1. Difficulty in development of a structure for service delivery within the OCS centers around the elements needed to calculate claiming for activities allowed under the plan. OCS has never had a need to distinguish between case management and administrative functions or between medical referrals, assessments, and case planning. This is a major change in practice that requires a software update to the division's Random Moment Time Study (RMTS) and changes to the Online Resources for the Children of Alaska (ORCA) case management system.*

*The RMTS is a federally mandated mechanism by which front line workers must report activities. At any given time they are sampled and asked to indicate by the use of 12 different codes, what they are working on. The program randomly generates 3,000 emails to staff each month. This study is required so that OCS can claim federal funds for front line social worker costs.*

*The more difficult system change involves coordinating updates to OCS's online data system known as ORCA. With the number of pending changes that are under federal mandate or related to changes in practice, some system changes are taking 10 to 12 months to develop and implement. Any added change with an implementation deadline like this will bump other OCS priorities from the schedule.*

*2. Confusion in determining the difference between Child Welfare Targeted Case Management and Title IV-E Case Management. Case management services are provided to Medicaid eligible children in custody. Medicaid allowable activities include assessment of individuals to determine service needs, case planning/development of specific care plans, case plan implementation/referral and linkage activities to obtain needed services, and case plan coordination/monitoring and case plan reassessment/follow-up. Because referrals to medical care providers are also Title IV-E reimbursable, those services will not be Medicaid eligible under Medicaid third party liability policy. These determinations will be made by the case worker in the field.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2008 AMD: Implement Medicaid Targeted  
Case Management for Foster Care  
Administration (Reg Chg) (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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3. *Impact on front line workload and training necessary. Claiming will be based on front line worker responses to the RMTS. There is a margin for error inherent in these responses given workload and other circumstances in the field. Without adequate training beyond the training a new worker must already receive and a good understanding of the services eligible for Medicaid vs. those eligible for IV-E, services are easily coded incorrectly and could result in a situation whereby claiming is done incorrectly, such as occurred with Massachusetts.*

4. *Required documentation for compliance with federal law is labor intensive necessitating duplication of effort, i.e., documented proof that a IV-E eligible service was not charged to Medicaid.*

5. *A quality assurance component will be required to remain in compliance. Concentrated effort will be required to make certain front line and other staff understand the complexities of the program. The required knowledge and expertise of both Title IV-E and Medicaid - each an extremely complex, heavily monitored federal program - needed to implement and monitor targeted case management will most likely not be found in state outside of the department. Existing staff will be tasked with this project in addition to their other full-time duties.*

6. *Claiming process is complex and labor intensive. The State Plan amendment is clear regarding rate computation as set out below. In this instance, the OCS case workers become the providers. Under this plan, the OCS must undertake careful review to ensure Medicaid eligibility and appropriate billing of both programs that will require increased efforts by case workers, managers, and administrative staff. The OCS will utilize the updated and federally approved Random Moment Time Study to allocate administrative activities separately from targeted case management activities and will bill Medicaid for the appropriate activities via the Medicaid Management Information System (MMIS).*

*The monthly rate for these eligible services is based on the total average monthly cost per client served by the OCS and is restricted to the direct service and administrative costs associated with case management service delivery. The rate is computed by taking the monthly case management cost divided by the monthly number of children that are provided case management services. The rate is determined prospectively with the first year based on estimated costs as set out below and numbers of clients serviced. Subsequent years will be based on actual costs and numbers of clients and must be calculated quarterly as each element varies.*

*Estimated savings offered in this change record represent 3 months savings in FY 2008. Because of the difficulty and complexity of implementation, this may be optimistic. It may be necessary to bring in outside contractor services to implement.*

*Estimates for the final quarter of FY 2008 follow:*

*\$517.0 Total Average Monthly Cost Per Client Served by Provider x 1032  
Actual FTEs for FY 2006 x # 3 months of services x FMAP = 1601.4 = 800.7*

*The OCS estimates that its ability to fully support the claiming of TCM will be gradual beginning in late FY 2008. This will mean adjusted funding levels will be necessary to continue this program for a full year in FY 2009 based on the actual cost for services delivered rather than first year estimates.*

1002 Fed Rcpts (Fed) 800.7



**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2008 AMD: Implement Medicaid Targeted Case Management for Foster Care Administration (Reg Chg) (continued)												
1003 G/F Match (UGF) -800.7												
FY2008 AMD: Reduce FY08 Request for Funds to Implement Deficit Reduction Act	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

*The Department of Health and Social Services, Office of Children's Services requested \$1,872.6 in general funds for anticipated reduced federal receipts as a result of the federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis showed the full general fund amount is needed.*

*The Office of Children's Services proposes to reduce the original request for general funds by \$152.2 to \$1,720.4 through changes in practice that should increase the number of IV-E eligible children early in the process through case plans that qualify for reimbursement.*

*The following summary of a proposed method of tracking and monitoring funds within the four OCS regions follows new OCS field practice rather than historical expenditures and case FTEs. If changes in practice are successful, increased federal dollars will be earned. That savings is consolidated in foster care special needs as well as incorporated into this request.*

*Using ORCA (Online Resources for the Children of Alaska case management system) data to monitor expenditures in each region within the protective service practice categories of 1) investigation, 2) open for services (in-home), 3) out-of-home placement, and 4) trial home visits, we can effectively build in accountability for ORCA data entry and budget management, and promote best practice through case management.*

*1) Investigations -- Once a protective services report is screened in, an investigation begins, and necessary costs are incurred. Current investigations are to be completed in 90 days. A policy changing that time period to 30 days is being proposed.*

*With targeted funds allocated to investigative work, managers will want to encourage workers to close investigations timely, open cases for services when necessary, develop case plans, keep ORCA updated, and make sure that all other documentation to support IV-E claiming is in place.*

*2) Open for Services - In-Home.*

*If a child is determined to be unsafe but can remain in their homes with services, the investigation is closed and a safety plan is put in place. A case plan is then developed. With proper documentation, both a safety plan and a case plan trigger Title IV-E eligibility.*

*3) If a child is determined to be unsafe and a safety threat exists that cannot be controlled in the home, the child is removed from the home. Services provided to the child are IV-E eligible as long as a worker can show reasonable efforts to reunite the child with his/her family. If no reasonable efforts are documented, IV-E participation is discontinued. A targeted allocation will provide a guide to managers for monitoring the types of expenditures they pre-approve.*

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2008 AMD: Reduce FY08 Request for Funds to Implement Deficit Reduction Act (continued)												
4) Trial Home Visits												
<i>When a child's parent(s) demonstrate the ability to regain physical custody by following treatment plans or other case plan recommendations, a trial home visit may be initiated. Trial home visits are IV-E eligible for six months only, after which a state must use general funds.</i>												
<i>ORCA reports provided to regional managers will identify trial home visits extending past six months so that they can work with their staff to either close the case or place the child in out of home care.</i>												
<i>With these checks and balances in place, OCS is anticipating the ability to determine IV-E eligibility earlier in the process, increasing the penetration rate, and decreasing the need for DRA funds by \$152.2.</i>												
1002 Fed Rcpts (Fed)		152.2										
1003 G/F Match (UGF)		-152.2										
FY2008 AMD: Reduce Vacant Non-Perm Positions & Social Services Coordinator	Dec	-182.2	-182.2	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	-6
<i>This request deletes vacant positions from the Front Line Social Worker component. Because all of the case-carrying front line workers are non-perms and the Social Services Coordinator has been vacant for over a year, the impact upon the division's ability to provide services will be minimal. There will be no impact on services currently being provided and no impact on current case loads.</i>												
1002 Fed Rcpts (Fed)		-38.9										
1003 G/F Match (UGF)		-143.3										
FY2008 Partially implement 2006 Front Line Workload Study recommendations	Inc	688.9	620.0	3.0	61.0	4.9	0.0	0.0	0.0	6	0	0
<i>Amendment #5 adopted in House Finance Sub Committee action on 3/12/07.</i>												
1002 Fed Rcpts (Fed)		172.2										
1003 G/F Match (UGF)		516.7										
FY2008 PERS adjustment of unrealizable receipts	Dec	-1,089.6	-1,089.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-830.4										
1007 I/A Rcpts (Other)		-213.2										
1108 Stat Desig (Other)		-46.0										
FY2009 Implementation of Front Line Workload Study Recommendations - Phase 2	Inc	860.9	602.7	30.5	204.8	15.5	7.4	0.0	0.0	10	0	0
<i>In response to legislative concerns and Citizen's Review Panel findings, the Department contracted with Hornby Zeller Associates in 2006 to conduct a six-month workload study and analysis to determine whether or not front line caseworkers have sufficient time to meet the basic requirements of their jobs -- protecting children and serving families.</i>												
<i>The six-month study compared the time needed to handle a case appropriately to the time available for case-specific work and caseload per worker. Staff was categorized by the type of work completed by each position: intake, ongoing, generic, licensing and supervision. A random moment survey and time study was conducted for a six-week period, and Online Resources for the Children of Alaska system (ORCA) data was analyzed.</i>												

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2009 Implementation of Front Line Workload

Study Recommendations - Phase 2 (continued)

*Findings indicated, but were not limited to the following.*

*\* Of 132.1 hours available for work each month (excludes nonwork time and training):*

*- case specific time for supervisors is 84 hours per month, 86 hours for licensing workers, 111 hours for urban and midsized regional area workers, and 105 for workers in remote areas;*

*- Administrative time for supervisors is 40.4 hours per month, 38.2 for licensing workers, 13.4 for urban and midsized regional area workers, and 19.15 hours for workers in remote areas.*

*\* Of the types of cases handled by workers, permanency cases require the most time - up to 19.9 hours per month; in-home services with court involvement consume 11.9 hours per month; investigations 9 hours per month; licensing assessments 5.8 hours; and intake 3.2 hours.*

*\* Face-to-face contact occurs most frequently among intake workers; workers in remote areas are in contact with clients less frequently in part due to fewer clients, more time necessary for court preparation, and travel.*

*In summary, the results published indicate a need for 19 additional workers. OCS has noted an error in the study accounting and determined the need to be 17 additional workers after adjustments for unassigned existing positions. The OCS received 6 additional workers in FY 2008 and is now requesting funding for 7 of the remaining recommended positions and 3 administrative staff workers.*

*The OCS is requesting 3 support positions to help alleviate some of the administrative duties that fall on line workers. The workload study revealed that line workers spend an average of 12.4% of their time on administrative tasks. OCS has increased its frontline staff by 63 positions over the last 3 years.*

*The addition of these workers had a significant impact on the total number of workers available to provide direct services at any given time - an increase of 14% from 2004 to 2005 and an additional 5% from 2005 to 2006, holding steady in 2007. In addition, vacancy rates fell from 11.35% in FY 2006 to 9.5% in FY 2007.*

*Request:*

*7 Social Worker IIs - Range 18*

*4 Anchorage @ 97.2*

*3 Wasilla @ 97.2*

*Total Line Workers: 680.4*

*3 Administrative Clerk III - Range 10*

*1 Fairbanks @ 60.2*

*1 Anchorage @ 60.1*

*1 Wasilla @ 60.2*

*Total Admin Clerks: 180.5*

*260.9 Federal, 600.0 General Funds for 860.9 Total*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2009 Implementation of Front Line Workload  
Study Recommendations - Phase 2 (continued)

*Adequate staffing in OCS will impact the achievement of several desired end results for this division. This request for additional front line workers rides on the back of the above referenced Workload Study and follows three years of staffing increases for OCS.*

*Almost all division and department performance measures pivot upon the ability of frontline workers to provide the direct services required to keep children safe. Without adequate staffing, caseload numbers increase, the ability to provide quality service decreases, worker frustration increases, and people leave their jobs. Funding of this request directly impacts the following end results and all efforts to meet them:*

*Department Level Measures:*

*End Result C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are first and foremost protected from abuse or neglect.*

*Strategy: C3: Children placed outside of the home are protected from further abuse and neglect.*

*Strategy: C4: Retain an effective and efficient workforce.*

*Division Level Measures:*

*End Result: A. To prevent children from abuse and neglect.*

*A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.*

*A3: Safe and timely adoptions.*

1002 Fed Rcpts (Fed) 260.9

1003 G/F Match (UGF) 600.0

FY2009 Increased Lease Costs - Anchorage	Inc	583.3	0.0	0.0	583.3	0.0	0.0	0.0	0.0	0	0	0
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*In FY 2003, the Division of Family and Youth Services, predecessor to the Office of Children's Services (OCS), recognized the need for increased space for division staff in Anchorage. The division requested and received \$550.0 from the legislature to procure the additional lease space required.*

*A Request for Proposals (RFP) was issued to procure 30,500 square feet of office space for 132 employees. The proposal was challenged, and in 2005, OCS was still without additional space.*

*Since the original request in FY 2003, the OCS Anchorage office staff has increased in size by 44 positions. This increase is in part due to the increased number of line workers in the Anchorage office as well as the transfer in of positions from the Division of Public Health as a result of the Department of Health and Social Services reorganization of 2004. OCS staff in Anchorage are currently housed in 3 different buildings with more than 40% of professional frontline workers sharing office space.*

*In May of 2005, the OCS received permission to resurrect the 2-year old RFP and update it based on new staff counts. A new RFP was issued in 2006 and after more challenges and false starts, OCS is finally planning to move to new space in March of 2008.*

*Since the original funds were appropriated, costs have increased due to the higher number of staff. Also, the space needs have been reconfigured to comply with state standards, resulting in increased square footage. The new space configuration provides for adequate security and safety of OCS employees and clients.*

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2009 Increased Lease Costs - Anchorage  
(continued)

*In addition, the OCS has absorbed \$81.0 in lease costs to support a recently established facility known as Alaska CARES. Alaska CARES is a very successful Children's Advocacy Center (CAC) in the Anchorage Providence Alaska Medical Center that provides waiting areas, interview rooms, and exam rooms -- a "one-stop" center for children and non-offending family members experiencing the crisis of sexual and/or severe physical abuse.*

*The center also provides Multidisciplinary Team (MDT) staff offices, training facilities, and meeting space. The foundation of a CAC is the MDT. Alaska CARES MDT members include staff from Alaska CARES, the Anchorage Police Department, Office of Children's Services, medical practitioners, mental health professionals, prosecutors, victim advocates, and prevention. MDTs, while never working directly with a victim, guide a case through the investigatory process that may lead to prosecution while making certain all non-offending family members receive the appropriate services to help them through the trauma. The CAC provides the best setting in which an investigation can occur to assure victims are not re-traumatized by repeated interviews and examinations.*

*With these changes, the OCS finds itself in need of \$583.3 to fully fund current space needs over that which was funded in FY 2003. AKSAS records show that the Anchorage regions expended about \$45.0 on leased space in 2003. Costs are currently \$576.9. Costs in FY 2008 will increase to \$1,160.2. Without this funding, OCS will be forced to cut services in other areas of the budget to cover increased lease costs.*

*While a comfortable, adequately sized space in which to work should be provided to every employee, this request also addresses OCS's ongoing recruitment and retention issues. It also is directly related to the OCS's efforts to provide prevention services to children who come into the OCS system. Currently, all prevention service staff for OCS are housed in the Frontier Building, completely separate from regional and field staff. Bringing management, child protective services, and prevention staff into the same building will promote communication and interaction, thus promote the awareness of prevention services available to children and families.*

*The additional meeting space available to staff in the new Anchorage Office of Children's Services (OCS) building enhances the ability of OCS staff to partner with other professionals in Alaska's child protection system and invite stakeholders to gather face-to-face in a collaborative effort to improve the system. Having the ability to host large meetings on OCS premises also provides OCS with a real opportunity to educate and engage the Anchorage community about the realities of child abuse and neglect, i.e., child abuse and neglect is a social, community-based problem which requires a community-based response. Caseworkers, law enforcement officials, guardians ad litem, parents, extended family members, tribal partners, school officials, foster parents, court system officials, health care and social services providers, members of the clergy, attorneys, and the business community must all work together for the best interests of Alaska's children.*

*In September, 2007, OCS conducted a staff survey that included the statement: the agency has strong relationships with the community. 40.7% of the 344 staff that responded agree with the statement while 27.6% where undecided and 31.7 disagreed. This request will help to increase and enhance community relationships that currently exist simply by providing an adequate and comfortable meeting place.*

*This request relates directly to the following performance measures:*

*Department Measures*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2009 Increased Lease Costs - Anchorage (continued)												
C: Result - Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect. Target #4 Annual employee turnover rate; number of positions available to provide direct services.												
OCS Measures												
A: Result - To prevent children from abuse and neglect. Target #1 Increase the number of Early Intervention/Infant Learning Program screenings for children age 0 - 3 to meet federal requirements.												
A1: Strategy - Improve the referral process from Children's Protective Services to Early Intervention/Infant Learning Program services. Target #1 Increase the percentage of child protection services referrals to children ages 0 - 3 and attain federal compliance.												
A2: Strategy - To reunify children in out-of-home placements with parents and caretakers as soon as it is possible. Target #1 Increase the rate of children reunified with their parents or caretakers within 12 months of removal.												
1002 Fed Rcpts (Fed)		143.3										
1004 Gen Fund (UGF)		440.0										
FY2010 Replace Funding No Longer Available for TANF/SSBG Transfers	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Alaska's Temporary Assistance for Needy Families (TANF) is a block grant created by the personal Responsibility and Work Opportunity Reconciliation Act of 1996. TANF replaced the Aid to Families with Dependent Children (AFDC) program that had provided cash welfare for families with children since 1935. TANF funds were designated for use in four broad areas: 1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two-parent families. Within these guidelines, TANF can transfer up to 10% of its grant funding to the Social Services Block Grant (SSBG). In Alaska, the SSBG is appropriated to the Office of Children's Services (OCS).												
The OCS has been receiving a \$5.1 million transfer from TANF for the last several years. But, the availability of TANF funding to sustain the Social Services Block Grant transfer is diminishing due to the combined effect of 1) the 2006 reauthorization of TANF, which eliminated the TANF high performance bonus (Alaska earned over \$12 million in four years) and only extended the supplemental grant to states with high population growth through FFY2009 (Alaska's annual high population grant is about \$7 million), 2) the slower growth in the number of families on temporary assistance, and 3) additional reductions in Alaska's annual TANF block grant as more Tribal TANF programs are established.												
This request replaces \$4.2 million in revenue to the OCS Front Line Social Worker Component. There is an additional request in the Family Preservation component for \$900.0 to equal \$5.1 million.												
1002 Fed Rcpts (Fed)		-4,200.0										

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2010 Replace Funding No Longer Available for TANF/SSBG Transfers (continued)												
1004 Gen Fund (UGF)		4,200.0										
FY2010 AMD: Reversing Governor's Request TANF/SSBG Transfers Transaction	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This transaction reverses a request made in the Governor's Request.</i>												
<i>Alaska's TANF is a block grant created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. TANF replaced the Aid to Families with Dependent Children (AFDC) program that had provided cash welfare for families with children since 1935. TANF funds were designated for use in four broad areas: 1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two-parent families. Within these guidelines, TANF can transfer up to 10% of its grant funding to the Social Services Block Grant (SSBG). In Alaska, the SSBG is appropriated to the Office of Children's Services (OCS).</i>												
<i>Alaska has experienced decreased federal revenue through the TANF program in recent years, as a result of elimination at the federal level of high performance bonus. Current TANF block grants are sufficient to cover the primary purpose for TANF funds in the Division of Public Assistance. Other allowable uses, such as represented in Office of Children Services are no longer affordable under the annual block grant level, and will need to be refinanced with general funds. However, recent projections of TANF revenue and expenditures indicate this replacement can be postponed until FY2011.</i>												
1002 Fed Rcpts (Fed)		4,200.0										
1003 G/F Match (UGF)		-4,200.0										
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the Existing Bargaining Unit Agreements	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Front Line Social Worker component's sole source of Interagency Receipt revenues is the annual School Based Services RSA with the Departmental Support Services RDU, Medicaid School Based Admin Claims component. The authorization level for this RSA is fixed and cannot be increased to provide additional revenues to the FLSW component.</i>												
1004 Gen Fund (UGF)		36.3										
1007 I/A Rcpts (Other)		-36.3										
FY2010 Complete Implementation of Front Line Workload Study Recommendations - Final Phase	Inc	403.8	351.4	0.0	52.4	0.0	0.0	0.0	0.0	5	0	0
<i>This request is for \$403.8 to fund four frontline positions that will complete the final phase of the 2006 Office of Children's Services (OCS) workload study recommendations for increased staff as well as an additional support staff position.</i>												
<i>In response to Legislative concerns and Citizen Review Panel findings, the Department contracted with Hornby Zeller Associates in 2006 to conduct a six-month workload study and analysis to determine whether or not front line caseworkers have sufficient time to meet the basic requirements of their jobs - protecting children and serving families.</i>												
<i>The outcome of this six-month study was based on the time needed to handle a case appropriately, the time available for case-specific work, and caseload per worker. Staff was categorized by the type of work completed</i>												

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2010 Complete Implementation of Front Line												
Workload Study Recommendations - Final												
Phase (continued)												
<i>by each position: intake, ongoing, generic, licensing and supervision. A random moment survey and time study was conducted for a six-week period, and ORCA (Online Resources for the Children of Alaska system) data was analyzed.</i>												
<i>Findings indicated, but were not limited to the following.</i>												
<i>Of 132.1 hours available for work each month (excludes nonwork time and training):</i>												
<i>-case specific time for supervisors is 84 hours per month, 86 hours for licensing workers, 111 hours for urban and midsized regional area workers, and 105 for workers in remote areas;</i>												
<i>-administrative time for supervisors is 40.4 hours per month, 38.2 for licensing workers, 13.4 for urban and midsized regional area workers, and 19.15 hours for workers in remote areas.</i>												
<i>Of the types of cases handled by workers, permanency cases require the most time - up to 19.9 hours per month; in-home services with court involvement consume 11.9 hours per month; investigations 9 hours per month; licensing assessments 5.8 hours; and intake 3.2 hours.</i>												
<i>Face-to-face contact occurs most frequently among intake workers; workers in remote areas are in contact with clients less frequently in part due to fewer clients, more time necessary for court preparation, and travel.</i>												
<i>In summary, the results published indicated a need for 17 additional workers. The OCS received six additional workers in FY2008, seven additional workers in FY2009, and is now requesting funding for the final four frontline worker positions.</i>												
<i>In FY2009, the OCS requested and was provided funding for three administrative staff to help support line workers - when you increase the number of line workers, administrative workload increases exponentially. During this final phase of the project, the OCS is requesting an additional Social Services Associates (SSA). The SSA provides valuable services that free line worker time to respond to and investigate child protective reports and manage caseloads. Examples of duties performed by a SSA include supervising visits between parents and children, transporting children for parental visits, moving (when a child must leave the home, the Associate packs and facilitates that move), providing information to clients regarding services available, facilitating the provision of services required by a case plan, scheduling client appointments, escorting children to and from visitation or medical appointments, updating and maintaining case records, assisting with crisis intervention, and completing applications for the provision of services required by a child or parent.</i>												
<i>Increasing the number of line workers and the number of support staff for line workers is recommended by the Alaska Citizen Review Panel in their 2008 Annual Report. While their recommendation is not specific to SSAs, SSAs provide the most direct support services to clients that also free line worker time. The Panel reports that "Many workers are at their breaking point with demanding caseloads and insufficient support services in their areas to offer clients. Very few OCS offices have enough staff either due to existing positions being vacant or funding that is inadequate to hire the necessary number of workers." OCS believes that eight SSA positions will make a substantive difference to these conditions. SSA vacancy rates, internal promotions excluded, are only</i>												



**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2010 Complete Implementation of Front Line Workload Study Recommendations - Final Phase (continued)												
3%, indicating these positions can be filled and retained.												
Request: \$403.8: \$92.9 Federal; \$310.9 General Fund Match												
2 Social Worker IIs - Range 17 (PCNs 06-#529, 06-#530)												
Cost: \$180.9 (includes core service costs)												
2 Social Worker Is - Range 15 (PCNs 06-#531, 06-#532)												
Cost: \$161.7 (includes core service costs)												
Social Services Associate - Range 12 (PCN 06-#537)												
Cost: \$61.2 (includes core service costs)												
Adequate staffing in OCS will impact the achievement of several desired end results for this division. This request for additional front line workers rides on the back of the above referenced Workload Study and follows three years of staffing increases for OCS.												
Almost all division and department performance measures pivot upon the ability of frontline workers to provide the direct services required to keep children safe. Without adequate staffing, caseload numbers increase, the ability to provide quality service decreases, worker frustration increases, and people leave their jobs. Funding of this request directly impacts the following end results and all efforts to meet them:												
Department Level Measures:												
End Result C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are first and foremost protected from abuse or neglect.												
Strategy: C3: Children placed outside of the home are protected from further abuse and neglect.												
Strategy: C4: Retain an effective and efficient workforce.												
Division Level Measures:												
End Result: A. Prevent children from abuse and neglect.												
A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.												
A3: Safe and timely adoptions.												
1002 Fed Rcpts (Fed)		92.9										
1003 G/F Match (UGF)		310.9										
FY2010 Increase Citizens Review Panel funding for travel	Inc	15.0	0.0	15.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		15.0										
FY2011 Replace Disproportionate Levels of Federal Authorization	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Revise the FY2006 fund source for Front Line Social Work Expansion and Title IV-E Foster Care Realignment increment to reflect actual revenue sources. The original funding sources included a projected \$900.0 reduction in GF needs based on a federal match rate that is unattainable. This resulted in disproportionate levels of federal funding that cannot be earned by the division, creating general fund shortfalls.												

**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Front Line Social Workers (continued)**

FY2011 Replace Disproportionate Levels of  
Federal Authorization (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*In FY2006, 31 positions were added to frontline staff in response to the 2002 results of the Child and Family Services Review. This federal review resulted in a program improvement plan in which the addition of 31 front line workers to perform home studies; recruit foster homes; perform intake, investigations, and case management; and to meet mandated data needs was required to avoid financial sanctions. The last line of the resulting FY 2006 incremental request stated: "Increased costs for position and support costs are being partially offset by a fund change built into the calculation of fund sources for this increment. GF has been reduced by \$900.0 and federal increased to reflect anticipated increased Title IV-E collection." This meant a IV-E federal fund participation rate of 72.6%, which is not possible to attain. Title IV-E claims for administrative work are calculated at the ratio of IV-E eligible casework to non IV-E eligible casework determined by a Random Moment Time Study (RMTS) x 50% federal match rate. RMTS statistics average 30% quarterly equaling a 15% IV-E federal fund participation rate.*

*The incorrect funding sources eventually resulted in shortfalls. The OCS did not feel the immediate impact in FY2006 or 2007 because it took several months to establish the new positions and hire new staff, and the division carried a high vacancy rate (11% in FY2006 and 9.5% in FY2007). Therefore, the empty authority was not a priority and was not addressed. By FY2008, vacancy rates were at 7% and the division realized a \$600.0 general fund need in order to close out the year. In FY 2009, while the vacancy rate increased to 9%, the ability for the division to earn IV-E revenue decreased by approximately 4% because of a decrease in the number of IV-E eligible children. The budgeted general fund shortfall of \$900.0 was exceeded by almost \$1,700.0 as a result.*

*The inability to earn revenues because of ineligible children is being addressed through changes in administrative and field efforts, and the OCS immediate goal is to increase eligibility and thus earnings by \$850.0. These additional earned revenues combined with approval of this \$900.0 request will allow the OCS to pay salaries and overhead costs within a budget that represents our anticipated ability to earn revenues and pay expenses.*

*This effort to adjust the OCS FLSW component budget is in keeping with department goals to stabilize division budgets so that authorization is in line with expenditures and fund sources are in line with the ability to earn revenues.*

*If the FLSW component is left without this permanent fix to the disproportionate federal to general fund match ratio, it will affect every aspect of the child welfare system. Worse case scenario could mean a reduction in frontline staff of 12 or more workers at about \$1,350.0 (\$900.0 general fund and a 15% IV-E match) or an equal reduction in services provided vulnerable children and families.*

1002 Fed Rcpts (Fed)		-900.0										
1004 Gen Fund (UGF)		900.0										
FY2011 Decrease Unrealizable Medicaid School Based Claims	Dec	-955.3	0.0	0.0	-955.3	0.0	0.0	0.0	0.0	0	0	0
<i>Replace interagency receipts for Medicaid School Based Claims that are no longer available. Without this change, the Office of Children's Services will not be able to fully pay frontline worker salaries and overhead costs.</i>												
1007 I/A Rcpts (Other)		-955.3										
FY2011 Delete Unrealizable Interagency and Statutory Designated Program Receipts	Dec	-953.2	-953.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Decrease Statutory Designated Program Receipts (SDPR) and interagency receipt authority (I/A) to realizable levels. SDPR collections have not exceeded \$150.0 since FY2005. I/A collections in FLSW in the past 4 years</i>												

**2012 Legislature - Operating Budget  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Front Line Social Workers (continued)</b>												
FY2011 Delete Unrealizable Interagency and Statutory Designated Program Receipts (continued)												
<i>have been related to Medicaid School Based Claims which are no longer available . The highest level of I/A collected was \$1,200.0 in FY2007.</i>												
1007 I/A Rcpts (Other)		-694.7										
1108 Stat Desig (Other)		-258.5										
FY2011 Replace unrealizable interagency receipts due to the loss of Medicaid School Based Claims funding	Inc	955.3	0.0	0.0	955.3	0.0	0.0	0.0	0.0	0	0	0
<i>3/5/10 budget amendment</i>												
1004 Gen Fund (UGF)		955.3										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-20.1	0.0	-20.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-3.0										
1004 Gen Fund (UGF)		-17.0										
1037 GF/MH (UGF)		-0.1										
FY2012 AMD: Increase Staff Support in Line with Workload - Citizen's Review Panel Recommendation	Inc	935.0	935.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Child Welfare Citizen's Review Panel (CRP) recently completed a review of the Office of Children's Services (OCS), Southcentral regional office located in Wasilla. This office serves the Mat-Su, Kenai, Homer, King Salmon, Kodiak, Seward, Glennallen, and Valdez. Preliminary results indicate their recommendation will be for increased staff and funding in support of this office.</i>												
<i>The Southcentral regional office is currently working at an estimated 140% capacity - meaning with all case carrying positions filled, the workload exceeds those levels recommended by the CWLA (Child Welfare League of America) by 40%. OCS is working toward a comprehensive analysis of the actual need in each area of the state to determine if it is feasible to move an estimated 11 positions from other areas of the state into this office without shifting OCS staff shortage issues from one area to the other.</i>												
<i>Assuming the results of management and CRP findings continue to indicate 11 positions as a reasonable solution, and assuming those 11 positions could be transferred from other state offices, funding will fall short given the high budgeted vacancy factor. Additional funding will reduce the budgeted vacancy factor to allow OCS to hire existing vacant positions.</i>												
<i>This request is to fund 11 positions at a cost of \$935.0.</i>												
<i>The department brought additional information forward for consideration in the FY2012 Governor Amended Budget when a potential solution to the issue in Wasilla was identified.</i>												
1002 Fed Rcpts (Fed)		168.3										
1003 G/F Match (UGF)		766.7										
<b>* Allocation Total *</b>		<b>4,417.9</b>	<b>2,471.3</b>	<b>166.4</b>	<b>1,480.3</b>	<b>124.6</b>	<b>175.3</b>	<b>0.0</b>	<b>0.0</b>	<b>51</b>	<b>1</b>	<b>-6</b>
<b>Family Preservation</b>												
FY2006 Fed Auth for Child Abuse Prev & Training Act/Children's Justice Act (CAPTA/CJA) award	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
<i>Federal awards for Child Abuse Prevention and Training Act/Children's Justice Act (CAPTA/CJA) will double</i>												

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2006 Fed Auth for Child Abuse Prev & Training Act/Children's Justice Act (CAPTA/CJA) award (continued)												
<i>beginning October 2005. DHSS will grant to subawardees to enhance ongoing advocacy/justice activities. The following services are provided through these grants:</i>												
<i>Child-Appropriate/Child-Friendly Facility: A children's advocacy center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.</i>												
<i>Multidisciplinary Team (MDT): A multidisciplinary team for response to child abuse allegations includes representation from the following: law enforcement; child protective services; prosecution; mental health; medical; victim advocacy; children's advocacy center.</i>												
<i>Forensic Interviews: Forensic interviews are conducted in a manner which is of a neutral, fact-finding nature, and coordinated to avoid duplicative interviewing.</i>												
<i>Medical Evaluation: Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with other specialized medical providers.</i>												
<i>Therapeutic Intervention: Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers.</i>												
<i>Victim Support/Advocacy: Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers, throughout the investigation and subsequent legal proceedings.</i>												
<i>Case Review: Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis.</i>												
<i>Case Tracking: CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.</i>												
1002 Fed Rcpts (Fed)		1,000.0										
FY2006 Reduce MHTAAR Funding for Support Parenting/Family Support	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
<i>This transaction is to reflect the funding reduction from the Mental Health Trust to Support Parenting/Family Support to Parent Beneficiaries.</i>												
1092 MHTAAR (Other)		-100.0										
FY2007 Supported Parenting Authorization Reduction	Dec	-150.0	0.0	0.0	0.0	0.0	0.0	-150.0	0.0	0	0	0
<i>This decrement reflects the loss of MHTAAR funding in FY07 for the OCS Parental Support Services.</i>												
1092 MHTAAR (Other)		-150.0										
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act	Dec	-650.0	0.0	0.0	0.0	0.0	0.0	0.0	-650.0	0	0	0
<i>The Department of Health and Social Services, Office of Children's Services requests \$650.0 in general funds for</i>												

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Transaction Detail - Governor Structure  
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued)												
<i>anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i>												
<i>Rosales</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Family Preservation Component to be \$388.7. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered reimbursable at 50%.</i>												
<i>Unlicensed Relative Placements</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Family Preservation Component to be \$280.3. Unlicensed relative placements account for about 11% of the foster care population resulting in a like drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered reimbursable at 50%.</i>												
<i>Family Preservation (FP) Component Estimate of Reimbursable Expenses:</i>												
<i>Reimbursable Expenses</i>												
<i>5,138.3 Total Expenditures</i>												
<i>x 66% IV-E Administrative Penetration Rate</i>												
<i>= 3,391.2 Expenditures Eligible for IV-E Reimbursement</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued)												
x 50% Federal Administrative Reimbursement Rate												
= 1,695.0 Pre DRA Federal Fund Participation												
 <i>Rosales and Unlicensed Relative</i>												
5,138.3 Total Expenditures												
x 40.7% 25.3% Reduction in Penetration Rate												
= 2,091.3 Expenditures Eligible for IV-E Reimbursement												
x 50% Federal Administrative Reimbursement Rate												
= 1,045.6 Post DRA Federal Fund Participation												
 <i>Component Summary</i>												
1,695.6 Pre DRA Federal Fund Participation												
- 1,045.6 Post DRA Federal Fund Participation												
= 650.0 FY2008 GF Need												
 <i>To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.</i>												
 <i>Family Preservation provides funding for grantee services to provide family support and preventative services to Alaskans.</i>												
 <i>Missions and Measures</i>												
<i>This incremental request does not directly effect any specific OCS performance measure but does effect the ability to provide funding for grantee services and thus reducing the services available through the Tribes and through private grantees. These services not only help prevent aduse and neglect, but help heal children who have suffered under maltreatment.</i>												
 <i>Department Level Measures:</i>												
<i>End Result: C: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from child abuse and neglect.</i>												
<i>Strategy: C3: Children placed outside of the home are protected from further abuse.</i>												
 <i>Division Level Measures:</i>												
<i>End Result: A: To prevent children from abuse and neglect.</i>												
<i>Strategy: A1: Improve the referral process from Children's Protective Services to Early Intervention/Infant Learning Programs</i>												
<i>Strategy: A2: To reunify children in out-of-home placements with parents and caretakers as soon as it is safe to do so.</i>												
1002 Fed Rcpts (Fed)		-650.0										
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act	Inc	650.0	0.0	0.0	0.0	0.0	0.0	0.0	650.0	0	0	0
<i>The Department of Health and Social Services, Office of Children's Services requests \$650.0 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07</i>												

**2012 Legislature - Operating Budget  
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05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)												
<i>budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i>												
<i>Rosales</i>												
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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)												
= 1,695.0 Pre DRA Federal Fund Participation												
Rosales and Unlicensed Relative												
5,138.3 Total Expenditures												
x 40.7% 25.3% Reduction in Penetration Rate												
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Component Summary												
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= 650.0 FY2008 GF Need												
To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.												
Family Preservation provides funding for grantee services to provide family support and preventative services to Alaskans.												
Missions and Measures												
This incremental request does not directly effect any specific OCS performance measure but does effect the ability to provide funding for grantee services and thus reducing the services available through the Tribes and through private grantees. These services not only help prevent aduse and neglect, but help heal children who have suffered under maltreatment.												
Department Level Measures:												
End Result: C: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from child abuse and neglect.												
Strategy: C3: Children placed outside of the home are protected from further abuse.												
Division Level Measures:												
End Result: A: To prevent children from abuse and neglect.												
Strategy: A1: Improve the referral process from Children's Protective Services to Early Intervention/Infant Learning Programs												
Strategy: A2: To reunify children in out-of-home placements with parents and caretakers as soon as it is safe to do so.												
1004 Gen Fund (UGF)		650.0										
FY2008 AMD: Reduce FY 08 Request for Funds to Implement	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Deficit Reduction Act												
The Department of Health and Social Services, Office of Children's Services requested \$650.0 in general funds for anticipated reduced federal receipts as a result of the federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes. In the FY07												



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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2008 AMD: Reduce FY 08 Request for Funds to Implement Deficit Reduction Act (continued)												
<i>budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis showed the full general fund amount is needed.</i>												
<i>The Office of Children's Services proposes to reduce the original request for general funds by \$82.0 to \$568.0 through changes in practice that should increase the number of IV-E eligible children early in the process through case plans that qualify for reimbursement.</i>												
<i>The following summary of a proposed method of tracking and monitoring funds within the four OCS regions follows new OCS field practice rather than historical expenditures and case FTEs. If changes in practice are successful, increased federal dollars will be earned. That savings is consolidated in foster care special needs as well as incorporated into this request.</i>												
<i>Using ORCA (Online Resources for the Children of Alaska case management system) data to monitor expenditures in each region within the protective service practice categories of 1) investigation, 2) open for services (in-home), 3) out-of-home placement, and 4) trial home visits, we can effectively build in accountability for ORCA data entry and budget management, and promote best practice through case management.</i>												
<i>1) Investigations -- Once a protective services report is screened in, an investigation begins, and necessary costs are incurred. Current investigations are to be completed in 90 days. A policy changing that time period to 30 days is being proposed.</i>												
<i>With targeted funds allocated to investigative work, managers will encourage workers to close investigations timely, open cases for services when necessary, develop case plans, keep ORCA updated, and make sure that all other documentation to support IV-E claiming is in place.</i>												
<i>2) Open for Services - In-Home.</i>												
<i>If a child is determined to be unsafe but can remain in their homes with services, the investigation is closed and a safety plan is put in place. A case plan is then developed. With proper documentation, both a safety plan and a case plan trigger Title IV-E eligibility.</i>												
<i>3) If a child is determined to be unsafe and a safety threat exists that cannot be controlled in the home, the child is removed from the home. Services provided to the child are IV-E eligible as long as a worker can show reasonable efforts to reunite the child with his/her family. If no reasonable efforts are documented, IV-E participation is discontinued. A targeted allocation will provide a guide to managers for monitoring the types of expenditures they pre-approve.</i>												
<i>4) Trial Home Visits</i>												
<i>When a child's parent(s) demonstrate the ability to regain physical custody by following treatment plans or other case plan recommendations, a trial home visit may be initiated. Trial home visits are IV-E eligible for six months only, after which a state must use general funds.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2008 AMD: Reduce FY 08 Request for Funds to Implement Deficit Reduction Act (continued)												
<i>ORCA reports provided to regional managers will identify trial home visits extending past six months so that they can work with their staff to either close the case or place the child in out of home care.</i>												
<i>With these checks and balances in place, OCS is anticipating the ability to determine IV-E eligibility earlier in the process, increasing the penetration rate, and decreasing the need for DRA funds by \$82.0.</i>												
1002 Fed Rcpts (Fed)		82.0										
1004 Gen Fund (UGF)		-82.0										
FY2009 Add/Delete GF from Medicaid Svc for ProShare	Inc	76.9	0.0	0.0	0.0	0.0	0.0	76.9	0.0	0	0	0
<i>In SFY 08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid; Services however, these services are provided by other divisions. Children's Services/ Family Preservation statewide grants to non-profit agencies to provide services that keep children safe in their own homes, strengthen and support adoptive, foster, and extended families. This transfer of \$76.9 is necessary to give the division the funding needed to continue these services.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
<i>SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1004 Gen Fund (UGF)		76.9										
FY2009 Discontinue Private ProShare Refinancing	Inc	322.4	0.0	0.0	0.0	0.0	0.0	322.4	0.0	0	0	0
<i>This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.</i>												
<i>The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.</i>												
<i>ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
<p><i>ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching GF through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i></p> <p><i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i></p> <p><i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i></p> <p><i>Performance Measures Affected:</i>  <i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>  <i>Dept-Core Services--Protect and promote the health of Alaskans</i>  <i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>  <i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i>  <i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>  <i>DPH-A--Healthy people in healthy communities</i>  <i>DPH-A-A4--Assure access to early preventative services and quality health care</i></p>												
1004 Gen Fund (UGF)		322.4										
FY2009 Continued Support for Child Advocacy Centers	Inc	1,300.0	0.0	0.0	0.0	0.0	0.0	1,300.0	0.0	0	0	0
<p><i>In 2002, the Division of Family and Youth Services, predecessor to the Office of Children's Services (OCS), requested federal authority in order to receive and utilize federal grants from the United State Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) to establish and operate Child Advocacy Centers in Alaska. Alaska was to receive specific funding for a 5-year period beginning in 2001/2002. From the beginning of Phase 1 of the project through 2007, Alaska has established and helped to maintain seven fully functioning CAC's located in Juneau, Wasilla, Anchorage, Nome, Bethel, Dillingham, and Fairbanks. To date, the CACs in Juneau, Anchorage, and Wasilla are nationally accredited and Fairbanks CAC accreditation is pending.</i></p> <p><i>Beginning in July 2005, Alaska Statute 47.17.033 required that all child sexual abuse interviews be videotaped at a Child Advocacy Center (CAC) whenever possible. Because this Statute states "whenever possible", it is not an absolute mandate. However, OCS believes legislative intent strongly urged utilization of the Child Advocacy Centers and alluded to "whenever possible" only because there were few centers available at the time. Nonetheless, OCS has committed to the use of CACs statewide and to making certain CACs are available where needed.</i></p>												

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**Agency: Department of Health and Social Services**

**Children's Services (continued)  
Family Preservation (continued)**

FY2009 Continued Support for Child Advocacy  
Centers (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*In SFY07, OCS Child Protective Services investigated 2,837 reports of child sexual and physical abuse. Of these 2,837 reports, 1,378 or 49% were referred to Alaska's Child Advocacy Centers.*

Region/Area	Sexual Abuse	Physical Abuse	Total Allegations	Total Referrals
Anchorage	287	859	1,146	720 - 63%
Northern	126	374	500	197 - 39%
Southcentral	279	587	866	329 - 38%
Southeast	80	245	325	132 - 41%
TOTAL	772	2,065	2,837	1,378 - 49%

*Child Advocacy Centers provide child sexual abuse and severe physical abuse victims age 0 through 18 and their non-offending parents a safe, child-friendly place to interview, receive forensic medical examinations, and mental health services or referrals. Each victim is assigned a specialized family advocate who will remain with the child and family throughout the investigative process. CAC interviews are legally sound and neutral, and they coordinate fact-finding to avoid duplicative interviews.*

*The foundation of a CAC is the Multidisciplinary Team (MDT) that is comprised of community, tribal, medical, social service, and legal representatives. MDTs, while never working directly with a victim, guide a case through the investigatory process that may lead to prosecution while making certain all non-offending family members receive the appropriate services to help them through the trauma. The CAC provides the best setting in which an investigation can occur to assure victims are not re-traumatized by repeated interviews and examinations.*

*Each MDT receives training from Office of Juvenile Justice and Delinquency Prevention (OJJDP) Regional Children's Advocacy Centers (RCACs). The RCACs provide regional services to help strengthen Children's Advocacy Centers, and provide training that allows each MDT member, from their specific approach, to serve each family with the least amount of intrusion upon the victims.*

*Currently, there are fully trained MDT's in Kotzebue, Homer, and Kenai. These areas are ready for CACs. In addition, Galena, Glenallen, and Ketchikan are in various stages of developing MDTs, and the OCS continues to receive inquiries, most recently from Prince of Whales Island, regarding development of new MDTs and CACs.*

*To date, a good portion of the costs to establish Alaska's CACs and MDTs have been funded through OJJDP federal grants. Once established, the CACs work hard to find other sources of support through grants and fund raisers. The state continues to provide annual support to each CAC and estimates the need for an average of \$212.0 annually to continue current levels of support for each existing CAC, for a total of \$1,488.2.*

*The OCS has \$1,123.5 in federal funds remaining to move forward to the second phase of the project - establishment of CACs statewide. The OCS estimates a cost of \$935.3 to establish it's goal of two new CACs in FY 2009. As these two CACs in Kotzebue and Homer/Kenai become more self-supporting, the OCS plans to divert available funds to continue development of CACs in Galena, Glenallen, and Ketchikan as their MDTs are trained and ready to begin work through a CAC.*

*This request asks for \$1,300.0 in general funds to maintain the current level of CAC support in FY 2009. It should*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2009 Continued Support for Child Advocacy Centers (continued)												
<i>be noted that the OCS may need to ask for continued legislative support in FY 2010, when no federal dollars are available.</i>												
<i>CACs are in place to assure Alaska children are not re-traumatized after experiencing child sexual abuse or severe physical abuse and that all non-offending family members receive support and treatment when required. This supports OCS's mission to promote stronger families, safer children. While every OCS performance measure is geared toward that goal, CACs are more closely attached to the following measures:</i>												
<i>Department Measures</i>												
<i>C: Result - Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.</i>												
<i>Target #1 Decrease the rate of substantiated allegations of child abuse and neglect in Alaska.</i>												
<i>Target #2 Decrease the rate of repeat maltreatment to meet or exceed the national standard of 6.1 percent.</i>												
1004 Gen Fund (UGF)		1,300.0										
FY2009 MH Trust: BTKH - Foster Parent and Parent Services:	Inc	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
recruit, train, support												
<i>Project provides resources to recruit and screen potential foster parents, and provide training and technical assistance for parents and foster parents. Therapeutic Foster Homes are recognized in BTKH planning as an economical and effective alternative to costlier types of residential care for youth experiencing serious emotional disturbance (SED). Funding would utilize contractors to recruit and screen foster parents, and to provide technical assistance that would assist in retaining these parents. Biological parents would also be included in relevant trainings as available. This is new funding for FY09 at \$75.0 MHTAAR and \$75.0 GF/MH.</i>												
1037 GF/MH (UGF)		75.0										
1092 MHTAAR (Other)		75.0										
FY2010 Replace Federal Title IV-B Child Welfare Services Funding	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Department of Health &amp; Social Services, Office of Children's Services (OCS) requests \$145.6 in general funds to replace lost federal Title IV-B Child Welfare Services funding. Title IV-B Child Welfare Services program provides grants to states and Tribes for programs directed toward keeping families together. These funds are used to provide family preservation services in support of Alaska's administrative and Legislative intent: to keep children in their homes whenever possible, and if not possible, return children to their homes as soon as it is safe to do so.</i>												
<i>Keeping families together is accomplished through community-based family support services provided by grantee organizations that specialize in strengthening family relationships to provide children a safe and supportive family environment. These preventative grants promote safety and permanence and are essential to prevent the unnecessary separation of children from their homes. Grantees focus on family support, family preservation, time-limited family reunification and adoption promotion and support services.</i>												
<i>The federal IV-B budget allows each state a base amount of \$70,000. Additional appropriated federal funding is determined on the federal fiscal year and distributed in proportion of a state's population of children under age 21 multiplied by the complement of the state's average per capita income and reduced by payments to Tribes.</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2010 Replace Federal Title IV-B Child Welfare Services Funding (continued)												
<i>Alaska's IV-B funding is distributed between the state and about 16 Tribes that have a plan in place for child welfare services. If more Tribes apply, funding levels for OCS will be reduced even further. There is a 25% match requirement for IV-B funding.</i>												
<i>While difficult to determine the exact reason for reduced funding, this reduction to Alaska's Title IV-B funding is the combined result of lower federal appropriations and formula calculations used to determine state allotments. Lower funding levels have reduced the OCS's ability to fully fund time-limited family reunification services that facilitate the timely reunification of a child safely and appropriately. Adoption promotion and support services intended to encourage adoptions and provide the follow-up care that is considered critical to sustain the adoption have also been limited. These replacement funds will allow the OCS to provide grantees the funding they require to provide the services needed at the same level received in prior years.</i>												
<i>A reduction in funding directly impacts the OCS's ability to meet specific performance goals and has an overall impact on the mission of the OCS and the Department of Health and Social Services. Performance measures most impacted include:</i>												
<i>Department Level Measures:</i>												
<i>End Result C, Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.</i>												
<i>Strategy C2: Children placed outside the home are protected from further abuse and neglect.</i>												
<i>Children's Services Results Delivery Unit Measures:</i>												
<i>End Result A. To prevent child abuse and neglect.</i>												
<i>Strategy A1: Increase the number of referrals from Children's Protective Services to Early Intervention/Infant Learning Program services.</i>												
<i>Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.</i>												
1002 Fed Rcpts (Fed)		-145.6										
1004 Gen Fund (UGF)		145.6										
FY2010 Replace Federal Funds for Alaska Child Advocacy Centers - Final Phase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Office of Children's Services requests \$1,123.8 in general funds to replace funding lost in federal grants from the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). The funds are used to operate Child Advocacy Centers in Alaska. Beginning in 2001, Alaska received specific OJJDP funding for a five-year period to build a Child Advocacy Center presence statewide. From the beginning of Phase 1 of the project through 2008, Alaska has established and helped to maintain seven fully functioning CAC's located in Anchorage, Wasilla, Juneau, Bethel, Nome, Fairbanks and Dillingham. To date, the CAC's in Anchorage, Wasilla and Juneau operate with full national accreditation.</i>												
<i>Alaska Statue 47.17.033 encourages that all child sexual abuse interviews be videotaped at a Child Advocacy Center (CAC) whenever possible. Child Advocacy Centers provide child sexual abuse and severe physical abuse victims age 0-18, older youth who have developmental challenges, and their non-offending care providers a safe, child-friendly place to interview, receive forensic medical examinations, and get mental health services or referrals. Each victim is assigned a specialized family advocate who will remain with the child and family throughout the</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Children's Services (continued)**

**Family Preservation (continued)**

FY2010 Replace Federal Funds for Alaska  
Child Advocacy Centers - Final Phase  
(continued)

*investigation process. CAC interviews are legally sound and neutral, and they coordinate fact-finding to avoid duplicative interviews.*

*The foundation of a CAC is the Multidisciplinary Team (MDT) that is comprised of community members representing behavioral health, medical, law enforcement (police and state troopers), juvenile justice, tribal, education, legal (assistant attorney general and public defender), and OCS staff. MDT members collaborate with direct service CAC staff, to guide each case through the investigatory process that may lead to prosecution while making certain all victims and non-offending family members receive the appropriate services to help them through the trauma. The CAC is designed to assure that victims are not re-traumatized by repeated interviews and examinations.*

*To date, a good portion of the costs to establish Alaska's CACs and MDTs have been funded through the OJJDP federal grant. Once established, Alaska CACs work hard to find other sources of support through grants and fund raisers, but most, and in particular the CACs located in rural sites, have struggled to raise the funding required to maintain their centers. By the end of FY2009, the remaining \$1,123.8 federal funds available to help establish new centers and maintain existing centers will have been exhausted.*

*CACs continue to be successful in Alaska. Since the creation of the Lake Plaza Multidisciplinary Center in Anchorage, the referrals to the Anchorage CAC have increased 13%. The Children's Place Child Advocacy Center located in Wasilla is in the process of designing a new facility, and they are actively involved with the OCS to create a Multidisciplinary Center model where the Office of Children's Services plans to place a full investigative unit. OCS is currently making plans to co-locate staff in the Fairbanks CAC. OCS is committed to continuing their efforts toward supporting multidisciplinary co-location lease funding to place investigative units in Alaska CAC's.*

*In FY2008, OCS Child Protective Services investigated 2,784 reports of child sexual abuse and physical abuse. Of these 2,784 reports, 1,557 or 56% were referred to Alaska's Child Advocacy Centers. This is a 7% increase over FY2007.*

**FY2007**

Region/Area	Sexual Abuse	Physical Abuse	Total Allegations	Total Referrals
Anchorage	287	859	1,146	720 - 63%
Northern	126	374	500	197 - 39%
Southcentral	279	587	866	329 - 38%
Southeast	80	245	325	132 - 41%
<b>TOTAL</b>	<b>772</b>	<b>2,065</b>	<b>2,837</b>	<b>1,378 - 49%</b>

**FY2008**

Region/Area	Sexual Abuse	Physical Abuse	Total Allegations	Total Referrals
Anchorage	290	883	1,173	889 - 76%
Northern	133	334	467	179 - 38%
Southcentral	256	613	869	368 - 42%
Southeast	64	211	275	121 - 44%

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2010 Replace Federal Funds for Alaska Child Advocacy Centers - Final Phase (continued)												
TOTAL		743	2,065	2,784		1,557 - 56%						

*Beginning with FY2009, the Copper River Basin area and the Kenai Peninsula have begun formation of new Alaska Child Advocacy Centers. These are located in Homer and Glenallen, and will increase the number of Alaska Child Advocacy Centers from seven to nine.*

*The National Children's Alliance (NCA) guidelines are the cornerstone of all our Alaska CAC's. Alaska CAC's and MDT have a strong national connection and active statewide network support through our State Chapter, the Alaska Children's Alliance. Much of the training for our Child Advocacy Center staff is enhanced through maintaining an Alaska Children's Alliance Coordinator. OCS plans to fund a half time state coordinator position to increase Alaska's ability to continue receiving National Children's Alliance grants for training and enriching our state's CAC's.*

*Alaska CAC's are designed to assure our child victims are not re-traumatized after experiencing child sexual abuse or severe child physical abuse and to assure that our non-offending family members as well as the child victims receive support and treatment when required. This supports OCS's mission to promote strong families and safer children. While every OCS performance measure is geared toward that goal, CAC's are more closely attached to the following measures:*

*Department Level Measures:*

*End Result C, Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.*

*Strategy C2: Children placed outside the home are protected from further abuse and neglect.*

*Strategy C3: Retain and effective and efficient workforce.*

*Children's Services Results Delivery Unit Measures:*

*End Result A. To prevent child abuse and neglect.*

*Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.*

1002 Fed Rcpts (Fed)		-1,123.8										
1004 Gen Fund (UGF)		1,123.8										
FY2010 Replace Funding No Longer Available for TANF/SSBG Transfers	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

*Alaska's Temporary Assistance for Needy Families (TANF) is a block grant created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. TANF replaced the Aid to Families with Dependent Children (AFDC) program that had provided cash welfare for families with children since 1935. TANF funds were designated for use in four broad areas: 1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two-parent families. Within these guidelines, TANF can transfer up to 10% of its grant funding to the Social Services Block Grant (SSBG). In Alaska, the SSBG*



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2010 Replace Funding No Longer Available for TANF/SSBG Transfers (continued) <i>is appropriated to the Office of Children's Services (OCS).</i>												
<i>The OCS has been receiving a \$5.1 million transfer from TANF for the last several years. But, the availability of TANF funding to sustain the Social Services Block Grant transfer is diminishing due to the combined effect of 1) the 2006 reauthorization of TANF, which eliminated the TANF high performance bonus (Alaska earned over \$12 million in four years) and only extended the supplemental grant to states with high population growth through FFY2009 (Alaska's annual high population grant is about \$7 million), 2) the slower growth in the number of families on temporary assistance, and 3) additional reductions in Alaska's annual TANF block grant as more Tribal TANF programs are established.</i>												
<i>This request restores the loss of \$900.0 in revenue to the OCS Family Preservation component. The Front Line Social Worker component includes a request for \$4.2 million for a total loss of TANF funding of \$5.1 million.</i>												
1002 Fed Rcpts (Fed)		-900.0										
1004 Gen Fund (UGF)		900.0										
FY2010 Reversing Governor's Request TANF/SSBG Transfers	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Transaction <i>Gov Amd transaction fund source had to be changed from General Fund Match to General Funds in order to prevent a negative fund source (LFD transaction).</i>												
<i>This transaction reverses a request made in the Governor's Request.</i>												
<i>Alaska's TANF is a block grant created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. TANF replaced the Aid to Families with Dependent Children (AFDC) program that had provided cash welfare for families with children since 1935. TANF funds were designated for use in four broad areas: 1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two-parent families. Within these guidelines, TANF can transfer up to 10% of its grant funding to the Social Services Block Grant (SSBG). In Alaska, the SSBG is appropriated to the Office of Children's Services (OCS).</i>												
<i>Alaska has experienced decreased federal revenue through the TANF program in recent years, as a result of elimination at the federal level of high performance bonus. Current TANF block grants are sufficient to cover the primary purpose for TANF funds in the Division of Public Assistance. Other allowable uses, such as represented in Office of Children Services are no longer affordable under the annual block grant level, and will need to be refinanced with general funds. However, recent projections of TANF revenue and expenditures indicate this replacement can be postponed until FY2011.</i>												
1002 Fed Rcpts (Fed)		900.0										
1004 Gen Fund (UGF)		-900.0										
FY2010 Foster Parent Recruitment, Screening, and Training	Inc	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request is for \$150.0 to shore up Office of Children's Services (OCS) efforts to recruit, screen, and train foster homes for children in the custody of the state who have been abused or neglected. In particular, the OCS needs to be able to increase its recruitment efforts in the rural areas where children have few or no homes in which to be placed.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2010 Foster Parent Recruitment, Screening, and Training (continued)												
<i>The lack of placement options in the rural areas results in children being placed in non-preference homes affecting family reunification, Indian Child Welfare Act compliance, and the well-being of each child. The OCS estimates that 50% of all Native children must be placed in non-preference homes because there is no alternative.</i>												
<i>The lack of placement options for all children who must be removed from their homes has a direct impact on most OCS performance measures. Placements that are not appropriate result in a multitude of problems for children, including a disconnect with family and the high possibility of multiple placements.</i>												
<i>Department Level Measures:</i>												
<i>End Result C, Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.</i>												
<i>Strategy C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.</i>												
<i>Strategy C2: Children placed outside the home are protected from further abuse and neglect.</i>												
<i>Strategy C3: Retain and effective and efficient workforce.</i>												
<i>Children's Services Results Delivery Unit Measures:</i>												
<i>End Result A. To prevent child abuse and neglect.</i>												
<i>Strategy A1: Increase the number of referrals from Child Protective Services to Early Intervention/Infant Learning Program services.</i>												
<i>Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.</i>												
<i>End Result B. Safe and timely adoptions.</i>												
<i>Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i>												
1002 Fed Rcpts (Fed)		34.5										
1003 G/F Match (UGF)		115.5										
FY2010 Maintain Service Levels for Children's Services Family Preservation Grantees	Inc	338.9	0.0	0.0	0.0	0.0	0.0	338.9	0.0	0	0	0

*The Department of Health and Social Services recognizes the need to maintain services provided by its grantees. While many of the grants in the Office of Children's Services are at least in part funded by the federal government, no recognition from the federal government for the tremendous increase in living expenses has been forthcoming. Because of the extraordinary increases seen of late, the DHSS is requesting a 4.6% increase (tied to CPI) in grant funds. This is necessary to simply maintain current levels of services. If not for this increase, existing grant funds must be used to cover overhead costs, reducing the services currently being provided to vulnerable Alaskans. These grants now total \$7.4 million.*

*Family Preservation grants*  
*- promote and support adoptions,*  
*- facilitate child and family visitation in the interest of reunification and family well-being, and*  
*- support Child Advocacy Centers for front-end care of sexually abused children and their non-abusive family members.*

*If these Children's Services grantees must absorb the hike in energy costs and other general overhead costs,*

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<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2010 Maintain Service Levels for Children's Services Family Preservation Grantees (continued)												
<i>grantees will have no alternative but to reduce services. A reduction in services will affect every outcome for the Office of Children's Services as we depend on our grantees/community partners to provide the follow-up services to help keep children safe and families together.</i>												
<i>Department Level Measures:</i>												
<i>End Result C. Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.</i>												
<i>Strategy C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.</i>												
<i>Strategy C2: Children placed outside the home are protected from further abuse and neglect.</i>												
<i>Strategy C3: Retain and effective and efficient workforce.</i>												
<i>Children's Services Results Delivery Unit Measures:</i>												
<i>End Result A. To prevent child abuse and neglect.</i>												
<i>Strategy A1: Increase the number of referrals from Child Protective Services to Early Intervention/Infant Learning Program services.</i>												
<i>Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.</i>												
<i>End Result B. Safe and timely adoptions.</i>												
<i>Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i>												
1004 Gen Fund (UGF)		338.9										
FY2010 MH Trust: BTKH - 1926.01 Foster Parent & Parent Recruitment training & support	IncOTI	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
<i>This project provides resources to recruit and screen potential foster parents, and provide training and technical assistance for parents and foster parents. 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). Managed by DHSS/Children's Services, funding would utilize contractors to recruit and screen foster parents, and to provide technical assistance that would assist in retaining these parents. Biological parents would also be included in relevant trainings as available. This request maintains the FY2009 level of \$75.0 MHTAAR to match the \$75.0 GF/MH increment in FY2009.</i>												
1092 MHTAAR (Other)		75.0										
FY2011 MH Trust: BTKH - 1926.02 Foster Parent & Parent Recruitment training & support	Inc	150.0	0.0	0.0	37.0	0.0	0.0	113.0	0.0	0	0	0
<i>Project provides resources to recruit and screen potential foster parents, and provide training and technical assistance for parents and foster parents. 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). Managed by DHSS/Children's Services, funding would utilize contractors to recruit and screen foster parents, and to provide technical assistance that would assist in retaining these parents. Biological parents would also be included in relevant trainings as available.</i>												
1037 GF/MH (UGF)		150.0										
FY2011 MH Trust: BTKH - 1926.02 Foster Parent & Parent Recruitment training & support	IncOTI	275.0	0.0	0.0	65.0	0.0	0.0	210.0	0.0	0	0	0

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Children's Services (continued)												
Family Preservation (continued)												
FY2011 MH Trust: BTKH - 1926.02 Foster Parent & Parent Recruitment training & support (continued)												
Project provides resources to recruit and screen potential foster parents, and provide training and technical assistance for parents and foster parents. 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). Managed by DHSS/Children's Services, funding would utilize contractors to recruit and screen foster parents, and to provide technical assistance that would assist in retaining these parents. Biological parents would also be included in relevant trainings as available.												
	1092 MHTAAR (Other)	275.0										
L	FY2011 Judgments and settlements against the state for fiscal year ending June 30, 2011 (Curyung lawsuit)	Lang	1,200.0	0.0	0.0	0.0	0.0	1,200.0	0.0	0	0	0
The sum of \$1,200,00 is appropriated from the general fund to the Department of Health and Human Services, Office of Children's Services, for the purpose of paying judgments and settlements against the state for the fiscal year ending June 30, 2011.												
	1004 Gen Fund (UGF)	1,200.0										
	FY2011 Reduce general fund travel line item by 10 percent.	Dec	-2.2	0.0	-2.2	0.0	0.0	0.0	0.0	0	0	0
	1004 Gen Fund (UGF)	-2.2										
	FY2011 Mentorship Program to match volunteer mentors statewide with foster youth and youth coming out of care	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0	0	0
ADD INTENT: It is the intent of the Legislature that the Office of Children's Services shall effectively use these funds to address the stated foster youth stability and success goals stated below:												
EXPLANATION: \$200,000: Competitive grant to non-profit agencies to match volunteer mentors statewide with foster youth and youth coming out of care for ages of 16 1/2 through 21. OCS shall identify the youth to be served, and coordinate with the grantee that recruits, screens and trains the volunteer mentors.												
	1004 Gen Fund (UGF)	200.0										
	FY2011 Funding and staff for the Independent Living Program to assist youth with work, school, job training, and life skills.	Inc	160.5	0.0	0.0	0.0	0.0	0.0	160.5	2	0	0
The Independent Living Program (ILP) is OCS' effort to assist youth, after they leave care, with work, school, job training, and life skills. After-care outcomes, from homelessness to criminal involvement, and lack of success, are troubling. The ILP, which covers over 350 youth from ages 17-21, cannot possibly work with only four statewide staff. OCS concedes current staff are overwhelmed, and unable to help adequately in individual cases.												
Two additional staff would help effectively extend educational, work and life skill guidance to youth coming out of care.												
	1004 Gen Fund (UGF)	160.5										
	FY2012 Sustain Operations of the Kodiak Child Advocacy Center	Inc	250.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
In support of the Governor's Domestic and Sexual Assault Prevention Initiative, Child Advocacy Centers (CAC) in Alaska are providing services to mitigate the trauma suffered by child victims of severe abuse or neglect and providing for the effective prosecution of crimes against children. The Office of Children's Services supports CACs located in Anchorage, Dillingham, the Kenai Peninsula (Homer, Kenai, Seward), the Copper River Basin (Gakona), Bethel, Fairbanks, Wasilla, Nome, and Juneau. The programs are successful and continued statewide												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2012 Sustain Operations of the Kodiak Child Advocacy Center (continued)												
expansion is being sought-after by state and private agencies.												
The Kodiak Area Native Association (KANA) has been serving as the lead agency to establish a regional Child Advocacy Center on Kodiak Island. When added to other state grants, federal grants, contributions and fundraising, this request will ensure adequate operating funds to sustain the CAC beginning in FY12.												
The Kodiak CAC is adopting evidence-based practices from Alaska models and national CAC models and is working toward program accreditation through the National Child Advocacy Center. Kodiak is a member of the National and Alaska Children's Alliance and has taken advantage of the training and technical support offered by these organizations.												
Major progress has been accomplished already, and Kodiak has formed a multidisciplinary team. Multidisciplinary teams are the foundation of each CAC and are comprised of law enforcement, community, tribal, medical, social service, and legal representatives. These teams, while never working directly with a victim, guide a case through the investigatory process while making certain that all non-offending family members receive the appropriate services to help them through the trauma. The multidisciplinary team has already begun work to establish an interagency Memorandum of Understanding and protocols to implement multidisciplinary investigations of child abuse allegations that will include forensic interviews, medical evaluations, therapeutic intervention, victim support and advocacy, case review and case tracking.												
Without this funding, the Office of Children's Services will need to decide whether to fund Kodiak by decreasing grants to other successful CACs or to exclude the Kodiak CAC from state support. Current funding available to existing CACs cannot meet requested amounts resulting in reduced capacity as demand continues to rise. Reports of sexual abuse referred to CACs in FY08 totaled 743. In FY09 that number increased to 1,478. Reports of physical abuse referred increased by 98 during that same time period. Referral amounts for FY10 are not yet available. For Kodiak, no additional funding to sustain their program will most likely mean failure.												
1004 Gen Fund (UGF)		250.0										
FY2012 MH Trust: BTKH - 1926.03 Foster Parent & Parent Recruitment training & support	IncM	276.0	0.0	0.0	0.0	0.0	0.0	276.0	0.0	0	0	0
Project provides resources to recruit and screen potential foster parents, and provide training and technical assistance for parents and foster parents. 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). Managed by DHSS/Children's Services, funding would utilize contractors to recruit and screen foster parents, and to provide technical assistance that would assist in retaining these parents. Biological parents would also be included in relevant trainings as available.												
1037 GF/MH (UGF)		138.0										
1092 MHTAAR (Other)		138.0										
FY2012 Provide clinical substance abuse treatment and recovery services for parents	Inc	225.0	0.0	0.0	0.0	0.0	0.0	0.0	225.0	0	0	0
This funding will provide clinical substance abuse treatment and recovery services for parents who have a substantiated report of harm where substance abuse is a factor of continued risk of harm for the child(ren). The availability of substance abuse treatment will prevent the removal of children from their home in some instances, and will reduce the length of stay in out-of-home placement in other cases.												
1037 GF/MH (UGF)		225.0										

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Family Preservation (continued)</b>												
FY2013 MH Trust: BTKH - Grant 1926.04 Foster Parent & Parent Recruitment training & support	IncM	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										
FY2013 MH Trust: BTKH - Grant 1926.04 Foster Parent & Parent Recruitment training & support expansion	Inc	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										
<b>* Allocation Total *</b>		<b>6,173.5</b>	<b>0.0</b>	<b>-2.2</b>	<b>402.0</b>	<b>0.0</b>	<b>0.0</b>	<b>5,188.2</b>	<b>585.5</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Foster Care Base Rate</b>												
FY2007 Provide 50% funding awaiting ruling AMD: Rosales Reversal - Ninth Circuit Court of Appeals Decision	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Provisions in the 2006 federal Budget Reconciliation Bill limit the state's ability to claim IV-E maintenance and administrative costs. The bill was passed out of Congress in early February and signed into law on February 8, 2006.</i>												
<i>It is unknown at this time whether provisions of the bill are effective as of February 8, 2006 or are retroactive to October 1, 2005. In addition, it is unknown as to how states will be expected to discontinue or phase out Rosales.</i>												
<i>In the Rosales case, the court ruled that a child did not need to be Title IV-A (AFDC now TANF) eligible in the same home from which s/he was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the eligibility month. States were able to choose the home in which to base eligibility. Alaska became eligible to claim maintenance payments under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective. However, with the changes in the Budget Reconciliation Bill, Alaska will lose this eligibility.</i>												
<i>The Office of Children's Services has done an initial analysis on the potential annual cost to the State based on an average monthly maintenance cost of \$900 per foster child. There are approximately 187 children determined eligible under Rosales. This is equal to a federal claim of \$84,419 per month or \$1,013,031 per year. This loss will impact the Foster Care Base Rate component.</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Base Rate (continued)</b>												
FY2007 Provide 50% funding awaiting ruling												
AMD: Rosales Reversal - Ninth Circuit Court of Appeals Decision (continued)												
<i>There is a possibility that children currently in custody and eligible for IV-E under the Rosales decision may be grandfathered in. This would reduce the impact of the Budget Reconciliation Bill changes.</i>												
<i>General funds are required in the Foster Care Base Rate component to replace lost federal receipts and maintain the current level of support to the State's foster parents.</i>												
<i>This shortfall was not addressed in the FY07 Governor's Budget because the action by Congress was not known at the time.</i>												
<i>If the federal funds are not replaced, the budgetary impact would result in foster parents losing 844 months of care at \$900 per month per child. The division sees no other alternative to this request.</i>												
1002 Fed Rcpts (Fed)		-506.5										
1004 Gen Fund (UGF)		506.5										
FY2009 Title IV-E Federal Fund Participation Decrease (FMAP)	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual Federal Medical Assistance Percentage rate. This statutory rate is used for Title IV-E funded programs that reimburse foster parents and providers for services provided to children in state custody. This decreased rate will take effect on October 1, 2008.</i>												
<i>The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. The amount of federal funds the state receives depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
<i>This fund source change effects every aspect of the OCS's ability to provide services to children in need.</i>												
1002 Fed Rcpts (Fed)		-57.1										
1003 G/F Match (UGF)		57.1										
FY2009 Increase Receipt Supported Services for Child Support Enforcement Collections	Inc	600.0	0.0	0.0	0.0	0.0	0.0	600.0	0.0	0	0	0
<i>This request assures the OCS can collect all child support enforcements reimbursements collected for child welfare recipients. Under Title VI-D and VI-E of the Social Security Act, states must pursue the collection of child support for children in state custody. The state Child Support Services Division (CSSD) must, under federal law, collect child support from the biological parents of children in state custody. Those collections are then used to offset the Office of Children's Services (OCS) expenditures for foster care for these children. Those collections come into the division as Receipt Supported Services (RSS) funds. In FY 2007, DSSD collections exceeded the authority available to OCS by more than \$400.0. This request for \$600.0 in RSS authority in the Foster Care Base</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Base Rate (continued)</b>												
FY2009 Increase Receipt Supported Services for Child Support Enforcement Collections (continued)												
<i>component will assure that OCS will have adequate authority to accept all of the CSSD collections.</i>												
<i>Once these funds are received by OCS, Federal fund participation is calculated and the federal Administration for Children and Families Title IV-E program is refunded. Remaining funds offset Foster Care Base expenditures preventing the need for additional general fund requests related to growth.</i>												
1156 Rcpt Svcs (DGF)		600.0										
FY2009 AMD: Foster Care Base Rate Increase Proposal	Inc	3,165.5	0.0	0.0	0.0	0.0	0.0	3,165.5	0.0	0	0	0
<i>Each day foster families make a difference by providing safe and caring homes for children who are unable to remain in their own homes because of abuse or neglect. Alaska, like most states, has an ongoing need for foster parents, especially homes that can care for sibling groups, teenagers, and children with disabilities.</i>												
<i>There are approximately 1,200 foster homes in Alaska that house upwards of 2,000 children at any given time. Foster homes are temporary homes as the state works to reunify children with their families, or in some cases find adoptive parents for the child. Foster homes receive monthly reimbursement for the costs of care provided to foster children. Expenditures that are reimbursed include food, clothing, daily supervision, personal items, school supplies, games and recreational activities, allowance, usual transportation costs, and other items relevant to raising a child.</i>												
<i>There has not been a foster care standard rate increase for eight years. This request to increase rates paid to the people of Alaska willing to bring children who have had to be removed from their own homes into their homes, and to care for them, is long overdue.</i>												
<i>As the costs of raising children has increased, social workers must use other means to adequately reimburse care providers, forcing expenditure increases in other areas of the budget, in particular Augmented Rates and Foster Care Special Needs. It is reasonable to assume that the Divisions of Public Assistance, Behavioral Health, and Senior and Disabilities Services have also experienced cost increases as social workers and foster parents work for adequate reimbursement of the costs of care.</i>												
<i>Beginning in 1990, the Department could include in its annual budget request to the governor's budget office, and ultimately the legislature, a request for sufficient funds to increase the family foster care base rate based on the federal poverty guideline. 7AAC 53.020. This strategy worked for the first two years. Since, there has been one family foster care rate increase in the last fifteen years and that was eight years ago. Even then, the rate increase was based on a four-year old poverty guideline.</i>												
<i>The rate setting methodology for family foster parents became effective 16 years ago. Since that time, there have been three rate adjustments:</i>												
<i>FY 1991 (effective July 1, 1990) - based on 1989 poverty guideline - \$20.49</i>												
<i>FY 1992 (effective July 1, 1991) - based on 1990 poverty guideline - \$21.48</i>												
<i>FY 1999 (effective July 1, 1998) - based on 1993 poverty guideline - \$23.84</i>												
<i>The foster care base rate is calculated using a standard rate provided by the United States Health and Human Services (HHS) Poverty Guidelines. The 1993 standard rate is currently applied.</i>												



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**Children's Services (continued)  
Foster Care Base Rate (continued)**  
FY2009 AMD: Foster Care Base Rate  
Increase Proposal (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*This FY2009 increment is proposing to utilize the FY 2007 standard rate of \$34.98 as published in the US HHS Poverty Guidelines for an Alaska family unit of one and applies a seven-year median average growth rate. A percentage of the standard rate will apply to the following age ranges:*

- (A) birth through 29 months - 90 percent*
- (B) 30 months through 11 years - 80 percent*
- (C) 12 years through 19 years - 95 percent*

*After the standard (or base) rate has been determined and adjusted by percentage for age or emergency shelter status, the final foster parent daily rate is multiplied by the geographic cost-of-living differential. This differential was set originally by Kenneth M. McCaffres in his arbitrated decision on Alaska Geographic Wage Differentials dated October 24, 1986. It was adopted for determining the foster care rate. Its application to the family foster care rates is spelled out in the administrative code.*

*The differential is based on where the child is living. For example Anchorage and Juneau are both coded at the base rate adjusted for age. Currently this is \$21.45 per day for a 1 year old. If the foster parents move to a community with a higher cost of living, their daily rate is adjusted based on the differential. For example, if the child moves from Anchorage to Ambler, Big Horn, Canyon Village, Fort Yukon or Deadhorse, the daily rate for the same 1 year old increases to \$30.46 per day (an increase of \$9.01 per day). Of course, if the family moves from Fort Yukon to Anchorage, their family rate decreases by \$9.01 per day.*

*All communities in the state are coded for the differential rate. The rate changes when the address for the child and thus the monthly payment to the foster family changes. It is the responsibility of the social worker as the case manager to enter a change of address when the child's address changes.*

*Under this incremental request, foster care for a 1 year old in Anchorage or Juneau would increase from \$21.45 to \$32.06 per day. Example:*

*FPL in use = \$23.84\*90%=\$21.45 x 30.25 days = \$645.86 monthly  
Current FPL = \$34.98\*90% = \$37.48 x 30.25 days = \$952.27 monthly*

*Incremental Request Calculations:*

7 year median average FTEs	1,181
2007 Annual cost	10,086,071
Average monthly cost per FTE	712
Percent daily increase	31.39%
Monthly rate increased	935
Monthly cost	1,104,299
Annual cost	13,251,584
Incremental Need	3,165,513

*Foster homes are licensed and in place to assure children who must be removed from their homes under*

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**Children's Services (continued)**

**Foster Care Base Rate (continued)**

FY2009 AMD: Foster Care Base Rate

Increase Proposal (continued)

*traumatic circumstance are cared for appropriately and adequately. Adequate reimbursement to foster parents for the cost of providing the best possible care to foster children under these most difficult circumstances has a direct effect on OCS's ability to recruit and retain good homes and therefore has some impact on every OCS outcome.*

*Department Measures*

*C: Result - Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.*

*Target #1 Decrease the rate of substantiated allegations of child abuse and neglect in Alaska.*

*Target #2 Decrease the rate of repeat maltreatment to meet or exceed the national standard of 6.1 percent.*

*Target #3 Decrease the percentage of substantiated maltreatment by out-of-home providers.*

*Target #4 Annual employee turnover rate; number of positions available to provide direct services.*

*OCS Measures*

*A: Result - To prevent children from abuse and neglect.*

*Target #1 Increase the number of Early Intervention/Infant Learning Program screenings for children age 0 - 3 to meet federal requirements.*

*A1: Strategy - Improve the referral process from Children's Protective Services to Early Intervention/Infant Learning Program services.*

1002 Fed Rcpts (Fed) 378.6

1004 Gen Fund (UGF) 2,786.9

FY2009 AMD: Increased Cost for Foster Parent Payment Due to Growth	Inc	3,384.6	0.0	0.0	0.0	0.0	0.0	0.0	3,384.6	0.0	0	0	0
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*OCS has identified current trends resulting in increased funding needed to reimburse foster parents for care provided to children in custody. Current growth rates of about 15 percent indicate a need for \$2,770.6 in general funds to match \$414.0 in federal funds.*

*This request also amends the existing FY 2009 budget request for a \$600.0 increase in Receipt Supported Services (RSS) authority. New projections for RSS collections indicate that an additional \$200.0 of authorization (for a total of \$800.0) may be needed to cover costs for increased foster care caseload.*

*There are approximately 1,200 licensed foster homes in Alaska that provide care to over 2,000 abused and neglected children at any given time. Foster homes provide temporary care for children in state custody while the state works to rehabilitate and reunify children with their families. In some cases, reunification is not an option and foster homes are used while the state seeks adoptive parents for the child. Foster homes receive monthly reimbursement for the costs of care provided to foster children. Expenditures that are reimbursed include food, clothing, daily supervision, personal items, school supplies, games and recreational activities, allowance, usual transportation costs, and other items relevant to raising a child.*

*The Office of Children's Services monitors and projects foster care costs for base rates by FTE (full time equivalent) calculated on the number of days service is provided rather than the number of children that receive services. FTEs provide the division with a more accurate picture as children move in and out of the system*

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**Children's Services (continued)**

**Foster Care Base Rate (continued)**

FY2009 AMD: Increased Cost for Foster Parent

Payment Due to Growth (continued)

*regularly. One FTE equals thirty days of services provided.*

*Not unlike many other states in the nation, Alaska has been experiencing increased volume of workload, reports of abuse and neglect, and investigations that have resulted in increased FTEs for foster care base services. In FY 2007:*

*Protective Services Reports increased 11.8%;*

*Investigations completed increased 15.1%;*

*Substantiated investigations increased 8%;*

*Children removed from the home 36.4%*

*While the reasons for the increases are difficult to pinpoint, national trends indicate an increase in neglect cases with methamphetamine use and mental health being cited as two of the reasons. For example, the State of Washington is currently experiencing a 16 percent increase in the numbers of children in foster homes. Alaska's growth has increased by 15.2 percent in FY 2007 and is on track to increase 15.5 percent in FY 2008. With the uncertainty of the economy, casework trends, and national trends that do not indicate a slowing of children entering into the system, the OCS must move forward under the assumption that increases in the number of children in FY 2009 will follow those experienced in FY 2007 and FY 2008.*

*A 12 year history of foster care FTEs with FY 2008 projected through fiscal year end and based on monthly averages to date, clearly shows marked increases over the last two years. These marked increases begin in FY 2006 after a stagnant period of 6 years. With historical expenditures within such close proximity for so many years, the OCS was cautious about increases in FY 2007 but now is seeing the same increases in FY 2008 and has no reason to believe FY 2009 will experience decreases. The following lists FTE averages and percentage increase for the past 12 years:*

<i>FY</i>	<i>Ave FTEs</i>	<i>% Increase</i>
1996	878	
1997	846	-4%
1998	990	17%
1999	1,150	16%
2000	1,216	6%
2001	1,141	-6%
2002	1,090	-4%
2003	1,125	3%
2004	1,170	4%
2005	1,215	4%
2006	1,358	12%
2007	1,564	15%
2008	1,807	16% Projected

*The current average cost per FTE is \$724.00 per month. Rates are determined in consideration of a child's age and the location of the foster home. For example, foster parents receive reimbursement for the cost of a one-year old child in Anchorage or Juneau at a daily rate of \$21.45. If that same child were to be placed in Fort Yukon, the*

<u>Trans</u>	<u>Total</u>	<u>Personal</u>				<u>Capital</u>						
<u>Type</u>	<u>Expenditure</u>	<u>Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>	

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**Children's Services (continued)**

**Foster Care Base Rate (continued)**

FY2009 AMD: Increased Cost for Foster Parent

Payment Due to Growth (continued)

*daily rate increases by \$9.01 to \$30.46.*

*Calculations below set out the division's projected costs based on a current average monthly rate of \$724.00:*

*FY 2006 monthly average FTEs 1,358 @ \$724.00 per month for annual total of \$11,798,304*

*FY 2007 monthly average FTEs 1,564 @ \$724.00 per month for annual total of \$13,588,032*

*FY 2008 projected average FTEs 1,807 @ \$724.00 per month for annual total of \$15,699,216*

*FT 2009 projected average FTEs 2,087 @ \$724.00 per month for annual total of \$18,131,856*

*A supplemental request has been submitted for FY 2008, and this amendment request brings that anticipated shortfall into the base budget as follows:*

*Additional cost in FY 2008 = \$2,111,184*

*Additional RSS in FY 2008 = 680,000 (net \$800.0 - \$120.0 for retroactive federal reimbursement)*

*Additional GF to cover growth = 1,245,130*

*Additional Federal to cover growth = 186,053*

*The included amendment request related to growth in FY 2009 has been calculated as:*

*Additional cost in FY 2009 = \$2,433,421*

*Additional RSS in FY 2008/2009 = 680,000 (net \$800.0 - \$120.0 for retroactive federal reimbursement)*

*Additional GF to cover growth = 1,525,476*

*Additional Federal to cover growth = 227,945*

*Total request for anticipated growth in FY 2008 and FY 2009:*

*Rcpt Sup Svcs= 200.0*

*General Funds = \$2,770.6*

*Federal Funds = \$ 414.0*

*Total = \$3,384.6*

*This calculation does not take into consideration any pending, potential foster care base rate increases as those numbers are currently being determined under contract with Meyers and Stauffer at the department level.*

*By federal law, states are required to collect child support from the biological parents of children in the child welfare system. In SFY08, the division believes it possible to collect approximately \$2,400.0 in RSS but has only \$1,742.0 of RSS authorization. The OCS is requesting an additional \$200.0 in RSS authority through this amendment in addition to the \$600.0 requested in the FY 2009 Governor's budget.*

*While this \$2,400.0 projection is based on prior year collections and the increase in the number of FTEs, the amount of RSS collected is under the purview of the Child Support Services Division (CSSD) in the Department of Revenue. If the CSSD experiences high turnover, changes in priorities, or system problems, the amount of RSS collected for the OCS can drop. It should also be noted that the OCS is obligated to repay the federal government for any amount of funding collected on behalf of a child that was eligible for Title IV-E reimbursement during the time period in which the child support obligation was incurred. Of this \$800.0 request, the OCS can assume about \$120.0 will be reimbursed to the Administration for Children and Families.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Base Rate (continued)</b>												
FY2009 AMD: Increased Cost for Foster Parent												
Payment Due to Growth (continued)												
<i>This amendment request is for a total of \$3,384.6: \$2,770.6 in general funds, \$414.0 in federal funds, and \$200.0 in RSS.</i>												
1002 Fed Rcpts (Fed)		414.0										
1004 Gen Fund (UGF)		2,770.6										
1156 Rcpt Svcs (DGF)		200.0										
FY2010 AMD: FMAP Increase of 6.2% - Title IV-E												
	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds available due to the federal economic stimulus package.</i>												
1003 G/F Match (UGF)		-243.6										
1212 Stimulus09 (Fed)		243.6										
FY2011 Budget Clarification Project, fund change to recognize												
SSI payments as federal receipts	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		442.7										
1156 Rcpt Svcs (DGF)		-442.7										
FY2011 Budget Clarification Project, fund change to reflect												
CSSD receipts collected to offset Foster Care costs-State's	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
share.												
<i>Federal requirement under Title IV-D that CSSD shall collect child support and pass those funds to the agency collecting Title IV-D reimbursement for reimbursing Foster Care cost.</i>												
1005 GF/Prgm (DGF)		2,100.0										
1156 Rcpt Svcs (DGF)		-2,100.0										
FY2011 Ch. 80, SLA 2010 (HB 126) FOSTER												
CARE/CINA/EDUCATION OF HOMELESS	FisNot	224.0	0.0	0.0	0.0	0.0	0.0	224.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		37.2										
1003 G/F Match (UGF)		186.8										
FY2012 Extending State Custody of Children; Ch. 80 SLA 10												
(HB 126)	IncM	220.5	0.0	0.0	0.0	0.0	0.0	220.5	0.0	0	0	0
<i>Implement second year of HB 126 fiscal note funding to extend state custody of children to age 21.</i>												
<i>NOTE: The Administration for Families and Children has issued program instruction that does not allow a state to expand foster care without expanding adoptions and guardianships. For FY12, if a strategy for Alaska has not yet been developed, no federal reimbursements will be allowed.</i>												
1002 Fed Rcpts (Fed)		36.5										
1003 G/F Match (UGF)		184.0										
FY2012 Delete ARRA funding for enhanced FMAP of 6.2%												
	Dec	-243.6	0.0	0.0	0.0	0.0	0.0	-243.6	0.0	0	0	0
<i>For FY2010 general fund match authorization was reduced for increased federal participation related to stimulus enhanced FMAP rates. As of July 1, 2011, the stimulus enhanced rates will no longer be available.</i>												
1212 Stimulus09 (Fed)		-243.6										
FY2012 AMD: Replace Economic Stimulus Funding (ARRA) for												
Foster Care Assistance Under Title IV-E	IncM	120.0	0.0	0.0	0.0	0.0	0.0	120.0	0.0	0	0	0
<i>The foster care and adoption Title IV-E programs are reimbursed at the Medicaid federal medical assistance percentage (FMAP) rate. An increase to this rate was originally available under the American Recovery and</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Base Rate (continued)</b>												
FY2012 AMD: Replace Economic Stimulus Funding (ARRA) for Foster Care Assistance Under Title IV-E (continued)												
<i>Reinvestment Act (ARRA) and continued under other federal legislation in FY2011. ARRA Medicaid increases to the federal medical assistance percentage (FMAP) will end in FY2011.</i>												
<i>This request will replace deleted ARRA authorization with federal authorization in anticipation of a potential continuation of the increased federal match rate in FY2012 for foster care assistance available through Title IV-E of the Social Security Act, consistent with the overall plan to address Medicaid costs in FY2012.</i>												
<i>This amendment provides FY2012 funding based on a FY2011 supplemental request.</i>												
1002 Fed Rcpts (Fed)		120.0										
<b>* Allocation Total *</b>		<b>7,471.0</b>	0.0	0.0	0.0	0.0	0.0	7,471.0	0.0	0	0	0
<b>Foster Care Augmented Rate</b>												
FY2009 Title IV-E Federal Fund Participation Decrease (FMAP)	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual Federal Medical Assistance Percentage rate. This statutory rate is used for Title IV-E funded programs that reimburse foster parents and providers for services provided to children in state custody. This decreased rate will take effect on October 1, 2008.</i>												
<i>The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. The amount of federal funds the state receives depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
<i>This fund source change effects every aspect of the OCS's ability to provide services to children in need.</i>												
1002 Fed Rcpts (Fed)		-7.7										
1003 G/F Match (UGF)		7.7										
FY2011 Housing assistance for youth after exhausting short-term rental help currently offered by the Independent Living Prgm	Inc	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0	0	0
<i>ADD INTENT: It is the intent of the Legislature that the Office of Children's Services shall effectively use these funds to address the stated foster youth stability and success goals stated below:</i>												
<i>EXPLANATION: \$100,000: Housing assistance for youth facing the prospect of homelessness after receiving the existing short-term rental help currently offered by the Independent Living Program.</i>												
1004 Gen Fund (UGF)		100.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Augmented Rate (continued)</b>												
FY2012 AMD: Replace Economic Stimulus Funding (ARRA) for Foster Care Assistance Under Title IV-E	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>The foster care and adoption Title IV-E programs are reimbursed at the Medicaid federal medical assistance percentage (FMAP) rate. An increase to this rate was originally available under the American Recovery and Reinvestment Act (ARRA) and continued under other federal legislation in FY2011. ARRA Medicaid increases to the federal medical assistance percentage (FMAP) will end in FY2011.</i>												
<i>This request will replace deleted ARRA authorization with federal authorization in anticipation of a potential continuation of the increased federal match rate in FY2012 for foster care assistance available through Title IV-E of the Social Security Act, consistent with the overall plan to address Medicaid costs in FY2012.</i>												
<i>This amendment provides FY2012 funding based on a FY2011 supplemental request.</i>												
1002 Fed Rcpts (Fed)		100.0										
<b>* Allocation Total *</b>		<b>200.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>100.0</b>	<b>100.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Foster Care Special Need</b>												
FY2006 Delete Excess I/A Authorization	Dec	-260.0	0.0	0.0	0.0	0.0	0.0	-260.0	0.0	0	0	0
<i>This will delete unrealizable I/A authorization.</i>												
1007 I/A Rcpts (Other)		-260.0										
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act	Dec	-341.0	0.0	0.0	0.0	0.0	0.0	0.0	-341.0	0	0	0
<i>The Department of Health and Social Services, Office of Children's Services requests \$341.0 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i>												
<i>Rosales</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Foster Care Special Needs Component to be \$350.8. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care maintenance penetration rate. The penetration rate determines the percent of state foster care maintenance expenditures that will be considered IV-E reimbursable at 50% or the applicable Federal Medical Assistance Percentage (FMAP) rate. Congressional</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Special Need (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued)												
adjustments to Alaska's FMAP do not extend to foster care.												
Foster Care Special Needs (FCSN) Component Estimate of Reimbursable Expenses:												
4,639.1 estimated total FCSN expenditures												
x 44% current IV-E maintenance penetration rate												
= 2,041.2 expenditures eligible for IV-E reimbursement												
@ 50% federal fund participation												
= 1,020.6 pre DRA federal fund participation												
Reduced Federal Fund Participation for Rosales:												
4,639.1 estimated total FCSN expenditures												
x 29.3% with 14.7% reduction to IV-E maintenance penetration rate for Rosales												
= 1,359.2 expenditures eligible for IV-E reimbursement												
@ 50% estimated FY 2008 unadjusted FMAP												
= 679.6 post DRA federal fund participation												
FCSN Summary of Reduced Federal Fund Participation for DRA												
1,020.6 pre DRA federal fund participation												
- 679.6 post DRA federal fund participation												
= 341.0 FY 2008 FCSN general fund need												
To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.												
Foster Care Special Needs provides children in care those services and items that can and should be a matter of course for a child's well-being. These funds provide clothing for initial placement or under extenuating circumstance such as a growth spurt, mental health treatment if necessary, child care not covered by any other available programs, special one-time items such as registration for football league, and transportation costs such as bus passes or airfare for one annual vacation with the foster family.												
Missions and Measures												
Funding of this increment is essential to OCS's ability to meet any of its performance measures related to child protection services. An essential part of protecting a child is to provide for their mental and physical well-being. It is extremely important that children who have been maltreated are provided with goods and services that promote this well-being.												
Department Level Measures												
End Result: C: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.												
Strategy: C3: Children placed outside of the home are protected from further abuse and neglect.												
1002 Fed Rcpts (Fed)		-341.0										
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act	Inc	341.0	0.0	0.0	0.0	0.0	0.0	0.0	341.0	0	0	0



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**Children's Services (continued)**

**Foster Care Special Need (continued)**

FY2008 Replace federal funding due to  
implementation of the Federal Deficit Reduction  
Act (continued)

*The Department of Health and Social Services, Office of Children's Services requests \$341.0 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.*

*Rosales*

*The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.*

*The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.*

*The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Foster Care Special Needs Component to be \$350.8. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care maintenance penetration rate. The penetration rate determines the percent of state foster care maintenance expenditures that will be considered IV-E reimbursable at 50% or the applicable Federal Medical Assistance Percentage (FMAP) rate. Congressional adjustments to Alaska's FMAP do not extend to foster care.*

*Foster Care Special Needs (FCSN) Component Estimate of Reimbursable Expenses:*

*4,639.1 estimated total FCSN expenditures  
x 44% current IV-E maintenance penetration rate  
= 2,041.2 expenditures eligible for IV-E reimbursement  
@ 50% federal fund participation  
= 1,020.6 pre DRA federal fund participation*

*Reduced Federal Fund Participation for Rosales:*

*4,639.1 estimated total FCSN expenditures  
x 29.3% with 14.7% reduction to IV-E maintenance penetration rate for Rosales  
= 1,359.2 expenditures eligible for IV-E reimbursement  
@ 50% estimated FY 2008 unadjusted FMAP  
= 679.6 post DRA federal fund participation*

*FCSN Summary of Reduced Federal Fund Participation for DRA*

*1,020.6 pre DRA federal fund participation  
- 679.6 post DRA federal fund participation  
= 341.0 FY 2008 FCSN general fund need*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Children's Services (continued)**

**Foster Care Special Need (continued)**

FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.*

*Foster Care Special Needs provides children in care those services and items that can and should be a matter of course for a child's well-being. These funds provide clothing for initial placement or under extenuating circumstance such as a growth spurt, mental health treatment if necessary, child care not covered by any other available programs, special one-time items such as registration for football league, and transportation costs such as bus passes or airfare for one annual vacation with the foster family.*

**Missions and Measures**

*Funding of this increment is essential to OCS's ability to meet any of its performance measures related to child protection services. An essential part of protecting a child is to provide for their mental and physical well-being. It is extremely important that children who have been maltreated are provided with goods and services that promote this well-being.*

**Department Level Measures**

*End Result: C: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.*

*Strategy: C3: Children placed outside of the home are protected from further abuse and neglect.*

1004 Gen Fund (UGF)	341.0										
FY2008 AMD: Change Service Delivery to Increase Candidates for Care and Administrative Controls	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0

*The Office of Children's Services will save general funds through changes in practice that increase the number of IV-E eligible children early in the process through case plans that qualify for reimbursement.*

*The following Foster Care Special Needs (FCSN) method of tracking and monitoring funds within the four OCS regions follows new OCS field practice rather than historical expenditures and case FTEs. If changes in practice are successful, increased federal dollars will be earned.*

*This proposal has been developed in an effort to promote incentive and accountability within the regions for FCSN expenditures. With past methods of allocating these funds, regions were rewarded for high expenditures and, potentially, for leaving cases open.*

*Using ORCA data to allocate special needs funds to each region within the protective service practice categories of 1) investigation, 2) open for services (in-home), 3) out-of-home placement, and 4) trial home visits, we can effectively build in accountability for ORCA data entry and budget management, and promote best practice through case management.*

**1) Investigations**

*Investigations are not funded by Title IV-E. But, they are the first of two areas where regional managers control*

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**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Foster Care Special Need (continued)**

FY2008 AMD: Change Service Delivery to  
Increase Candidates for Care and  
Administrative Controls (continued)

*spending. Once a protective services report is screened in, an investigation begins and necessary costs are incurred. Current investigations are to be completed in 90 days. A policy changing that time period to 30 days is being proposed.*

*The outcome of an investigation determines whether a child is safe or unsafe. A child determined to be safe, but at risk and in need of some services, is not IV-E eligible. OCS will standardize processes for referring children and families to community services not paid through the special needs budget.*

*Reports from ORCA will help managers track investigation status. With targeted funds allocated to investigative work, managers encourage workers to close investigations timely, open cases for services when necessary, develop case plans, keep ORCA updated, and make sure that all other documentation to support IV-E claiming is in place.*

2) *Open for Services - In-Home.*

*If a child is determined to be unsafe but can remain in their homes with services, the investigation is closed and a safety plan is put in place. A case plan is then developed. With proper documentation, both a safety plan and a case plan trigger Title IV-E eligibility.*

*Once a child is determined to be unsafe, services must be provided. Managers have less control over these costs.*

3) *If a child is determined to be unsafe and a safety threat exists that cannot be controlled in the home, the child is removed from the home.*

*Out-of-Home Placements are eligible for IV-E. Work continues providing treatment to remedy the reasons a child is unsafe, i.e., anger management, therapy, psychiatric evaluations, substance abuse treatment. These types of services provided to the child are IV-E eligible as long as a worker can show reasonable efforts to reunite the child with his/her family. If no reasonable efforts are documented, IV-E participation is discontinued.*

*If the types of services listed above are provided to the child's parents, they must be paid with general funds. Grantees should be used whenever possible.*

*While managers have less control over some expenditures for services provided to out-of-home clients, they do pre-authorize expenditures. A targeted allocation will provide a guide to managers for monitoring the types of expenditures they pre-approve.*

4) *Trial Home Visits*

*When a child's parent(s) demonstrate the ability to regain physical custody by following treatment plans or other case plan recommendations, a trial home visit may be initiated. Trial home visits are IV-E eligible for six months only, after which a state must use general funds.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Special Need (continued)</b>												
FY2008 AMD: Change Service Delivery to Increase Candidates for Care and Administrative Controls (continued)												
<i>ORCA reports provided to regional managers will identify trial home visits extending past six months so that they can work with their staff to either close the case or place the child in out of home care.</i>												
<i>With these checks and balances in place, OCS is anticipating the ability to save division general funds now being directed toward special needs.</i>												
1002 Fed Rcpts (Fed)		500.0										
1004 Gen Fund (UGF)		-500.0										
FY2009 Title IV-E Federal Fund Participation Decrease (FMAP)	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual Federal Medical Assistance Percentage rate. This statutory rate is used for Title IV-E funded programs that reimburse foster parents and providers for services provided to children in state custody. This decreased rate will take effect on October 1, 2008.</i>												
<i>The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. The amount of federal funds the state receives depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
<i>This fund source change effects every aspect of the OCS's ability to provide services to children in need.</i>												
1002 Fed Rcpts (Fed)		-13.7										
1003 G/F Match (UGF)		13.7										
FY2009 Increase Child Care Benefits for Child Protective Services	Inc	1,295.1	0.0	0.0	100.0	0.0	0.0	1,195.1	0.0	0	0	0
<i>All too often children in the child welfare system experience multiple losses of caregivers and multiple out-of-home placements, increasing their vulnerability as well as their risk for attachment disorders and other social and emotional problems. Stable foster homes and consistent child care for these children are paramount to their long term success.</i>												
<i>Family foster care is an essential and valuable child welfare service for children who must be separated from their parents because of physical abuse, sexual abuse, neglect, maltreatment, special medical needs, or other circumstances. In order to recruit and maintain stable, quality foster homes, foster parents must be fairly compensated. For foster parents with young children in their homes, this includes the full cost of child care. Many foster parents are working parents and have the same child care needs as biological parents. If child care is not adequately reimbursed they are faced with the choice of quitting their jobs, paying out of their own pockets, or no longer taking in young foster children.</i>												

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**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Foster Care Special Need (continued)**

FY2009 Increase Child Care Benefits for Child

Protective Services (continued)

*Thirty-five percent of protective services reports in Alaska are for children under the age of six. Research has shown that during this critical period, chronic stress can have an especially damaging affect on the developing brain and lead to lifelong learning, behavior, physical health and mental health problems. Children dealing with this special set of physical and emotional concerns require careful consideration when placed in child care. All child care programs are not equal in terms of quality. Staff training, staff retention, child/staff ratios, and programming may be very uneven. These children need compassionate, well-trained teachers in high quality programs providing for their care.*

*It has been the policy of the Office of Children's Service (OCS) for several years to reimburse foster families, unlicensed relatives, and biological parents needing child protective services child care) a maximum rate of \$550 for full-time child care services. This one rate applies regardless where the family lives or the age of the child. Those who are eligible for child care assistance due to low income status, receive child care assistance from the Department of Health and Social Services Division of Public Assistance (DPA). DPA child care assistance rates are based on geographic location and the age of the child (rates for children under six vary from \$550/month to \$730/month). Foster parents, unlicensed relatives, and biological parents needing child protective services child care who are not income eligible for child care assistance through DPA are receiving the lower \$550/month OCS rate. This creates a disparate system whereby foster parents and unlicensed relatives are receiving less support for this expense.*

*In addition, child care utilization rates have increased. This request is based on the increase in utilization experienced from 2004 through 2007. No funding has been requested for child care cost increases since prior to 2004.*

*OCS child care assistance payments are well below what most child care programs charge. Even DPA child care assistance payments are often below that which child care programs charge. Foster parents and unlicensed relatives are often in the position of paying for the balance of what the child care program charges out of their personal funds or placing the child in child care which may be of questionable quality. This request includes 96.1 to assist foster parents in making up the difference between state approved child care assistance rates and actual rates.*

*Currently foster parents, unlicensed relatives and biological parents are required to apply for DPA child care assistance, if deemed eligible based on income. They may be eligible for only a portion of the child care assistance reimbursement. When that is the case, DPA pays for a portion of the child care and OCS pays for a portion. This creates a dual approval system and a dual accounting system. It creates confusion on the part of providers who must bill both state agencies, and at worst, creates an opportunity for billing errors and over charging. If child care eligibility and reimbursement could be handled primarily through one system, these issues could be eliminated. This request includes 100.0 to purchase child care administrative services from the Division of Public Assistance so that foster parents are not forced to work with two separate child care agencies.*

*This request for funding will: (1) allow OCS to provide reimbursement to working foster parents, unlicensed relatives, and biological parents needing child protective services child care at the DPA child care assistance rate; (2) provide additional funds to cover the balance of the child care costs (not covered by the DPA child care assistance rate) when a quality child care program cannot be found for that amount; (3) allow funding to process child care applications in one location for foster parents and unlicensed relatives; and (4) will provide adequate*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Special Need (continued)</b>												
FY2009 Increase Child Care Benefits for Child Protective Services (continued)												
<i>funding for child care utilization by foster parents and relatives.</i>												
<i>Request</i>												
<i>1,099.0 Increased costs to bring OCS daycare rates in line with DPA daycare rates and growth</i>												
<i>96.1 Estimated average 5% difference between child care assistance rates and actual costs</i>												
<i>100.0 Estimated cost to purchase services placing all child care under the DPA umbrella</i>												
<i>1,295.1 Total Request</i>												
<i>This request for foster parent and unlicensed relative child care assistance does not relate directly to any OCS performance measure. It does however promote foster home recruitment and retention and therefore promotes child safety.</i>												
<i>Department Measures</i>												
<i>C: Result - Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.</i>												
<i>Target #1 Decrease the rate of substantiated allegations of child abuse and neglect in Alaska.</i>												
<i>Target #2 Decrease the rate of repeat maltreatment to meet or exceed the national standard of 6.1 percent.</i>												
<i>Target #3 Decrease the percentage of substantiated maltreatment by out-of-home providers.</i>												
<i>Target #4 Annual employee turnover rate; number of positions available to provide direct services.</i>												
<i>OCS Measures</i>												
<i>A: Result - To prevent children from abuse and neglect.</i>												
<i>Target #1 Increase the number of Early Intervention/Infant Learning Program screenings for children age 0 - 3 to meet federal requirements.</i>												
<i>A1: Strategy - Improve the referral process from Children's Protective Services to Early Intervention/Infant Learning Program services.</i>												
<i>Target #1 Increase the percentage of child protection services referrals to children ages 0 - 3 and attain federal compliance.</i>												
<i>A2: Strategy - To reunify children in out-of-home placements with parents and caretakers as soon as it is possible.</i>												
<i>Target #1 Increase the rate of children reunified with their parents or caretakers within 12 months of removal.</i>												
1007 I/A Rcpts (Other)		1,295.1										
FY2009 AMD: Increased Foster Care Special Need Costs Due to Growth	Inc	1,506.2	0.0	0.0	0.0	0.0	0.0	1,506.2	0.0	0	0	0
<i>OCS has identified current trends resulting in increased reimbursement to foster parents for care provided to children in custody. Current growth rates of about 15 percent indicate a need for \$1,325.5 in general funds to match \$180.7 in federal funds for a total need of \$1,506.2.</i>												
<i>There are approximately 1,200 licensed foster homes in Alaska that provide care to over 2,000 abused and neglected children at any given time. In addition to a monthly reimbursement for costs of care related to items</i>												

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**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Foster Care Special Need (continued)**

FY2009 AMD: Increased Foster Care Special

Need Costs Due to Growth (continued)

*every parent would expect to provide, the Office of Children's Services (OCS) provides special funding on an as-needed basis to cover certain costs not covered under foster care base rate reimbursements. These costs include child care for working foster parents; respite care for parents with children at risk; clothing and food in emergency situations; travel related to the safety of a child or for continuity in placements such as foster family vacations or visitation with biological parents; and other costs associated with the individual needs of each child.*

*The Office of Children's Services monitors and projects foster care costs for special needs by FTE (full time equivalent) calculated on the number of days service is provided rather than the number of children that receive services. FTEs provide the division with a more accurate picture as children move in and out of the system regularly. One FTE equals thirty days of services provided.*

*Not unlike many other states in the nation, Alaska has been experiencing increased volume of workload, reports of abuse and neglect, and investigations that have resulted in increased FTEs for foster care base services. In FY 2007:*

*Protective Services Reports increased 11.8%;  
Investigations completed increased 15.1%;  
Substantiated investigations increased 8%;  
Children removed from the home 36.4%*

*While the reasons for the increases are difficult to pinpoint, national trends indicate an increase in neglect cases with methamphetamine use and mental health being cited as two of the reasons. For example, the State of Washington is currently experiencing a 16 percent increase in the numbers of children in foster homes. Alaska's growth has increased by 15.2 percent in FY 2007 and is on track to increase 15.5 percent in FY 2008. With the uncertainty of the economy, casework trends, and national trends that do not indicate a slowing of children entering into the system, the OCS must move forward under the assumption that increases in the number of children in FY 2009 will follow those experienced in FY 2007 and FY 2008.*

*A 12 year history of foster care FTEs with FY 2008 projected through fiscal year end and based on monthly averages to date, clearly shows marked increases over the last two years. These marked increases begin in FY 2006 after a stagnant period of 6 years. With historical expenditures within such close proximity for so many years, the OCS was cautious about increases in FY 2007 but now is seeing the same increases in FY 2008 and has no reason to believe FY 2009 will experience decreases. The following lists FTE averages and percentage increase for the past 12 years:*

FY	Ave FTEs	% Increase
1996	878	
1997	846	-4%
1998	990	17%
1999	1,150	16%
2000	1,216	6%
2001	1,141	-6%
2002	1,090	-4%
2003	1,125	3%

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Special Need (continued)</b>												
FY2009 AMD: Increased Foster Care Special Need Costs Due to Growth (continued)												
2004		1,170	4%									
2005		1,215	4%									
2006		1,358	12%									
2007		1,564	15%									
2008		1,807	16%	Projected								
<p>The current average special needs cost per FTE is \$240.00 per month. The division uses this average cost to calculate need but in reality, special needs costs are higher upon a child's entrance into the child welfare system. The following calculation has been used to determine additional need in FY 2008 (supplemental) and for FY 2009 for Foster Care Special Needs:</p> <p>1,564 FY 2007 average FTEs 1,807 FY 2008 projected FTEs 243 projected increase</p> <p>\$2,880 FY 2007 average annual cost per FTE 243 FY 2008 projected increase in FTEs \$699,840 projected increase in costs related to FY 2008</p> <p>1,807 FY 2008 average FTEs 2,087 FY 2009 projected FTEs 280 projected increase</p> <p>\$2,880 FY 2007 average annual cost per FTE 280 FY 2009 projected increase in FTEs \$806,400 projected increase in costs related to FY 2009</p> <p>1002 Fed Rcpts (Fed) 180.7 1003 G/F Match (UGF) 1,325.5</p>												
FY2010 Dillingham Therapeutic Foster Home	Inc	100.4	0.0	0.0	0.0	0.0	0.0	100.4	0.0	0	0	0
1004 Gen Fund (UGF)		100.4										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.2	0.0	-0.2	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.1										
1004 Gen Fund (UGF)		-0.1										
FY2011 Permit foster youth who move between placements to stay in their original school for the remainder of the school term	Inc	80.0	0.0	0.0	0.0	0.0	0.0	0.0	80.0	0	0	0
<p><b>ADD INTENT:</b> It is the intent of the Legislature that the Office of Children's Services shall effectively use these funds to address the stated foster youth stability and success goals stated below:</p> <p><b>EXPLANATION:</b> \$30,000: These funds shall be used to permit foster youth who move between placements to stay, when in the youth's best interest, in their original school for the remainder of the school term. These funds shall not be used for those "homeless" youth already being provided school stability services under the Federal McKinney-Vento Act.</p>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Foster Care Special Need (continued)</b>												
FY2011 Permit foster youth who move between placements to stay in their original school for the remainder of the school term (continued)												
1004 Gen Fund (UGF)		80.0										
FY2011 Ch. 80, SLA 2010 (HB 126) FOSTER CARE/CINA/EDUCATION OF HOMELESS	FisNot	41.0	0.0	0.0	0.0	0.0	0.0	41.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		2.2										
1003 G/F Match (UGF)		38.8										
FY2012 Delete Excess Federal Authority												
<i>Decrement excess federal authority to bring budgeted levels more closely in line with anticipated claimable amounts.</i>												
1002 Fed Rcpts (Fed)		-400.0	0.0	0.0	-400.0	0.0	0.0	0.0	0.0	0	0	0
FY2012 Extending State Custody of Children; Ch. 80 SLA 10 (HB 126)	IncM	40.9	0.0	0.0	0.0	0.0	0.0	40.9	0.0	0	0	0
<i>Implement second year of HB 126 fiscal note funding to extend state custody of children to age 21.</i>												
<i>NOTE: The Administration for Families and Children has issued program instruction that does not allow a state to expand foster care without expanding adoptions and guardianships. For FY12, if a strategy for Alaska has not yet been developed, no federal reimbursements will be allowed.</i>												
1002 Fed Rcpts (Fed)		2.2										
1003 G/F Match (UGF)		38.7										
<b>* Allocation Total *</b>		<b>2,403.4</b>	<b>0.0</b>	<b>-0.2</b>	<b>-300.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,623.6</b>	<b>80.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Subsidized Adoptions & Guardianship**

FY2006 Projected 8% caseload growth for Subsidized Adoption and Guardianship	Inc	1,578.7	0.0	0.0	59.2	0.0	0.0	1,519.5	0.0	0	0	0
<i>The Department requests an increment of \$1,578.7 (560.4 Federal Receipts, \$1,018.3 General Fund) to cover the cost of a projected 8% growth in the Subsidized Adoption &amp; Guardianship Program. This increment is necessary to ensure continuity of subsidy payments and continued success of the subsidy program.</i>												

*The Subsidized Adoption & Guardianship budget and FY2006 increment request is based on projected caseloads. The following table shows the number of children in the Subsidized Adoption & Guardianship program from FY1992 to FY2006 (FY2005 and FY2006 are projected). At the close of FY2004, there were 2,098 children in the Subsidized Adoption & Guardianship program. The Department anticipates the number of children receiving these benefits to increase to 2,216 in FY2005, with an additional 8% growth to 2,393 in FY2006.*

Fiscal Year	Number of Clients
FY1992	338
FY1993	450
FY1994	605
FY1995	696
FY1996	775
FY1997	847
FY1998	1,017
FY1999	1,169

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Subsidized Adoptions &amp; Guardianship (continued)</b>												
FY2006 Projected 8% caseload growth for Subsidized Adoption and Guardianship (continued)												
FY2000		1,332										
FY2001		1,515										
FY2002		1,800										
FY2003		1,918										
FY2004		2,098										
FY2005 (Projected)		2,216										
FY2006 (Projected)		2,393										
<p>Several factors have contributed to the success and growth of the Subsidized Adoption &amp; Guardianship program. Federal and State policies, including Alaska's HB 375 (Chapter 99, SLA 98) pertaining to children in need of aid, and the Federal Adoption and Safe Families Act of 1998, mandate the Department to continue the increased emphasis on permanency planning and to move quickly to find permanent homes for children in State custody. AS 25.23.190 further stipulates that "A hard-to-place child in the permanent custody of the department in a foster home for not less than one year may not be denied the opportunity for a permanent home if the achievement of this depends on continued subsidy by the state."</p> <p>A child must have special needs in order to qualify for the Subsidized Adoption and Guardianship program. Special needs categories include physical or mental disabilities, emotional disturbance, recognized high risk of physical or mental disease, age, membership in a sibling group, racial or ethnic factors, or any combination of these conditions.</p> <p>The Subsidized Adoption &amp; Guardianship program provides the State with a cost-effective alternative to foster care. State law stipulates that adoption and guardianship subsidy payments may not exceed what would have been paid had the child remained in foster care. In FY2004 the average daily cost per child for the Subsidized Adoption &amp; Guardianship program was \$23.45, compared to an average daily cost of \$26.83 for children in foster care (includes the Foster Care Base Rate and Foster Care Special Needs programs). In addition, in FY2004 approximately 32% of the children in foster care had extra-ordinary on-going needs and received a rate augmentation, which averaged \$16.52 per day. There are also indirect cost savings for Subsidized Adoption &amp; Guardianship cases as typically these children are not carried as part of the Office of Children's Services social worker caseloads.</p> <p>If this increment is not funded, the Department will be unable to meet its obligation to pay monthly subsidies. In addition, failure to move children to adoption or guardianship will result in violation of the Federal Adoption and Safe Families Act, Alaska's HB 375 (Chapter 99, SLA 98), and AS 25.23.190 (see cite above). Lack of payment would also pose a serious financial hardship on many of the guardians and adoptive families and would potentially subject the State to legal action for breach of contract.</p>												
1002 Fed Rcpts (Fed)		560.4										
1003 G/F Match (UGF)		252.2										
1004 Gen Fund (UGF)		766.1										
FY2006 Technical correction between general funds and general funds match	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-120.0										
1004 Gen Fund (UGF)		120.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Subsidized Adoptions &amp; Guardianship (continued)</b>												
FY2007 Provide 50% funding awaiting ruling AMD: Rosales	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Reversal - Ninth Circuit Court of Appeals Decision <i>Provisions in the 2006 federal Budget Reconciliation Bill limit the state's ability to claim IV-E maintenance and administrative costs. The bill was passed out of Congress in early February and signed into law on February 8, 2006.</i>  <i>It is unknown at this time whether provisions of the bill are effective as of February 8, 2006 or are retroactive to October 1, 2005. In addition, it is unknown as to how states will be expected to discontinue or phase out Rosales.</i>  <i>In the Rosales case, the court ruled that a child did not need to be Title IV-A (AFDC now TANF) eligible in the same home from which s/he was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the eligibility month. States were able to choose the home in which to base eligibility. Alaska became eligible to claim maintenance payments under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective. However, with the changes in the Budget Reconciliation Bill, Alaska will lose this eligibility.</i>  <i>The Office of Children's Services has done an initial analysis on the potential annual cost to the State. The OCS estimates a loss of federal revenue of \$11,448 per month or \$137,373 annually for adoption maintenance. There are 34 children eligible under Rosales. This loss will impact the Subsidized Adoption &amp; Guardianship component.</i>  <i>There is a possibility that children currently in custody and eligible for IV-E under the Rosales decision, may be grandfathered in. This would reduce the impact of the Budget Reconciliation Bill changes.</i>  <i>General funds are required in the Subsidized Adoption and Guardianship component to replace lost federal receipts and maintain the current level of support to the State's adoptive parents.</i>  <i>This shortfall was not addressed in the FY07 Governor's Budget because the action by Congress was not known at the time.</i>  <i>If the federal funds are not replaced, the budgetary impact would result in adoptive parents losing 153 months of care at \$671 per month per child. The division sees no other alternative to this request.</i>												
1002 Fed Rcpts (Fed)		-68.7										
1004 Gen Fund (UGF)		68.7										
FY2008 AMD: Reduce Allocated Funds for Deficit Reduction Act	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This decremental request reduces the anticipated impact of the Deficit Reduction Act on the Subsidized Adoptions/Guardianships component. OCS believes this can be accomplished through changes in practice, policy, and procedure that will result in an increase of Title IV-E eligibility determinations.</i>  <i>These changes to policy and procedure should have no impact services to Alaska children in the adoption subsidy program.</i>												
1002 Fed Rcpts (Fed)		149.8										
1003 G/F Match (UGF)		-149.8										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Subsidized Adoptions &amp; Guardianship (continued)</b>												
FY2010 Fund Increased Costs for Subsidized Adoptions and Guardianship Due to Growth	Inc	677.4	0.0	0.0	0.0	0.0	0.0	677.4	0.0	0	0	0
<p><i>This request for \$677.4 will provide funding to cover increased numbers of adoptions and guardianships. The program has experienced steady growth each year for the past seven years. This is the first incremental request for growth in the subsidy program during that same time period. OSC has been using the Social Services Block Grant (SSBG) to fund increased numbers of subsidies up to this year, but the cost for the subsidies has now surpassed the funds available for adoption and guardianship costs. Costs have increased by \$2,617.1 from 2004 to 2008. The SSBG is a very flexible fund source and also funds prevention and intervention services (family support grants, in-home case management), protective services (family preservation grants and investigations), adoption case management services, reunification services, food bank of Alaska, substance abuse treatment services for women and children, and family preservation services where funding levels from federal grants are steadily eroding.</i></p> <p><i>The Subsidized Adoption and Guardianship program facilitates permanent placements in adoptive and guardianship homes for an increasing number of children in custody whose special needs make them hard to place. Adoption is viewed as the most permanent and preferable option for children who cannot return to their own homes.</i></p> <p><i>Guardianships are considered for children who cannot be freed for adoption, but for whom a reasonably permanent home is provided through guardianship. This is often the best choice for children who cannot live with their parents but continue to have an important emotional tie to their families that should not be severed.</i></p> <p><i>By the end of 2008, 2,395 children were living in permanent homes assisted through subsidized adoptions and guardianships. Since 2005, subsidized adoptions and guardianships have grown an average of 3.37% annually. This four-year average growth is the basis for this request. Prior to 2005, adoption and subsidy growth was much higher, ranging from 6.5% to 11.66%.</i></p> <p><i>Request: \$677.4; 179.0 Federal; 498.4 General Fund</i></p> <p><i>\$20,125.3 FY2008 adoption and subsidy costs 677.4 Apply 3.37% four-year average growth rate 179.0 Federal fund participation 498.4 General Fund</i></p> <p><i>Federal fund participation is calculated on the average four-year IV-E eligible rate of 72.69%. This represents the percent of adoptions that are eligible for federal reimbursement. Guardianships are not eligible for IV-E reimbursement.</i></p> <p><i>Performance based measures most directly impacted by these funds are:</i></p> <p><i>Children's Services Results Delivery Unit Measures: End Result A. To prevent child abuse and neglect. End Result B. Safe and timely adoptions. Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i></p>												
1002 Fed Rcpts (Fed)		179.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Subsidized Adoptions &amp; Guardianship (continued)</b>												
FY2010 Fund Increased Costs for Subsidized Adoptions and Guardianship Due to Growth (continued)												
1004 Gen Fund (UGF)		498.4										
FY2010 Increase Adoption Subsidies to Foster Care Base Rate Levels - Final Phase	Inc	1,129.8	0.0	0.0	0.0	0.0	0.0	1,129.8	0.0	0	0	0
<p><i>The Department of Health and Social Services, Office of Children's Services (OCS) is requesting \$2,269.5 to complete the final phase of rate increases for Alaska's resource families. In FY2009, \$3,165.5 was appropriated to increase foster care base rates related to the reimbursement to foster homes for expenditures incurred for the care of state custody children. In FY2007, rate increases were approved for Behavioral Rehabilitative Services in the amount of \$2,214 for custody children who need facility services 24 hours a day, 7 days a week.</i></p> <p><i>Subsidized adoption rates are negotiated with the foster care base rate levels being the cap. Most rates are negotiated at about 85% of the base rate. Rates are set with consideration for a child's special needs and the circumstance of the adoptive family. When base rate levels increased by 28.9% in FY2009 - the first increase in eight years - new subsidized adoptions began to be negotiated with the higher starting point of the new base rates as of July 1, 2008. This means that if an adoption or guardianship is put into place in FY2009, the negotiated rate will be 28.9% higher than those put into place in FY2008. For foster parents, foster rates are calculated monthly, and therefore each foster parent received the increased rates as of July 1, 2008. This request allows adoptive parents that same increase for rates negotiated in FY2006 forward, and captures most adoption and guardianship subsidies in the pipeline.</i></p> <p><i>This request is calculated by applying the 28.9% increase to the average base rate used as the cap for negotiated subsidies in FY2006, 2007, and 2008 then applying the average negotiated rate for each of those years to all new subsidies issued during the year beginning with FY2006.</i></p> <p><i>Request: \$2,269.5: \$862.4 Federal; \$1,407.1 General Fund</i></p> <p><i>Performance based measures most directly impacted by these funds are:</i></p> <p><i>Children's Services Results Delivery Unit Measures:</i>  <i>End Result A. To prevent child abuse and neglect.</i>  <i>End Result B. Safe and timely adoptions.</i>  <i>Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i></p>												
1002 Fed Rcpts (Fed)		426.2										
1004 Gen Fund (UGF)		703.6										
FY2010 Maintain Service for Children's Services Adoption/Guardianship Grantees	Inc	55.3	0.0	0.0	0.0	0.0	0.0	55.3	0.0	0	0	0
<p><i>The Department of Health and Social Services recognizes the need to provide an inflationary allowance to grantees. While many of the grants in the Office of Children's Services are at least in part funded by the federal government, no recognition from the federal government for the tremendous increase in living expenses has been forthcoming. Because of the extraordinary increases seen of late, the DHSS is requesting a 4.6% increase (tied to CPI) in grant funds. This is necessary to simply maintain current levels of services. If not for this increase, existing grant funds must be used to cover overhead costs, reducing the services currently being provided to vulnerable Alaskans. These grants now total \$7.4 million.</i></p>												

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<b>Children's Services (continued)</b>												
<b>Subsidized Adoptions &amp; Guardianship (continued)</b>												
FY2010 Maintain Service for Children's Services Adoption/Guardianship Grantees (continued)												
<i>Subsidized Adoptions and Guardianship grants promote and support adoptions and provide training to adoptive families. Most adoptions through the OCS are special needs and many times parents need support and help to provide for those needs.</i>												
<i>If these Children's Services grantees must absorb the hike in energy costs and other general overhead costs, grantees will have no alternative but to reduce services. A reduction in services will affect every outcome for the Office of Children's Services as we depend on our grantees/community partners to provide the follow-up services to help keep children safe and families together and establish permanency when families cannot remain together.</i>												
<i>Department Level Measures:</i>												
<i>End Result C, Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.</i>												
<i>Strategy C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.</i>												
<i>Strategy C2: Children placed outside the home are protected from further abuse and neglect.</i>												
<i>Strategy C3: Retain and effective and efficient workforce.</i>												
<i>Children's Services Results Delivery Unit Measures:</i>												
<i>End Result A. To prevent child abuse and neglect.</i>												
<i>Strategy A1: Increase the number of referrals from Child Protective Services to Early Intervention/Infant Learning Program services.</i>												
<i>Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.</i>												
<i>End Result B. Safe and timely adoptions.</i>												
<i>Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i>												
1004 Gen Fund (UGF)		55.3										
FY2010 AMD: FMAP Increase of 6.2% - Title IV-E	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds available due to the federal economic stimulus package.</i>												
1003 G/F Match (UGF)		-780.0										
1212 Stimulus09 (Fed)		780.0										
FY2012 Delete ARRA Funding for Enhanced FMAP of 6.2%	Dec	-780.0	0.0	0.0	0.0	0.0	0.0	-780.0	0.0	0	0	0
<i>For FY2010 general fund match authorization was decremented in the amount then estimated for increased federal participation related to stimulus enhanced FMAP rates. The decrement carried over into the FY2011 base authorized budget. As of July 1, 2011, stimulus enhanced rates will no longer be available.</i>												
1212 Stimulus09 (Fed)		-780.0										
FY2012 AMD: Replace Economic Stimulus Funding (ARRA) for Foster Care Assistance Under Title IV-E	IncM	260.0	0.0	0.0	0.0	0.0	0.0	260.0	0.0	0	0	0
<i>The foster care and adoption Title IV-E programs are reimbursed at the Medicaid federal medical assistance percentage (FMAP) rate. An increase to this rate was originally available under the American Recovery and Reinvestment Act (ARRA) and continued under other federal legislation in FY2011. ARRA Medicaid increases to the federal medical assistance percentage (FMAP) will end in FY2011.</i>												

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<b>Children's Services (continued)</b>												
<b>Subsidized Adoptions &amp; Guardianship (continued)</b>												
FY2012 AMD: Replace Economic Stimulus												
Funding (ARRA) for Foster Care Assistance												
Under Title IV-E (continued)												
<i>This request will replace deleted ARRA authorization with federal authorization in anticipation of a potential continuation of the increased federal match rate in FY2012 for foster care assistance available through Title IV-E of the Social Security Act, consistent with the overall plan to address Medicaid costs in FY2012.</i>												
<i>This amendment provides FY2012 funding based on a FY2011 supplemental request.</i>												
1002 Fed Rcpts (Fed)		260.0										
<b>* Allocation Total *</b>		<b>2,921.2</b>	<b>0.0</b>	<b>0.0</b>	<b>59.2</b>	<b>0.0</b>	<b>0.0</b>	<b>2,862.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Residential Child Care</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act	Dec	-105.5	0.0	0.0	0.0	0.0	0.0	0.0	-105.5	0	0	0
<i>The Department of Health and Social Services, Office of Children's Services requests \$105.5 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.</i>												
<i>Rosales</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Residential Child Care Component to be \$108.6. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care maintenance penetration rate. The penetration rate determines the percent of state foster care maintenance expenditures that will be considered reimbursable at 50% or the applicable Federal Medical Assistance Percentage (FMAP) rate. Congressional adjustments to Alaska's FMAP do not extend to foster care.</i>												
<i>Residential Child Care (RCC) Component Estimate of Reimbursable Expenses:</i>												
<i>1,435.9 estimated total RCC expenditures</i>												
<i>x 44% current IV-E maintenance penetration rate</i>												
<i>= 631.8 expenditures eligible for IV-E reimbursement</i>												
<i>@ 50% estimated FY 2008 FMAP</i>												
<i>= 315.9 pre DRA federal fund participation</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Residential Child Care (continued)</b>												
FY2008 Shortfall due to implementation of the Federal Deficit Reduction Act (continued)												
Reduced Federal Fund Participation for Rosales:												
1,435.9 estimated total RCC expenditures												
29.3% with 14.7% reduction to IV-E maintenance penetration rate for Rosales												
= 420.7 expenditures eligible for IV-E reimbursement												
@ 50% estimated FY 2008 FMAP												
= 210.4 post DRA federal fund participation												
RCC Summary of Reduced Federal Fund Participation for DRA												
315.9 pre DRA federal fund participation												
- 210.4 post DRA federal fund participation												
= 105.5 FY 2008 RCC general fund need												
To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.												
Services within the Residential Child Care component for Title IV-E eligible children include incidentals and special needs for the well being of each child, including family preservations services, escort travel, and clothing. Component costs are those that are not included in daily rates or covered by Medicaid.												
Missions and Measures												
While this funding does not directly impact any specific OCS performance measures, it is an extension of essential services provided to children in custody and therefore indirectly impacts every OCS performance measure. In addition, several DHSS divisions are working closely to enhance in-state services available to these children with special needs through the Bring the Kids Home project. Children placed in residential care may have primary mental, emotional, and behavioral disorders or developmental disabilities resulting from substance abuse and/or mental illness of the parents.												
Department Level Measures												
End Result: C: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.												
Strategy: C3: Children placed outside of the home are protected from further abuse and neglect.												
1002 Fed Rcpts (Fed)		-105.5										
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act	Inc	105.5	0.0	0.0	0.0	0.0	0.0	0.0	105.5	0	0	0
The Department of Health and Social Services, Office of Children's Services requests \$105.5 in general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson. In the FY07 budget the legislature provided approximately half of the necessary funding that OCS requested. Analysis shows the full general fund amount is needed.												
Rosales												
The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Residential Child Care (continued)</b>												
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)												
<i>not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits Ninth Circuit states' ability to claim IV-E maintenance costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Office of Children's Services (OCS) estimates the reduced ability to claim federal funds for services provided to IV-E eligible children through the Residential Child Care Component to be \$108.6. Rosales accounts for about 15% of the foster care population resulting in a like drop in the foster care maintenance penetration rate. The penetration rate determines the percent of state foster care maintenance expenditures that will be considered reimbursable at 50% or the applicable Federal Medical Assistance Percentage (FMAP) rate. Congressional adjustments to Alaska's FMAP do not extend to foster care.</i>												
<i>Residential Child Care (RCC) Component Estimate of Reimbursable Expenses:</i>												
<i>1,435.9 estimated total RCC expenditures</i>												
<i>x 44% current IV-E maintenance penetration rate</i>												
<i>= 631.8 expenditures eligible for IV-E reimbursement</i>												
<i>@ 50% estimated FY 2008 FMAP</i>												
<i>= 315.9 pre DRA federal fund participation</i>												
<i>Reduced Federal Fund Participation for Rosales:</i>												
<i>1,435.9 estimated total RCC expenditures</i>												
<i>29.3% with 14.7% reduction to IV-E maintenance penetration rate for Rosales</i>												
<i>= 420.7 expenditures eligible for IV-E reimbursement</i>												
<i>@ 50% estimated FY 2008 FMAP</i>												
<i>= 210.4 post DRA federal fund participation</i>												
<i>RCC Summary of Reduced Federal Fund Participation for DRA</i>												
<i>315.9 pre DRA federal fund participation</i>												
<i>- 210.4 post DRA federal fund participation</i>												
<i>= 105.5 FY 2008 RCC general fund need</i>												
<i>To the extent possible, OCS has made adjustments to calculations to account for any duplicate FTEs that will not be claimable as a result of the either Rosales or unlicensed relatives under the DRA.</i>												
<i>Services within the Residential Child Care component for Title IV-E eligible children include incidentals and special needs for the well being of each child, including family preservation services, escort travel, and clothing. Component costs are those that are not included in daily rates or covered by Medicaid.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Residential Child Care (continued)</b>												
FY2008 Replace federal funding due to implementation of the Federal Deficit Reduction Act (continued)												
<i>Missions and Measures</i>												
<i>While this funding does not directly impact any specific OCS performance measures, it is an extension of essential services provided to children in custody and therefore indirectly impacts every OCS performance measure. In addition, several DHSS divisions are working closely to enhance in-state services available to these children with special needs through the Bring the Kids Home project. Children placed in residential care may have primary mental, emotional, and behavioral disorders or developmental disabilities resulting from substance abuse and/or mental illness of the parents.</i>												
<i>Department Level Measures</i>												
<i>End Result: C: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.</i>												
<i>Strategy: C3: Children placed outside of the home are protected from further abuse and neglect.</i>												
1004 Gen Fund (UGF)		105.5										
FY2008 AMD: Increased Use of Alaska Psychiatric Institute for Children's Services	Dec	-250.0	0.0	0.0	0.0	0.0	0.0	-250.0	0.0	0	0	0
<i>This decrement is based on the Alaska Psychiatric Institute (API) providing services to OCS children. The OCS believes the advantage would be to 1) replace current costs for care in private facilities that can reach more than \$1,200 a day, and 2) by having this alternative, the OCS may have more control over the quality of services provided to children in custody.</i>												
<i>The OCS will be working with API to review the potential of this proposal. Outstanding issues are API's capacity to serve youth and the daily rate required.</i>												
1003 G/F Match (UGF)		-138.1										
1004 Gen Fund (UGF)		-111.9										
FY2009 Title IV-E Federal Fund Participation Decrease (FMAP)	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual Federal Medical Assistance Percentage rate. This statutory rate is used for Title IV-E funded programs that reimburse foster parents and providers for services provided to children in state custody. This decreased rate will take effect on October 1, 2008.</i>												
<i>The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. The amount of federal funds the state receives depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
<i>This fund source change effects every aspect of the OCS's ability to provide services to children in need.</i>												

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<b>Children's Services (continued)</b>												
<b>Residential Child Care (continued)</b>												
FY2009 Title IV-E Federal Fund Participation												
Decrease (FMAP) (continued)												
1002 Fed Rcpts (Fed)		-12.2										
1003 G/F Match (UGF)		12.2										
FY2010 Maintain Service Levels for Children's Services												
	Inc	154.6	0.0	0.0	0.0	0.0	0.0	154.6	0.0	0	0	0
Residential Care Grantees												
<p><i>The Department of Health and Social Services recognizes the need to maintain services provided by its grantees. While many of the grants in the Office of Children's Services are at least in part funded by the federal government, no recognition from the federal government for the tremendous increase in living expenses has been forthcoming. Because of the extraordinary increases seen of late, the DHSS is requesting a 4.6% increase (tied to CPI) in grant funds. This is necessary to simply maintain current levels of services. If not for this increase, existing grant funds must be used to cover overhead costs, reducing the services currently being provided to vulnerable Alaskans. These grants now total \$7.4 million.</i></p> <p><i>Residential Child Care grants provide core services (room and board) for children in residential care. Residential care services are provided to children with behavioral problems that require 24-hour supervision.</i></p> <p><i>If these Children's Services grantees must absorb the hike in energy costs and other general overhead costs, grantees will have no alternative but to reduce services. A reduction in services will affect every outcome for the Office of Children's Services as we depend on our grantee/community partners to provide the follow-up services to help keep children safe and families together.</i></p> <p><i>Department Level Measures:</i>  <i>End Result C. Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.</i>  <i>Strategy C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.</i>  <i>Strategy C2: Children placed outside the home are protected from further abuse and neglect.</i>  <i>Strategy C3: Retain and effective and efficient workforce.</i></p> <p><i>Children's Services Results Delivery Unit Measures:</i>  <i>End Result A. To prevent child abuse and neglect.</i>  <i>Strategy A1: Increase the number of referrals from Child Protective Services to Early Intervention/Infant Learning Program services.</i>  <i>Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.</i>  <i>End Result B. Safe and timely adoptions.</i>  <i>Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i></p>												
1004 Gen Fund (UGF)		154.6										
FY2010 Reduce Federal Authorization to Reimbursable Levels												
	Dec	-250.0	0.0	0.0	0.0	0.0	0.0	-250.0	0.0	0	0	0
This decrement brings federal authorization in line with the estimated ability to earn federal reimbursements.												
1002 Fed Rcpts (Fed)		-250.0										
<b>* Allocation Total *</b>		<b>-345.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-345.4</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants</b>												
FY2008 Early Childhood Comprehensive System Grants	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>This request is part of the department's overall strategy for implementation of Bring the Kids Home (BTKH). BTKH will expand Alaska's ability to provide in-state home and community based care capacity as well as non-institutional, out-of-home treatment alternatives for children who would otherwise receive care out-of-state.</i>												
<i>The \$100.0 requested will be used to provide Early Childhood Comprehensive System grants for children from birth to 8 years of age by enhancing early intervention services through the Community Behavioral Health Centers and education system.</i>												
<i>While this funding does not directly impact any specific OCS performance measures, it is an extension of essential services provided to Alaska's children in custody or at risk and therefore indirectly impacts every OCS performance measure.</i>												
1092 MHTAAR (Other)		100.0										
FY2008 Behavior Intervention and Supports - Early Childhood System	Inc	80.0	0.0	0.0	80.0	0.0	0.0	0.0	0.0	0	0	0
<i>Request for funds to implement pilot/demonstration project to gather information about the effectiveness of on-going, statewide training in the use of positive behavioral supports for direct service providers and families supporting individuals who experience developmental disabilities. This project will target children receiving early intervention services and early childhood special education.</i>												
<i>While this funding does not directly impact any specific OCS performance measures, it is an extension of essential services provided to Alaska's children in custody or at risk and therefore indirectly impacts every OCS performance measure.</i>												
1092 MHTAAR (Other)		80.0										
FY2008 AMD: Early Intervention/Infant Learning Services Needs	Inc	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
<i>The early intervention/infant learning program (EI/ILP) provides family centered services for very young children who experience significant developmental delay or are at high risk to manifest such a delay without intervention. In Alaska most of the children served in early intervention/infant learning programs have experienced a 50% or greater delay in one area of development or have a diagnosed condition which may lead to a significant delay such as Down Syndrome or Autism.</i>												
<i>The program has identified unmet needs in the areas of adequate support services for very young children with substantiated reports of abuse and neglect as well as in the frequency of services for all children and families in need. In addition, funding for EI/ILP has remained level for more than five years, and the program can no longer absorb the increased costs for services required.</i>												
<i>This funding will allow EI/ILP to make progress toward achieving 100% compliance in screening all children with a substantiated report or harm. Currently we are screening about 40% of required screenings. These funds will be used toward improvement strategies to reach our goal of 100% screenings as required by the Child Abuse Prevention and Treatment Act (CAPTA, 2003). These strategies include improving the referral process between child protection workers and early intervention.</i>												
<i>The EI/ILP program requests an increment of \$300.0 to strengthen available supports and services for children and families as needed and evidenced by program data. These funds will ensure that grantee programs have access to adequate training, and support for the expected influx of children with high social and emotional needs,</i>												

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<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2008 AMD: Early Intervention/Infant Learning												
Services Needs (continued)												
<i>as well as provide continued, enhanced services to children currently enrolled. Funds would also be used to pay for limited consultation from licensed mental health practitioners to consult and work with Individual Family Service Plan (IFSP) teams to develop and implement pre-clinical support. Funds would be used to identify or procure further clinical assessment as appropriate.</i>												
<i>Performance measures affected:</i>												
<i>Department:</i>												
<i>C1: Strategy - Institute repeat maltreatment portocol to address child protective services reports received within six months of an initial protective services report that has been substantiated.</i>												
<i>RDU:</i>												
<i>A: Outcome Statement: To prevent children from abuse and neglect.</i>												
<i>A1: Improve referral process from child protective services to early intervention/infant learning services.</i>												
1004 Gen Fund (UGF)		300.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-38.2	-38.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-38.2										
FY2009 MH Trust: AB-Gov Cncl - Behavior intervention and supports for early childhood system	IncOTI	80.0	0.0	0.0	0.0	0.0	0.0	80.0	0.0	0	0	0
<i>Grant 1207.1</i>												
<i>The MH Trust: AB-Gov Cncl: Behavior Intervention and Supports for the Early Childhood System is a continuing pilot/demonstration project to gather information about the effectiveness of ongoing, statewide training in the use of positive behavioral supports (PBS) for direct service providers and families supporting individuals who experience developmental disabilities. PBS is an approach to help people improve difficult behavior based on an understanding that people do not control others but seek to support others; a belief that there is a reason behind most difficult behavior and that people with difficult behavior should be treated with compassion and respect and are entitled to effective services and lives of quality; the application of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and a conviction to continually move from coercion - the use of unpleasant events to manage behavior. Specifically, this project targets children receiving early intervention services and early childhood special education. The project is managed by the Office of Children's Services through a grant to an agency experienced in providing PBS training.</i>												
<i>This project fills a gap in adequate early behavior intervention and supports, to increase children's chances for succeeding in school and community environments. The number of younger children receiving diagnoses involving dysfunctional behaviors has grown significantly in recent years. Intervention during the early childhood years can alter the course of development to more favorable outcomes, reducing not only the cost of care over time but the burden on the individual, family and society. Evaluation data obtained through this project will demonstrate the efficacy of this model during the early childhood years.</i>												
<i>This project was funded in FY08 with \$80.0 MHTAAR and is maintained at that level in FY09 with \$80.0 MHTAAR.</i>												
1092 MHTAAR (Other)		80.0										
FY2009 MH Trust: BTKH - Early childhood comprehensive system grants	IncOTI	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
<i>Grant 1393.01</i>												

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<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2009 MH Trust: BTKH - Early childhood comprehensive system grants (continued)												
<p><i>Project continues grant funding for early intervention with very young children (birth to 6 years of age) at risk of becoming youth experiencing serious emotional disturbance (SED). The funds are disseminated to a single grantee, Juneau Youth Services. They utilize funds to visit daycare sites where young children attend. They work with providers there to assess youth, to develop productive ways of working with them to reduce the possibility that they will be expelled from the facility and to prevent a serious emotional disturbance (SED). This funds an important part of the Bring the Kids Homes (BTKH) Initiative plan, namely to intervene early with youth at risk of experiencing an SED. Outcomes focus on the number of youth that are able to maintain placement at their site. Funded at \$100.0 MHTAAR in FY08 and reduced to \$75.0 MHTAAR in FY09.</i></p>												
1092 MHTAAR (Other)		75.0										
FY2010 MH Trust: Gov Cncl - 2046 Early intervention/Infant Learning Program	Inc	1,000.0	0.0	0.0	125.0	0.0	0.0	875.0	0.0	0	0	0
<p><i>Over the past five years funding for Early Intervention/Infant Learning program (EI/ILP) has stayed level and therefore been effectively decreased as the costs for therapy services, travel, fuel and personnel costs have increased. In addition, EI/ILP program was left out of the recent DHSS provider rate increase. The requested funding is needed to adjust for inflation from 2003 (at a 3% inflation rate per year). EI/ILP anticipates the requested funds will recover up to 20 providers and a training coordinator. Currently many grantees are struggling to maintain services to all the eligible children in their regions. Anecdotal evidence suggests that not all services needed by a child are provided at an appropriate level or within a timely manner due to staff shortages and funding issues.</i></p> <p><i>In 2003, Congress reauthorized the Child Abuse and Prevention and Treatment Act (CAPTA). This reauthorization requires that all children under the age of three with a substantiated report of abuse or neglect be referred to the EI/ILP programs for screening and evaluation. Since 2003, EI/ILP has seen a 50% increase in referrals and an increase in the number of children eligible for EI/ILP services. This reauthorization was an unfunded mandate with no additional funds provided to screen or provide services to these vulnerable children.</i></p> <p><i>A \$1,500.0 GF/MH increment in FY2010 is requested to ensure programs provide appropriate levels of services to meet the needs of all eligible children.</i></p>												
1037 GF/MH (UGF)		1,000.0										
FY2010 Maintain Service Levels for Children's Services Infant Learning Program Grantees	Inc	314.9	0.0	0.0	0.0	0.0	0.0	314.9	0.0	0	0	0
<p><i>The Department of Health and Social Services recognizes the need to provide an inflationary allowance to grantees. While many of the grants in the Office of Children's Services are at least in part funded by the federal government, no recognition from the federal government for the tremendous increase in living expenses has been forthcoming. Because of the extraordinary increases seen of late, the DHSS is requesting a 4.6% increase (tied to CPI) in grant funds. This is necessary to simply maintain current levels of services. If not for this increase, existing grant funds must be used to cover overhead costs, reducing the services currently being provided to vulnerable Alaskans. These grants now total \$7.4 million.</i></p> <p><i>Infant Learning Program grants ensure children who may have developmental delays or disabilities are evaluated for the potential need for early intervention services. If significant problems are identified, these grantees follow through with individualized family plans and provide comprehensive, coordinated, home-based early intervention.</i></p>												

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<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2010 Maintain Service Levels for Children's Services Infant Learning Program Grantees (continued)												
<i>If these Children's Services grantees must absorb the hike in energy costs and other general overhead costs, grantees will have no alternative but to reduce services. A reduction in services will affect every outcome for the Office of Children's Services as we depend on our grantees/community partners to provide these preventative services to help keep children safe and families together.</i>												
<i>Department Level Measures:</i>												
<i>End Result C, Outcome Statement #3 Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse and neglect.</i>												
<i>Strategy C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.</i>												
<i>Strategy C2: Children placed outside the home are protected from further abuse and neglect.</i>												
<i>Strategy C3: Retain and effective and efficient workforce.</i>												
<i>Children's Services Results Delivery Unit Measures:</i>												
<i>End Result A. To prevent child abuse and neglect.</i>												
<i>Strategy A1: Increase the number of referrals from Child Protective Services to Early Intervention/Infant Learning Program services.</i>												
<i>Strategy A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.</i>												
<i>End Result B. Safe and timely adoptions.</i>												
<i>Strategy B1: Promote the adoption of older youth ages 12 - 18 years.</i>												
1004 Gen Fund (UGF)		314.9										
FY2010 Reduce Federal Authorization to Reimbursable Levels	Dec	-380.0	0.0	0.0	0.0	0.0	0.0	-380.0	0.0	0	0	0
<i>This decrement brings federal authorization in line with estimated ability to earn federal reimbursements.</i>												
1002 Fed Rcpts (Fed)		-380.0										
FY2010 MH Trust: Gov Cncl - 2058 Behavior Intervention and Supports for Early Childhood System	Inc0TI	80.0	0.0	0.0	0.0	0.0	0.0	80.0	0.0	0	0	0
<i>The MH Trust: Gov Cncl: Behavior Intervention and Supports for the Early Childhood System continues to improve the behavioral health of young children who experience developmental disabilities-related challenging behaviors, increase opportunities for young children with behavioral health issues to be included to a greater extent in the lives of their families and communities, help families and agencies develop appropriate accommodations for young children with challenging behaviors so they can increase opportunities for inclusion and success in typical school settings and the community, and increase local capacity by training provider agencies on-site in the use of the Positive Behavioral Supports (PBS) evidence based model.</i>												
<i>PBS is an established 'best practice' that uses comprehensive intervention techniques to address challenging behavior and to create the support systems that many individuals with developmental disabilities need in order to eventually lead productive and independent lives. The PBS process includes a careful assessment of the function of a challenging behavior, the construction of a program of positive, effective, non-aversive interventions and environmental manipulations, and strategies for sustaining that program over time.</i>												
<i>This project fills a gap in adequate early behavior intervention and supports to increase children's chances for succeeding in school and community environments.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2010 MH Trust: Gov Cncl - 2058 Behavior Intervention and Supports for Early Childhood System (continued)												
<i>This project was funded in FY2009 with \$80.0 MHTAAR and is maintained at that level in FY2010 with \$80.0 MHTAAR.</i>												
1092 MHTAAR (Other)		80.0										
FY2010 MH Trust: BTKH - Grant 1393.02 Early childhood comprehensive system grants	IncOTI	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
<i>Project continues grant funding for early intervention with very young children (birth to 6 years of age) at risk of becoming youth experiencing serious emotional disturbance (SED). This funds an important part of the Bring the Kids Home (BTKH) initiative, namely to intervene early with youth at risk of experiencing an SED. Outcomes focus on the number of youth that are able to maintain placement at their site. Funded at \$100.0 MHTAAR in FY08 and reduced to \$75.0 MHTAAR in FY09. Maintains that level in FY10.</i>												
1092 MHTAAR (Other)		75.0										
FY2010 Clinician to Work with Head Start and Day Care Centers for Early Childhood Screening Services	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
1092 MHTAAR (Other)		100.0										
FY2011 MH Trust: BTKH - Grant 1393.03 Early childhood comprehensive system grants	IncOTI	75.0	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0	0	0
<i>Project continues grant funding for early intervention with very young children (birth to 6 years of age) at risk of becoming youth experiencing serious emotional disturbance (SED). This funds an important part of the Bring the Kids Home (BTKH) Initiative, namely to intervene early with youth at risk of experiencing an SED. Outcomes focus on the number of youth that are able to maintain placement at their site.</i>												
1092 MHTAAR (Other)		75.0										
FY2011 MH Trust: BTKH - Grant 2550.01 Clinician to work w/ Head Start & Day Care Centers	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>Project establishes an early childhood mental health learning network, funds a state coordinator position and provides grants for agencies to engage in early childhood screening and intervention services at day care program, Headstart programs, etc. This funds an important part of the Bring the Kids Home (BTKH) Initiative, namely to intervene early with youth at risk of experiencing serious emotional disturbance (SED). Outcomes focus on the number of youth that are able to maintain placement at their site. Data strongly supports that infants and toddlers not meeting developmental milestones, who live in high risk families or who are born into otherwise aversive life situations have a substantially higher probability of developing severe emotional or behavioral disturbances.</i>												
1092 MHTAAR (Other)		100.0										
FY2011 MH Trust: Gov Cncl - 1207.03 Behavior Intervention and Supports for Early Childhood System	IncOTI	80.0	0.0	0.0	80.0	0.0	0.0	0.0	0.0	0	0	0
<i>The MH Trust: Gov Cncl: Behavior Intervention and Supports for the Early Childhood System continues to improve the behavioral health of young children who experience developmental disabilities-related challenging behaviors, increase opportunities for young children with behavioral health issues to be included to a greater extent in the lives of their families and communities, help families and agencies develop appropriate accommodations for young children with challenging behaviors so they can increase opportunities for inclusion and success in typical school settings and the community, and increase local capacity by training provider agencies on-site in the use of the Positive Behavioral Supports (PBS) evidence based model.</i>												



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	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)												
FY2011 MH Trust: Gov Cncl - 1207.03 Behavior Intervention and Supports for Early Childhood System (continued)												
PBS is an established 'best practice' that uses comprehensive intervention techniques to address challenging behavior and to create the support systems that many individuals with developmental disabilities need in order to eventually lead productive and independent lives. The PBS process includes a careful assessment of the function of a challenging behavior, the construction of a program of positive, effective, non-aversive interventions and environmental manipulations, and strategies for sustaining that program over time.												
This project fills a gap in adequate early behavior intervention and supports to increase children's chances for succeeding in school and community environments.												
1092 MHTAAR (Other)		80.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-3.8	0.0	-3.8	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.6										
1037 GF/MH (UGF)		-3.2										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$0.4												
1004 Gen Fund (UGF)		0.4										
FY2012 MH Trust: Gov Cncl - 1207.04 Early Intervention/Infant Learning Pgm Positive Parenting Training	Inc	80.0	0.0	0.0	0.0	0.0	0.0	80.0	0.0	0	0	0
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.]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 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. 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. Training will be provided to foster and biological families on the following six (3-hour) modules: 1) Making a Connection: Building Positive												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2012 MH Trust: Gov Cncl - 1207.04 Early Intervention/Infant Learning Pgm Positive Parenting Training (continued)												
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										
FY2012 MH Trust: BTKH - Grant 2550.02 Clinician to work w/ Head Start & Day Care Centers	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
Project establishes an early childhood mental health learning network, funds a state coordinator position and provides grants for agencies to engage in early childhood screening and intervention services at day care program, Head Start programs, etc. This funds an important part of the Bring the Kids Home (BTKH) Initiative, namely to intervene early with youth at risk of experiencing serious emotional disturbance (SED). Outcomes focus on the number of youth that are able to maintain placement at their site. Data strongly supports that infants and toddlers not meeting developmental milestones, who live in high risk families or who are born into otherwise aversive life situations have a substantially higher probability of developing severe emotional or behavioral disturbances.												
1092 MHTAAR (Other)		100.0										
FY2013 MH Trust: Gov Cncl - 1207.05 Early Intervention/Infant Learning Pgm Positive Parenting Training	IncM	80.0	0.0	0.0	0.0	0.0	0.0	80.0	0.0	0	0	0
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.]												
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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.												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2013 MH Trust: Gov Cncl - 1207.05 Early Intervention/Infant Learning Pgm Positive Parenting Training (continued)												
Training will be provided to foster and biological families on the following six (3-hour) modules:												
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										
FY2013 MH Trust: BTKH - Grant 2550.03 Early Intervention for Young Children (Expansion of Services)	Inc	425.0	0.0	0.0	0.0	0.0	0.0	425.0	0.0	0	0	0
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 ..."												
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.												
- For FY11, 610 children were served through the Anchorage project												
- It had a 100% childcare placement rate: all children served either maintained in current childcare or found childcare that was a better match.												
1037 GF/MH (UGF)		350.0										
1092 MHTAAR (Other)		75.0										
FY2013 BTKH - Grant 2550.03 Early Intervention for Young Children (Expansion of Services) (Fund 90% of GF request)	Dec	-35.0	0.0	0.0	0.0	0.0	0.0	-35.0	0.0	0	0	0
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 ..."												
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Infant Learning Program Grants (continued)</b>												
FY2013 BTKH - Grant 2550.03 Early Intervention for Young Children (Expansion of Services) (Fund 90% of GF request) (continued)												
<i>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>												
1037 GF/MH (UGF)		-35.0										
FY2013 MH Trust: BTKH - Grant 2550.03 Early Intervention for Young Children	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<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>												
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<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										
<b>* Allocation Total *</b>		<b>2,788.3</b>	<b>-37.8</b>	<b>-3.8</b>	<b>485.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,344.9</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Children's Trust Programs</b>												
L FY2007 Sec. 32(c), Ch. 82, SLA 2006 - Trust Principal for administrative purposes, including investment services	Special	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
<i>Allowed under AS 37.14.240(d)</i>												
1099 ChildTrPrn (DGF)		150.0										
FY2009 FY09 Bargaining Unit Salary Adjustment	Dec	-2.0	-2.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Salary adjustment to reduce the increment for FY 09 GG Bargaining unit increases to benefits, etc.</i>												
1098 ChildTrErn (DGF)		-2.0										
FY2010 Reduce Federal Authorization	Dec	-630.0	0.0	0.0	-300.0	0.0	0.0	-330.0	0.0	0	0	0
<i>Reduce federal authorization to reflect collectible funds.</i>												
1002 Fed Rcpts (Fed)		-630.0										
FY2011 Delete Unrealizable Interagency Receipt Authority	Dec	-40.0	0.0	0.0	-40.0	0.0	0.0	0.0	0.0	0	0	0
<i>Delete unrealizable interagency receipt authority that has not been collected in the Children's Trust component since at least FY2005.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>												
<b>Children's Trust Programs (continued)</b>												
FY2011 Delete Unrealizable Interagency Receipt Authority (continued)												
1007 I/A Rcpts (Other)		-40.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.5	0.0	-0.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1098 ChildTrErn (DGF)		-0.4										
1099 ChildTrPrn (DGF)		-0.1										
FY2012 Remove authority in section 1 (a language appropriation reflects a statutory change to a POMV model)	Dec	-399.3	0.0	-12.7	-100.0	-1.5	0.0	-285.1	0.0	0	0	0
<i>POMV (percentage of market value) This request will remove the Earnings Fund authority from this component to comply with the new language changes to HB190.b) DEPARTMENT OF HEALTH AND SOCIAL SERVICES. The amount available under 37.14.200(e), estimated to be XXX, is appropriated for grants from the Alaska childrens trust grant account (AS 37.14.205).</i>												
1098 ChildTrErn (DGF)		-399.3										
FY2012 Restore operational funding to the amount allowable under statutes	IncM	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0	0	0
<i>Restore operating funding to the \$150.0 level allowed for operational costs under the program statutes.</i>												
1099 ChildTrPrn (DGF)		0.1										
FY2013 Eliminate Administrative Funds - Children's Trust No Longer Held by State	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										
<b>* Allocation Total *</b>		<b>-1,071.7</b>	<b>-2.0</b>	<b>-13.2</b>	<b>-439.9</b>	<b>-1.5</b>	<b>0.0</b>	<b>-615.1</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>24,413.1</b>	<b>2,101.7</b>	<b>558.8</b>	<b>3,126.2</b>	<b>128.6</b>	<b>209.7</b>	<b>17,147.6</b>	<b>1,140.5</b>	<b>56</b>	<b>1</b>	<b>-6</b>
<b>Health Care Services</b>												
<b>Health Facilities Licensing and Certification</b>												
FY2010 Public Health Licensing Activities of Surveyors	Inc	80.0	80.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Through an RSA, the division of Public Health will provide funding support to the Health Facilities Component for the licensing activities of the surveyors.</i>												
1007 I/A Rcpts (Other)		80.0										
FY2011 Stabilize the Health Facility Survey Budget	Inc	260.0	0.0	0.0	260.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funding for this increment is needed because the health facility survey workload has continued to increase due to Centers for Medicare and Medicaid Services (CMS) and State Licensure reporting requirements. New regulations have tripled survey time. Other contributors to increased workloads include: increased number of health providers that require a survey in order to open for business; and an increase in the number of complaint driven investigations.</i>												
<i>The Health Facilities Survey team is responsible for the survey-related activities necessary for renewing, and if warranted, denying, suspending, or revoking state health facility licenses. The Department of Health and Social Services (DHSS) has been given authority to adopt, amend, and enforce regulations and standards to promote safe and adequate treatment for individuals in health facilities in the interest of public health, safety, and welfare.</i>												
<i>Funding for this component has been inadequate for a number of years. In the past the department has been able to pull resources from other components to balance financial needs. Those resources are no longer available due</i>												

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<b>Health Care Services (continued)</b>												
<b>Health Facilities Licensing and Certification (continued)</b>												
FY2011 Stabilize the Health Facility Survey												
Budget (continued)												
<i>to rising costs in other components. Therefore, the department requests \$260.0 to cover normal operating costs for this component.</i>												
<i>If this increment is not funded there will be less than adequate staffing to provide mandated state and federal oversight that may result in a reduction of the quality of care, increased potential for harm to patients, clients and residents because of deficient practices. In addition, less than adequate funding could result in serious delays in licensing or certifying new entities resulting in Alaskans being denied access to adequate, safe, and quality health care throughout the State. Affected facilities include Hospitals, Nursing Facilities, Ambulatory Surgical Centers, Home Health Agencies, Rural Health Clinics, Hospice Agencies, Birth Centers, End Stage Renal Disease Centers and Outpatient Physical, Speech and Occupational Therapy Services.</i>												
<i>Finally, there could be the potential loss of federal funds and potential liability to the State should harm come to a patient due to inadequate care if not surveyed on-time.</i>												
1004 Gen Fund (UGF)		260.0										
FY2011 Increased Capacity for Health Facilities Survey	Inc	187.5	168.7	0.0	0.0	18.8	0.0	0.0	0.0	0	0	0
<i>This increment is needed to hire an office assistant who will provide administrative support that will decrease the administrative burden on registered nurses in the health surveyor team. It will also fund an additional surveyor position that will lessen the work load on the State Agency manager so that more time can be devoted to training staff. At this time, only half of the current staff has completed the required 1-2 year training/orientation program required prior to being allowed to survey independently.</i>												
<i>The positions will also be needed to meet and complete obligations of the contract under the State's 1864 agreement with the Secretary of the United States Department of Health and Human Services. As part of the 1864 agreement the State Agency must provide qualified personnel to carry out their functions. State personnel performing functions under this agreement must meet the federal surveyor qualification standards as well as participate in mandatory programs to develop and maintain their proficiency.</i>												
<i>The benefits of funding this increment include:</i>												
<i>Completion of federal and state survey activities;</i>												
<i>Decreased work related surveyor burnout and increased retention;</i>												
<i>More time devoted to survey activities rather than administrative assistant duties.</i>												
<i>The potential consequences of not funding this increment include:</i>												
<i>Potential loss of federal funds;</i>												
<i>Potential liability to the State should harm come to a patient due to inadequate care if not surveyed on-time;</i>												
<i>Increased risk of retaining qualified registered nurse surveyors.</i>												
<i>The following positions are being requested with this increment:</i>												
<i>06-#783 Office Assistant</i>												
<i>06-#782 Health Facilities Surveyor I</i>												
1002 Fed Rcpts (Fed)		112.5										
1003 G/F Match (UGF)		75.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-4.1	0.0	-4.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-1.4										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Health Facilities Licensing and Certification (continued)</b>												
FY2011 Reduce general fund travel line item by 10 percent. (continued)												
1004 Gen Fund (UGF)		-2.7										
FY2013 Authority for Collection of Civil Money Penalties for Protection of Nursing Home Residents	Inc	60.0	0.0	0.0	60.0	0.0	0.0	0.0	0.0	0	0	0
<i>Health Facilities Licensing &amp; Certification may impose Civil Money Penalties (CMP) for Nursing Homes Centers for Medicare &amp; 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 &amp; 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.</i>												
<i>Any unexpended portion of these funds must be rolled forward at the end of each fiscal year.</i>												
1005 GF/Prgm (DGF)		60.0										
<b>* Allocation Total *</b>		<b>583.4</b>	<b>248.7</b>	<b>-4.1</b>	<b>320.0</b>	<b>18.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Certification and Licensing</b>												
FY2006 Enhance Certification & Licensing Services through new fees	Inc	225.0	125.0	10.0	80.0	10.0	0.0	0.0	0.0	0	0	0
<i>The primary role of the Certification and Licensing Section (C&amp;L) is to license and inspect a broad range of health care facilities and providers, including hospitals, nursing homes, home health agencies, assisted living providers, and other health care facilities. Centralization of the certification and licensing functions previously performed by several divisions within the department, as well as work performed by other state agencies, began with the official transfer of licensing functions specifically related to health/medical services and assisted living to the Division of Public Health in July 2004.</i>												
<i>The current allocation of staff resources for the Assisted Living Home program is not adequate to maintain the current Assisted Living Homes Program requirements or anticipated needs. As of October 2004 there are 402 homes currently licensed in Alaska, with an average increase approximating 15% annually. This equates to a current caseload in excess of 90 homes per licensing specialist. While there is no "industry standard" for a manageable assisted living home caseload due to differences in programs from state to state, the accepted limit is 65-70 depending on the mix and complexity of the home clientele.</i>												
<i>Continued operation at existing staff resource levels translates into the Assisted Living Home program's inability to sustain minimal standards of service, jeopardizing the health, safety and well-being of the Department's assisted living clientele. It also has an adverse effect on the program's ability to effectively monitor and continue risk reduction efforts.</i>												
<i>Support for this increment will allow the division to accomplish the following:</i>												
<i>a. annualize the cost of three new Community Care Licensing Specialists established in the FY05 Management Plan and budgeted for 9 months. These positions were established to promote, license and monitor community assisted living homes for the severely mentally ill and/or developmentally disabled adults, and for assisted living homes providing care primarily to persons who have a physical disability, who are elderly, or who suffer from dementia. The new positions will also function as lead investigators on complaints of neglect and/or abuse</i>												

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2006 Enhance Certification & Licensing												
Services through new fees (continued)												
<i>reported to the assisted living program office;</i>												
<i>b. appropriately reclassify existing assisted living staff who have now assumed new and additional duties/responsibilities;</i>												
<i>c. contract with a regulations specialist to work with Certification and Licensing staff and the Department of Law on changes to existing regulations including the proposed fee structure;</i>												
<i>d. provide travel funding for complaint investigations, annual inspections, required out-of-state professional training for new licensing staff and cross training for existing staff;</i>												
<i>e. associated contractual and commodities costs for expanded office.</i>												
<i>Statutory and regulatory authority to establish and collect fees generated by these programs is currently in place. The Department is in the process of studying and developing a comprehensive plan for implementation of a new fee schedule for these certification and licensing activities. Revenues collected will be reinvested in the certification and licensing program to assist the department in meeting its commitment to quality life, health and safety for clients served by the programs the department is responsible for licensing.</i>												
1156 Rcpt Svcs (DGF)		225.0										
FY2006 Increase for second year Licensure of Midwifery Birth Centers CH 118 SLA 04 (SB 349)	Inc	3.3	2.7	0.4	0.0	0.2	0.0	0.0	0.0	0	0	0
<i>To record the second year increase in the fiscal note associated with Sec 1, Ch 118, SLA 04 (SB 349) related to the Licensure of Midwifery Birth Centers.</i>												
1004 Gen Fund (UGF)		3.3										
FY2006 AMD: Additional Federal Authority for new Background Check Grant	Inc	1,500.0	655.0	15.0	826.0	4.0	0.0	0.0	0.0	12	0	0
<i>To facilitate a national review of how states manage health and safety issues for vulnerable populations, in April 2004 the Centers for Medicare and Medicaid Services (CMS) invited proposals from states to be used to evaluate the effectiveness of conducting background checks on prospective employees of long-term care facilities and providers who have direct access to patients.</i>												
<i>Grant awards for the background check program were formally announced by CMS on December 17, 2004. Alaska was one of seven states to be selected for the pilot project, and has been awarded a \$4.9 million federal grant for the pilot period through Fiscal Year 2007.</i>												
<i>The Division of Public Health (DPH) proposal included a \$1.5 million joint development project with the University of Alaska's College of Health and Social Welfare to establish a comprehensive Abuse Prevention Training Program that will meet the unique needs of workers in Alaska's long-term care system.</i>												
<i>Federal grant funding will support DHSS efforts to implement a more efficient and effective fingerprint-based criminal history records investigation and fitness determination program. The overall goals of the background check unit are:</i>												
<i>1) Improve monitoring and enforcement of life, health and safety statutes and regulations for all DHSS long-term</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2006 AMD: Additional Federal Authority for new Background Check Grant (continued)												
care (LTC) programs;												
2) Extend the background checks and fitness determinations to all staff serving vulnerable populations;												
3) Develop and implement a comprehensive set of measurements and reports across all DHSS long-term care programs;												
4) Develop and implement electronic data interchange interfaces for submitting and reporting background investigation requests;												
5) Improve the overall safety and security of vulnerable individuals in state licensed and certified LTC facilities; and												
6) Extend the background check services to all programs currently licensed by the Department of Health and Social Services.												
The key elements of this model program include:												
* Creating the infrastructure to provide centralized background checks;												
* Creating and enforcing uniform definitions and descriptions of disqualifying information applicable to all DHSS licensed and certified programs;												
* Supplementing existing state and federal criminal history information with other disqualifying information, including employee misconduct and court records; and												
* Designing and implementing an appeal process that is limited to the accuracy of the records for specific barrier crimes.												
As part of the pilot program, DPH will research and develop a proposed fee structure for covering the costs of conducting background checks under the new background check process before the pilot program funding has ended. At this time, we anticipate the fee structure will be similar to those that programs are currently paying.												
This increment request for \$1.5 million federal funds is to increase DPH federal fund authorization in FY06 to accommodate the first phase of the joint development project with the University of Alaska and to fund the first year costs for 12 new permanent full-time positions and one existing permanent full-time position.												
Personal Services: \$655.0												
1 - Records and Licensing Supervisor - \$65.3 This position is responsible for managing the new criminal background check unit's daily workflow processing, assigning tasks, and adjusting responsibilities based on workload, backlog and changing priorities. In addition, it will perform quality control checks to ensure data in the fingerprint care tracking system is accurate, concise and complete, with strict adherence to regulatory requirements; and compile and submit monthly statistics of work received and completed by the background check unit.												
3 - Administrative Clerk III's - \$128.1 These positions are responsible for processing requests for criminal justice information reports associated with background checks for employment as a service provider requiring checks of state and national criminal justice information files. Under the direction of the records supervisor, these positions evaluate and initiate the processing of fingerprint cards submitted for the purposes of obtaining state and national criminal history record background checks.												

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2006 AMD: Additional Federal Authority for new Background Check Grant (continued)												
4 - Criminal Justice Technicians I and 2 - Criminal Justice Technicians II - \$316.6 These positions review criminal backgrounds obtained from court records, registries, name checks, state and FBI fingerprint background checks of individuals that apply for employment in agencies or programs under the oversight of the Criminal Background Check Unit. The Criminal Justice Technicians II will also review the most complex criminal backgrounds of individuals that apply; research and determine the Alaska equivalents for crimes committed in other states; and ensure letters of determination and/or appeals authorizations for determination of suitability or unsuitability for employment are in place.												
1 - Research Analyst III - \$73.6 This position will be the primary information resource for person-identification and record technology involving biometrics, communications, and Federal and State criminal history systems. The position will provide leadership, expertise, training, and direction for development of biometric technology, application systems, and services from Information Technology and other agencies.												
1 - Project Coordinator - \$71.4 This position will provide overall project management for the Background Check Pilot Program, including the development of the background check process, and the Background Check Unit; will provide both technical leadership and team management including participating and assisting in the discovery work on whom, how, where and when DHSS programs collect, check and verify background information on our programs' service providers; will be responsible for program design and documentation; will lead the review of all program deliverables, define the structure and makeup of the design team, and serve as the point of contact for the background check program.												
Travel: \$15.0 Travel to regional centers (Kotzebue, Bethel, Nome, Dillingham, Kodiak, Fairbanks and Anchorage) to conduct training/workshops re: new background check capability/processing (one trip per location), and travel to support quarterly face-to-face meetings with the design/development project team.												
Contractual: \$826.0 Telephone/conferencing, printing/postage, LAN/WAN maintenance. Funding for contracts and Reimbursable Services Agreements with other departments/divisions and with the University of Alaska to begin its design and development of an abuse prevention training program for managers and employees of long-term care facilities and providers, and to create the infrastructure required for a fully functional, centralized background checks unit.												
Supplies: \$4.0 General office supplies/equipment associated with day-to-day business.												
1002 Fed Rcpts (Fed)		1,500.0										
FY2006 Regulation of non-federally regulated small drinking water systems (Class C)	Inc	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
Regulation of non-federally regulated small drinking water systems (Class C). RSA with DEC.												
1004 Gen Fund (UGF)		50.0										
FY2007 Public Health Protection: Protecting the health and safety of Alaska's vulnerable individuals	Inc	400.0	80.0	10.0	310.0	0.0	0.0	0.0	0.0	0	0	0
When a loved one is no longer able to care for him or herself, families are faced with excruciatingly difficult decisions. Deciding whether to bring a personal care attendant into the home or enter a long-term care institution												

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2007 Public Health Protection: Protecting the health and safety of Alaska's vulnerable individuals (continued)												
<i>is challenging enough. Alaskans shouldn't need to worry whether their elderly or frail family member is safe and well cared for when they're entrusted to a caregiver. This increment request is for a \$400.0 RSS increase to support implementation of the new Background Check Program. This request is also for \$150.0 GF to replace MHTAAR funding previously used to support staffing for the Assisted Living Licensure program. These funds will be used to improve the safety and security of vulnerable Alaskans.</i>												
<b>ASSISTED LIVING LICENSING AND INVESTIGATIONS - \$150.0 GF</b>												
<i>The \$150.0 GF requested in this increment will be used for the continuation of licensing of assisted living homes and for timely evaluation and response to complaints. These funds will help support the salaries of two Community Care Licensing Specialists, with the remainder going towards training of staff and travel. The Assisted Living program has received a Mental Health Trust grant since fiscal year 2002, which has provided support for current licensing staff (through FY 06), but will lose this funding for fiscal year 2007.</i>												
<i>The number of assisted living homes in Alaska is increasing by 15% per year. Currently there are over 500 assisted living homes in our state. These homes are required to have annual onsite reviews by Assisted Living Home Program staff. These annual survey visits are a very important element in assuring safe and high quality care to frail and elderly Alaskans. The same seven staff responsible for the 500 annual reviews are also responsible for responding to complaints and conducting all resulting investigations. Because the number of elderly Alaskans is predicted to steadily increase in the years to come, there is every reason to expect the numbers of assisted living homes to continue to increase into the future.</i>												
<i>Assisted living homes need to know that licensure review will be timely and that site visits will occur regularly. Alaskans need to be assured that complaints or concerns will be evaluated and responded to promptly. We strive to ensure that 100% of assisted living homes will be visited annually and all complaints or concerns will be evaluated within 24 hours. If the requested \$150.0 GF is not funded it would be extremely difficult to continue meeting our performance standards of 100% annual review of homes and 24-hour turnaround times on complaints.</i>												
<b>BACKGROUND CHECKS - \$400.0 RSS</b>												
<i>As a result of the passage of SB 125 in the last legislative session, implementation of a comprehensive background check program is presently underway. The goal of this program is to reduce neglect and abuse of individuals in state licensed and/or certified institutions and programs. The Background Check Program will consolidate the efforts of multiple agencies to develop a comprehensive centralized database. The ultimate goal is to provide interstate access for prospective employers, giving them access to an employee's record that may include a red flag when a barrier crime is listed.</i>												
<i>At least 19 different types of providers (such as hospitals, nursing homes, and pediatric care facilities) will eventually utilize this process to obtain background checks on staff working within their facilities or programs. Nine provider types are scheduled for implementation in the new centralized Background Check Program in March 2006. At full capacity, it is anticipated that an average 14,000 background checks will be processed annually.</i>												
<i>The Background Check program currently is supported by a federal start up grant, but is intended to be self-supporting with fee revenues by the time it's fully implemented and the federal grant ends (by 2008). In order</i>												

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2007 Public Health Protection: Protecting the health and safety of Alaska's vulnerable individuals (continued)												
<i>to phase in the use of background check fees for fiscal year 2007, it is estimated that the program will need an additional \$400.0 in Receipt Supported Services (RSS) authority. If approved, the \$400.0 RSS portion of this increment request will pay for a reimbursable services agreement to the Department of Public Safety for the processing of fingerprints.</i>												
<b>CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:</b>												
<i>This increment request is a long-term investment in the health and safety of vulnerable Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the number of assisted living homes inspected and licensed, and improved turnaround times on complaint investigations), 2) interim impact goals (e.g., improved safety and client protection practices in assisted living homes), and 3) desired long-term outcomes (e.g., improved safety records of assisted living homes). This investment will contribute to meeting the end results targets included in the Public Health RDU for reduction of unintended injuries.</i>												
1156 Rcpt Svcs (DGF)		400.0										
FY2007 Decrement to reduce MHTAAR funding	Dec	-145.2	-145.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This Decrement will reduce MHTAAR funds in this component that will no longer be received for support of the assisted living licensing project.</i>												
1092 MHTAAR (Other)		-145.2										
FY2008 AMD: Safety of Vulnerable Alaskans	Inc	200.0	200.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<i>An investment in the ongoing consolidation of certification and licensing functions is critical to ensure that Alaska's health and residential care facilities are inspected in a timely manner, licensure requests are processed expeditiously, new state and federal safety mandates are met, and reports of harm or other complaints are investigated promptly and thoroughly. This request for \$200.0 in general funds will strengthen staffing capacity in the health facility licensure unit to meet the requirements for expanding services to new facility types and the growing number of facilities, without compromising timeliness of recertification surveys and complaint investigations.</i>												
<i>In 2003, Executive Order 108 reorganized the Department of Health and Social Services (DHSS) to make service delivery more efficient and cost effective. As part of that reorganization, DHSS centralized its inspection, regulation, enforcement, and appeal rights of programs licensed and certified by several divisions within DHSS under the new Section of Certification and Licensing (C&amp;L) in the Division of Public Health. C&amp;L has unified 19 programs that were originally administrated under 12 different statutory schemes. C&amp;L is continuing work on centralized licensing and related administrative procedures including consistent licensing and certification definitions, licensure requirements, license renewal processes, requirements for employee and volunteer background checks, conditions for denial of a license, complaints and appeals processes, enforcement actions and penalties, and confidentiality requirements.</i>												
<i>Certification and Licensing specialists and surveyors inspect all health and children's residential facilities in the state to determine whether they meet state and federal standards, and also investigate complaints made against care providers. The purpose of these inspections is to determine a care provider's ability to offer services which are safe and of an acceptable quality. Certification and Licensing staff is now responsible for nearly 700 facilities statewide, from hospitals to nursing homes to children's residential facilities. New facility types for which</i>												

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2008 AMD: Safety of Vulnerable Alaskans (continued)												
<i>regulations are being developed and implemented include long term acute care hospitals, hospices, and freestanding birth centers. There currently is insufficient staff capacity to accommodate addition of these new facilities to the workload.</i>												
<i>Vulnerable Alaskans, those needing care because they are elderly, disabled, or infirm, deserve to be cared for in environments that are safe and by providers they can trust. Funding provided through this increment request will help to ensure that the care provided by entities licensed by the Department is safe and appropriate.</i>												
<i>RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING: This request is a long-term investment in the health and safety of Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the percent of health facilities surveyed), 2) interim impact goals (e.g., prevalence of pressure ulcers in nursing homes), and 3) desired long-term outcomes (e.g., annual growth rate of assisted living homes). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for percent of licensed and certified long term care facilities surveyed and recertified annually.</i>												
<i>MISSIONS AND MEASURES REFERENCE: Public Health M&amp;M for percent of licensed and certified long term care facilities surveyed and recertified annually (A4:2)</i>												
<i>This \$200.0 GF increment will support:</i>												
<i>Personal Services- \$200.0 (\$88.3 1.0 new FTE; \$111.7 existing under-funded positions) These funds will support one new Health Facility Surveyor I position. Overall the Health Facility Surveyor I position will support new regulatory requirements, additional facilities to be licensed, growing caseloads, and compliance with increasing federal mandates. An additional position will reinforce safety and a higher quality of care for Alaska's elderly and other "at risk" populations when they're entrusted to a caregiver. The remaining funds will support the reclassification of certain existing Health Facility Surveyor positions to the Nurse Consultant classification to more accurately reflect the duties of and expertise and credentials required by these positions, and to improve recruitment and retention.</i>												
1004 Gen Fund (UGF)		200.0										
FY2008 Reduce Certification & Licensing request	Dec	-88.3	-88.3	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
1004 Gen Fund (UGF)		-88.3										
FY2008 AMHTA recommendations - Reverse reallocation of legislative GF salary reversal in FY07 Mgt. Plan budget	Dec	-6.3	0.0	0.0	0.0	0.0	0.0	0.0	-6.3	0	0	0
1092 MHTAAR (Other)		-6.3										
FY2009 Incremental funding to support growth demand for Background Check Unit	Inc	1,000.0	135.5	75.0	789.5	0.0	0.0	0.0	0.0	2	0	0
<i>In the past 12 months the Section of Certification and Licensing's services have been greatly impacted by both regulatory and statutory changes; AS 47.05 Criminal History; Criminal History Check, effective March 2006; 7 AAC 10.900-990 Barrier Crimes, Criminal History Checks, Centralized Registry, effective Feb. 2007; AS 47.32 Centralized Licensing and Related Administrative Procedures, effective March 2006 and 7 AAC 10 Environmental Health and Safety, effective June 2006.</i>												

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2009 Incremental funding to support growth demand for Background Check Unit (continued)												

*Certification & Licensing estimated it would receive roughly 14,000 background check applications in the first year from hospitals, nursing homes, residential child care, assisted living homes and all health-related service providers. However, as of August 31, 2007, 23,009 applications have been processed. This is a significant workload increase; the good news is that this program is also generating more fees.*

*In FY07, C&L was authorized to collect \$630.7 Receipt Support Services revenue (RSS); C&L exceeded their RSS authority in FY07 by \$234.6, the excess authority was transferred to C&L utilizing surplus receipts in other sections within the Division of Public Health (DPH). At the end of the first quarter of FY08, C&L has collected 87.4% of its authorized RSS.*

*This trend is not likely to diminish in FY09 as C&L will be adding foster care homes and child care centers for background check processing. This increment request is to provide adequate authority to continue collection of receipts supporting the statutory and regulatory mandates.*

*This increased authority will support the mission of Certification & Licensing by:*

*Increase existing RSA with Dept of Public Safety, \$535.4*

*The majority of this incremental request will be to support the reimbursable services agreement (RSA) with the Department of Public Safety (DPS). Under this RSA, DPS conducts the fingerprint search through the State of Alaska database and the FBI national database. DPS returns the results to the Background Check Unit (BCU), which then investigates any flagged applications. 45% of applications processed have been flagged as indicating the possibility of criminal activity. All records are kept by the BCU. The cost of processing one application and set of fingerprints is \$79.85; of this, C&L/BCU collects \$25 RSS for the application fee and \$54.25 RSS pass-through to process fingerprints. Due to increased transactions, the RSA needs to be increased accordingly.*

*RSA with DHSS-Finance and Management Services, Departmental Support Services, \$79.7*

*Current levels of accounting support need to be increased by one full-time position. Increasing the RSA will provide one Accountant III position dedicated to the revenue and expenditure tracking for C&L, as well as preparation of the required Centers for Medicaid and Medicare reports.*

*Personal Services, \$135.5*

*Two additional Criminal Justice Technician positions are being requested for the BCU to meet the higher-than-expected need for background checks and the upcoming increased demand as responsibility for conducting checks on child care and foster care providers (an additional 2,600 providers). The BCU is responsible for the intensive research of background information to meet mandates ensuring that service providers with a criminal past are prevented from employment with vulnerable populations. This populace is dependent on care providers for basic daily necessities. Ultimately, these positions will help ensure that vulnerable Alaskans are protected from potential harm, neglect or abuse.*

*Travel \$75.0*

*The need for travel will continue to increase with the addition of responsibilities and staff for the Background Check Program. Certification and Licensing staff is responsible for inspections and complaint investigations for over 700 health care and licensed facilities statewide and made more than 1,200 site visits last year. The purpose*

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2009 Incremental funding to support growth demand for Background Check Unit (continued)												
<i>of these inspections/investigations is to determine a care provider's ability to offer services which are safe and of an acceptable quality.</i>												
<i>Background Check Volunteer Fees \$104.4</i>												
<i>Increased funding is requested to cover background checks for an estimated 4,200 volunteers throughout Alaska. Under current regulations, the application and verification fee of \$25 is waived for volunteers. During the early stages of implementing the new rules, it became clear some volunteers would not or could not afford to pay for the costs of a background check.</i>												
<i>The regulations state that "subject to available appropriations, DHSS will pay the processing fees charged by the Department of Public Safety and the FBI for all volunteers." If there is no additional funding, the programs using volunteers will have to pay this cost or have the volunteers pay the cost themselves.</i>												
<i>Volunteers in various programs, such as the Pioneer Homes, are a valuable asset. Many organizations utilize volunteers to ensure adequate services are provided for essential needs. The continued ability to fund background checks for volunteers will support many volunteer programs associated with licensed entities and other provider-based programs.</i>												
<i>Automated Services \$70.0</i>												
<i>Automated upgrades will result in long-term savings and may reduce the need for future (additional) staffing requests by ensuring consistent tracking, avoiding duplicate research, providing more reliable findings and allowing more time for staff to work with providers. In addition, access by staff to complete data enhances oversight - which means safer facilities for Alaskans receiving care and services.</i>												
<i>The Residential Licensing program needs an updated electronic database to help ensure effective and timely inspections, investigations, effective report functions, file maintenance, and more effective and efficient staff processes. Current databases are separate, severely outdated and do not connect complaint investigations to ensure a comprehensive overview of complaint history</i>												
<i>The Assisted Living program, once administered by two different state departments and now including Child Residential facility oversight, continues to work on combining and streamlining policies, procedures and automated services.</i>												
<b>MISSIONS AND MEASURES:</b>												
<i>A: Result--Outcome Statemenet: Healthy People in Healthy Communities</i>												
<i>A4: Strategy--Assure Access to Early Preventative Services and Quality Health Care</i>												
<i>Target#2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and re-certified annually</i>												
<i>Measure#2: Percent of licensed and certified long-term care facilities surveyed and re-certified annually</i>												
1156 Rcpt Svcs (DGF)		1,000.0										
FY2011 Budget Clarification Project, fund change to reflect fees for processing background checks	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		1,686.4										
1156 Rcpt Svcs (DGF)		-1,686.4										

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<b>Health Care Services (continued)</b>												
<b>Certification and Licensing (continued)</b>												
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-9.4	0.0	-9.4	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.4										
1004 Gen Fund (UGF)		-2.9										
1005 GF/Prgm (DGF)		-5.7										
1037 GF/MH (UGF)		-0.4										
FY2011 Correct Unrealizable Fund Sources in the FY2011	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
GGU Year 1 Salary and Health insurance												
1002 Fed Rcpts (Fed)		-31.5										
1004 Gen Fund (UGF)		31.5										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Salary and Health Insurance												
1002 Fed Rcpts (Fed)		-27.5										
1004 Gen Fund (UGF)		27.5										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		10.0										
1156 Rcpt Svcs (DGF)		-10.0										
<b>* Allocation Total *</b>		<b>3,129.1</b>	<b>964.7</b>	<b>101.0</b>	<b>2,055.5</b>	<b>14.2</b>	<b>0.0</b>	<b>0.0</b>	<b>-6.3</b>	<b>14</b>	<b>0</b>	<b>0</b>
<b>Medical Assistance Administration</b>												
FY2006 Implement New Payment Error Rate Measurement Program	Inc	79.5	0.0	0.0	79.5	0.0	0.0	0.0	0.0	0	0	0
<i>This increment is needed to implement new Medicaid case eligibility and medical service review requirements mandated by federal "Payment Error Rate Measurement" (PERM) regulations.</i>												
<i>Centers for Medicare and Medicaid Services (CMS) issued proposed regulations that require states to sample payments on Medicaid claims. CMS issued these regulations to meet requirements in the Improper Payments Act (IMPA) passed by congress. CMS makes these regulations effective October 1, 2005. The regulations mandate a quality control review of payments to medical providers, including a review of the eligibility criteria, medical necessity, and correctness of the payment. The proposed requirements assume a 50% error rate for all states, and CMS wrote the sampling requirements to ensure each state would draw approximately the same number of claims in an annual sample. This creates a statistically valid National Sample, and an inordinately large sample size for Alaska.</i>												
1002 Fed Rcpts (Fed)		39.7										
1003 G/F Match (UGF)		39.8										
FY2006 Decrement I/A and RSS that cannot be earned	Dec	-82.2	-81.4	0.0	-0.8	0.0	0.0	0.0	0.0	0	0	0
<i>Delete I/A that cannot be earned - source was Health Care Services.</i>												
1007 I/A Rcpts (Other)		-81.4										
1156 Rcpt Svcs (DGF)		-0.8										
FY2006 Ch. 89, SLA 2005 (HB 106) Senior Care Program	FisNot	163.9	80.9	0.0	83.0	0.0	0.0	0.0	0.0	1	0	0
1189 SeniorCare (DGF)		163.9										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	15.1	15.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		11.3										
1003 G/F Match (UGF)		3.8										



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Medical Assistance Administration (continued)</b>												
FY2007 Ch. 96, SLA 2006 (HB 426) Medical Assistance/INS Cooperation	FisNot	190.3	0.0	0.0	190.3	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		95.2										
1003 G/F Match (UGF)		95.1										
FY2008 AMD: Delete Vacant Positions <i>This request deletes positions vacant for more than 1 year from this component. Because these positions have been vacant for over a year, the impact to the division's ability to provide direct services will be minimal.</i>	Dec	-5.0	-5.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-4
1002 Fed Rcpts (Fed)		-2.5										
1003 G/F Match (UGF)		-2.5										
FY2008 Senior Care program is scheduled to sunset on 6/30/07 and the associated Senior Care Fund source will become invalid	Dec	-190.9	0.0	0.0	0.0	0.0	0.0	0.0	-190.9	0	0	0
1189 SeniorCare (DGF)		-190.9										
FY2009 Capital Improvement Projects (CIP) Receipts for Medicaid Management Information System (MMIS) Project Personnel <i>This increment is being added to be able to receive funds from the capital project for the new Medicaid Management Information System Design Development and Implementation (MMIS-DDI) positions that have been added to staff the MMIS-DDI project. This change record further adds PCN 06-#433 (06-T019) Business Analyst which was approved by OMB in September 2007.</i>	Inc	1,415.2	977.2	0.0	438.0	0.0	0.0	0.0	0.0	1	0	0
1061 CIP Rcpts (Other)		1,415.2										
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the Existing Bargaining Unit Agreements <i>The Medical Assistance Administration component's sole source of CIP Receipt revenues is the capital MMIS-DDI RSA, under which the salary line authorization is a fixed amount that cannot be increased to provide additional revenues for the component.</i>	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		33.7										
1061 CIP Rcpts (Other)		-33.7										
FY2010 Provider Re-enrollment to Ensure Accurate Provider Records are Maintained for the Current Medicaid System. <i>The Department of Health and Social Services has not conducted a complete enrollment of providers in the 20 years of the current Medicaid system. CMS requires periodic reenrollment of providers to ensure accurate provider records are maintained. This was a part of the 2003 MMIS RFP, but was not included in the 2006 rebid for the new MMIS system. Prior to the activation of the new MMIS, an enrollment/reenrollment must be accomplished. There is some concern the new system will not be certified until the enrollment is completed. To aid in capturing FMAP for this process, we are proposing the enrollment/reenrollment process under the current legacy contract and the data be imported into the new MMIS. The efficiencies of the new MMIS enrollment process will be utilized to ensure minimal impact on the providers.</i>	Inc	1,600.0	0.0	0.0	0.0	0.0	0.0	1,600.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		800.0										
1003 G/F Match (UGF)		800.0										
FY2010 Reduce Funds for Provider Re-enrollment <i>The Department of Health and Social Services has not conducted a complete enrollment of providers in the 20</i>	Dec	-800.0	0.0	0.0	0.0	0.0	0.0	-800.0	0.0	0	0	0

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<b>Health Care Services (continued)</b>												
<b>Medical Assistance Administration (continued)</b>												
FY2010 Reduce Funds for Provider												
Re-enrollment (continued)												
<i>years of the current Medicaid system. CMS requires periodic reenrollment of providers to ensure accurate provider records are maintained. This was a part of the 2003 MMIS RFP, but was not included in the 2006 rebid for the new MMIS system. Prior to the activation of the new MMIS, an enrollment/reenrollment must be accomplished. There is some concern the new system will not be certified until the enrollment is completed. To aid in capturing FMAP for this process, we are proposing the enrollment/reenrollment process under the current legacy contract and the data be imported into the new MMIS. The efficiencies of the new MMIS enrollment process will be utilized to ensure minimal impact on the providers.</i>												
1002 Fed Rcpts (Fed)		-400.0										
1003 G/F Match (UGF)		-400.0										
FY2010 Ch. 24, SLA 2009, (SB 133) Electronic Health Info Exchange System	FisNot	280.2	232.2	10.0	18.8	9.2	10.0	0.0	0.0	2	0	0
1002 Fed Rcpts (Fed)		252.2										
1003 G/F Match (UGF)		28.0										
FY2011 Reflect Unbudgeted CIP Receipts for the Medicaid Management Information System (MMIS) Project	Inc	970.2	415.4	76.7	466.1	12.0	0.0	0.0	0.0	0	0	0
<i>Reflect Capital Improvement Project (CIP) receipts for the Medicaid Management Information System (MMIS) Design Development and Implementation (DDI) project. Receipts for this project have been under-budgeted for the last two budget cycles. This increase will reduce the need for an unbudgeted RSA from the Administrative Support Services component to the Medical Assistance Administration component to support this project.</i>												
1061 CIP Rcpts (Other)		970.2										
FY2011 Reflect CIP Receipts for the Electronic Health Record System	Inc	287.5	287.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Completion of the State of Alaska's Electronic Health Record System is not expected until after FY2011. Four positions were established under HB199 to complete the development and implementation of the system and are funded from a capital project. The four positions are: Database Manager IV, Medical Assistance Administrator III, Accountant IV, and a Research Analyst II.</i>												
1061 CIP Rcpts (Other)		287.5										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-4.5	0.0	-4.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-4.2										
1004 Gen Fund (UGF)		-0.3										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	52.4	52.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$52.4</i>												
1002 Fed Rcpts (Fed)		10.9										
1003 G/F Match (UGF)		7.0										
1061 CIP Rcpts (Other)		34.5										
FY2011 INCENTIVES FOR CERTAIN MEDICAL PROVIDERS (SB 139)	FisNot	2,847.3	89.3	6.0	2,742.4	2.0	7.6	0.0	0.0	1	0	0
1003 G/F Match (UGF)		2,036.3										
1004 Gen Fund (UGF)		132.3										
1005 GF/Prgm (DGF)		678.7										

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<b>Health Care Services (continued)</b>												
<b>Medical Assistance Administration (continued)</b>												
FY2011 DID NOT PASS: INCENTIVES FOR CERTAIN MEDICAL PROVIDERS (SB 139)	FisNot	-2,847.3	-89.3	-6.0	-2,742.4	-2.0	-7.6	0.0	0.0	-1	0	0
1003 G/F Match (UGF)		-2,036.3										
1004 Gen Fund (UGF)		-132.3										
1005 GF/Prgm (DGF)		-678.7										
FY2011 Ch. 60, SLA 2010 (SB 199) MEDICAID COVERAGE FOR DENTURES	FisNot	147.9	84.5	0.0	54.8	1.0	7.6	0.0	0.0	0	0	1
1002 Fed Rcpts (Fed)		86.4										
1003 G/F Match (UGF)		61.5										
FY2012 Increase CIP Authorization to Fund Health Information Technology Projects	Inc	2,000.0	0.0	25.0	1,925.0	50.0	0.0	0.0	0.0	0	0	0
<i>The Division of Health Care Services has insufficient CIP receipts authority to fully implement provisions of the Health Information Technology (HIT) program, as referenced in SB133 and HB199.</i>												
<i>In the 2009 legislative session, the legislature passed SB133 and HB199, which authorized the state to develop the capacity for Health Information Exchange network. This legislation provided funding through a combination of ARRA federal receipts and general funds in both the capital and operating budgets. Most of the funding is in the capital budget. Administratively, to accomplish many of the proposed tasks, funding is needed in the operating budget. The division will fund those tasks through an RSA to the operating budget from the capital budget. In order to do this most efficiently, it needs CIP receipts authority.</i>												
<i>If this CIP receipts authority request is not approved, the division will have to establish several unbudgeted RSA's. This creates administrative inefficiencies and delays work on HIT projects because of the need to seek and get approval at many different levels. The division did research other strategies for not requesting this increment, but came to the conclusion that, for audit purposes, an authorization request is the most appropriate financial strategy.</i>												
1061 CIP Rcpts (Other)		2,000.0										
FY2012 Interagency Receipt Authorization to Manage HCS RDU	IncM	750.0	0.0	0.0	750.0	0.0	0.0	0.0	0.0	0	0	0
<i>Health Care Services requests an increment for interagency receipt authority to manage financial transactions between the various components within the RDU. The Medical Assistance Administration component is the primary component within the RDU for coordinating and ensuring that other components have adequate interagency receipts authorization to receive funding via reimbursable services agreements both interdepartmentally and intradepartmentally.</i>												
<i>Previously, the division had sufficient interagency authorization authority within the Medicaid Services component. That component has been transferred to the Medicaid Services RDU and is no longer available for transfers of interagency receipts authority.</i>												
1007 I/A Rcpts (Other)		750.0										
FY2012 Support for Medical Assistance Staffing	IncM	250.0	250.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Health Care Services has insufficient funding for support staff who administers the Medicaid program. In the past, during the re-appropriation period, the division has relied upon transfers from the Medicaid Services component to cover shortfalls in the MAA component. As of FY11, these transfers are no longer an option since Medicaid Services funding is in a separate RDU. Funding support for MAA staff has been inadequate for a number of years. The true scope of this inadequacy is very apparent with the elimination of funding transfers between the two components. The MAA component funds support for administrative staff who works with providers</i>												

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<b>Health Care Services (continued)</b>												
<b>Medical Assistance Administration (continued)</b>												
FY2012 Support for Medical Assistance Staffing (continued)												
<i>and the States Medicaid contractor to carry out the various programs and services outlined in the Medicaid State Plan. Some of these services include pharmacy, hospital services, dental services, and transportation. Working with providers and the contractor, MAA staff is needed to carry out an effective and efficient Medicaid Services delivery system. If funding is not approved, the division will have to evaluate its current staffing to determine if some job duties can be consolidated. Another consequence of not funding the increment is the possibility of not filling positions as they become vacant. This will result in delayed response times to Medicaid providers and to the State's Medicaid contractor that is responsible for processing Medicaid claims and Medicaid payments to providers. It will also consider the possibility of requesting a supplemental for FY12.</i>												
1004 Gen Fund (UGF)		250.0										
FY2013 Delete Unrealizable Authorization	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										
FY2013 Unrealized Authority	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										
FY2013 AMD: Patient-Centered Medical Homes with Integrated Services	Inc0TI	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"> <li>- Patient tracking and registry functions</li> <li>- Use of non-physician staff for case management</li> <li>- The adoption of evidence-based guidelines</li> <li>- Patient self-management support and tests (screenings)</li> <li>- Referral tracking</li> <li>- Patient engagement and personal responsibility</li> </ul>												
<i>The remaining funds (anticipated \$300.0) will be made available as a one-time competitive grant for up to four pilot</i>												

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<b>Health Care Services (continued)</b>												
<b>Medical Assistance Administration (continued)</b>												
FY2013 AMD: Patient-Centered Medical Homes												
with Integrated Services (continued)												
<i>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>												
<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												
<b>* Allocation Total *</b>		<b>5,369.6</b>	2,308.8	107.2	1,954.7	72.2	17.6	1,100.0	-190.9	4	0	-3
<b>Rate Review</b>												
FY2006 Delete Interagency Receipts not Collectable	Dec	-4.6	-4.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This deletes Interagency Receipts which are not collectable.</i>												
1007 I/A Rcpts (Other)		-4.6										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	8.4	8.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		4.2										
1003 G/F Match (UGF)		4.2										
FY2007 Fund change from General Fund to General Fund Match	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		0.1										
1004 Gen Fund (UGF)		-0.1										
FY2008 Increase federal and general funds for Medicaid required audits of Disproportionate Share Hospital Payments	Inc	284.5	113.1	40.0	129.9	1.5	0.0	0.0	0.0	0	0	0
<i>This is to transfer funds from Medicaid Services to the Rate Review component for critical Medicaid items:</i>												
<i>Independent Certified Audits for Disproportionate Share Hospital Payments: By federal law, beginning with FY 2005 each state must submit an independent certified audit of its Medicaid disproportionate share hospital (DSH) program to the federal Centers for Medicare and Medicaid (CMS) Services to receive Federal disproportionate share hospital payments. The department relies almost exclusively on the DSH program for operational expenses at the Alaska Psychiatric Institute. Annual DSH expenditures of over \$15 million generate almost \$8 million in federal funds for Alaska.</i>												

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<b>Health Care Services (continued)</b>												
<b>Rate Review (continued)</b>												
FY2008 Increase federal and general funds for Medicaid required audits of Disproportionate Share Hospital Payments (continued)												
<i>Although this statutory requirement has been in place since 2005, CMS has not yet adopted regulations regarding the administration of the requirement and therefore has not required submission of the audit. CMS is now under pressure to release the regulations and will likely adopt guidelines outlining the details of the audit requirement in FFY07.</i>												
<i>Efficiency Audits of Facilities for Exceptional Relief: Alaska's Medicaid Rate Setting Regulations and State Plan provide for additional payments to hospitals, nursing facilities, federally qualified health centers and rural health clinics under the exceptional relief program. Efficiency auditors are needed to justify exceptional relief by analyzing the facilities staffing models, staffing levels and employee compensation, patient census, length of stay and acuity, physical plant, purchasing and the market within which the facility operates for opportunities to reduce costs. Efficiency audits will allow the department to pay the minimum required in exceptional relief circumstances.</i>												
<i>Other critical contracts are needed to ensure the medicaid rate system is run efficiently.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		142.0										
1004 Gen Fund (UGF)		142.5										
FY2008 AMD: Increase Teleconferences for Medical Care	Dec	-22.0	0.0	-15.0	-7.0	0.0	0.0	0.0	0.0	0	0	0
Advisory Committee-Limit Face to Face to One Per Year												
<i>Reducing funding to support one MCAC meeting per year.</i>												
1002 Fed Rcpts (Fed)		-11.0										
1003 G/F Match (UGF)		-11.0										
FY2011 Maintain, Improve, and Design New Financial and Payment Rate Systems	Inc	375.0	178.9	0.0	160.4	35.7	0.0	0.0	0.0	0	0	0
<i>Develop a new Medicaid Waiver rate setting system and improve processes to comply with the Centers for Medicare and Medicaid Services (CMS) requirements, provide for a fair system of reimbursement, reduce the likelihood of litigation, and deliver services efficiently.</i>												
<i>CMS has required that the department develop and implement a new Medicaid Waiver rate setting system as a requirement for continuing participation in the Medicaid Waiver program. The Waiver program is currently at risk due to an inadequate, antiquated, and unfair reimbursement system. Without this staffing and additional funds,</i>												

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<b>Health Care Services (continued)</b>												
<b>Rate Review (continued)</b>												
FY2011 Maintain, Improve, and Design New Financial and Payment Rate Systems (continued)												
<i>federal Medicaid participation in Alaska's home and community based services programs could be in jeopardy. Inadequate staffing may result in CMS financial findings and related disallowances, potential lawsuits from providers, potential loss of provider participation, and the inability to realize savings available to the department.</i>												
<i>The department has been working on a system with available resources, but a new system will require additional resources and staff. Other reimbursement methodologies in the department also need improvements and may be in the same situation with CMS without the additional attention that these additional staff can provide. Opportunities for enhancing federal participation in programs and decrease the need for general fund in the future exist, but staff is needed to develop, present, and implement these opportunities.</i>												
<i>PCN Internal Auditor II (PCN 06-?628) has been transferred from Medical Assistance to support this work.</i>												
<i>The two other positions that this funding will support were approved in the FY10 Management Plan:</i>												
<i>06-?622 Internal Auditor IV</i>												
<i>06-?623 Internal Auditor III</i>												
1002 Fed Rcpts (Fed)		187.5										
1003 G/F Match (UGF)		187.5										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.3	0.0	-1.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-1.1										
1004 Gen Fund (UGF)		-0.2										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	3.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$3.0</i>												
1002 Fed Rcpts (Fed)		1.5										
1003 G/F Match (UGF)		1.5										
FY2011 MEDICAID:HOME/COMMUNITY BASED SERVICES (SB 32)	FisNot	364.5	309.3	15.0	38.4	1.8	0.0	0.0	0.0	3	0	0
1002 Fed Rcpts (Fed)		182.3										
1003 G/F Match (UGF)		182.2										
FY2011 DID NOT PASS: MEDICAID:HOME/COMMUNITY BASED SERVICES (SB 32)	FisNot	-364.5	-309.3	-15.0	-38.4	-1.8	0.0	0.0	0.0	-3	0	0
1002 Fed Rcpts (Fed)		-182.3										
1003 G/F Match (UGF)		-182.2										
FY2013 Rate Settings and Acuity Measurement Systems	IncOTI	640.0	0.0	0.0	640.0	0.0	0.0	0.0	0.0	0	0	0
<i>House Subcommittee changed this to an IncOTI.</i>												
<i>This budget request is comprised of four related parts:</i>												
<i>Behavioral Health Outpatient Rate Setting and Acuity Measurement System</i>												
<i>\$100.0 (\$50.0 Federal/\$50.0 GF)</i>												

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<b>Health Care Services (continued)</b>												
<b>Rate Review (continued)</b>												
FY2013 Rate Settings and Acuity Measurement Systems (continued)												
<p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Home Health Rate Setting and Acuity Measurement System</i> \$100.0 (\$50.0 Federal/\$50.0 GF)</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Home and Community Based Services Acuity Measurement System</i> \$300.0 (\$150.0 Federal/\$150.0 GF)</p> <p><i>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.</i></p>												



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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Rate Review (continued)</b>												
FY2013 Rate Settings and Acuity Measurement Systems (continued)												
<i>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.</i>												
<i>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.</i>												
Tribal Dental and Behavioral Health Encounter Rate Settlement Calculations \$140.0 (\$70.0 Federal/\$70.0 GF)												
<i>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 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										
<b>* Allocation Total *</b>		<b>1,283.0</b>	298.8	23.7	923.3	37.2	0.0	0.0	0.0	0	0	0
<b>Community Health Grants</b>												
FY2006 Substitute general funds for Tobacco funds	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
1004 Gen Fund (UGF)		500.0										
FY2006 Reduce use of Tobacco funds and use GF for community based grants for health and social services programs	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
1168 Tob ED/CES (DGF)		-500.0										
FY2009 Add/Delete GF from Medicaid Svc for ProShare	Inc	279.4	0.0	0.0	0.0	0.0	0.0	279.4	0.0	0	0	0
<i>In SFY08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services/Medicaid Services; however, these services are provided by other divisions. This transfer to Public Health Community Health Grants is necessary to give the division the funding needed to continue these services.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Community Health Grants (continued)</b>												
FY2009 Add/Delete GF from Medicaid Svc for ProShare (continued)												
1004 Gen Fund (UGF)		279.4										
FY2009 Discontinue Private ProShare Refinancing	Inc	1,172.0	0.0	0.0	0.0	0.0	0.0	1,172.0	0.0	0	0	0

*This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.*

*The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.*

*ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching GF through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.*

*In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.*

*The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.*

**MISSIONS AND MEASURES:**

*Performance Measures Affected:*

*Dept-Core Services: Manage health care coverage for Alaskans in need*

*Dept-Core Services: Protect and promote the health of Alaskans*

*Dept-D-4 Provide quality management of health care coverage services providers and clients*

*HCS-A Mitigate service reductions by replacing general funds with alternate funds*

*HCS-B Provide affordable access to quality health care services to eligible Alaskans*

*DPH-A Healthy people in healthy communities*

*DPH-A-A4--Assure access to early preventative services and quality health care*

*SDS-A Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Community Health Grants (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
delivery of services												
<p><i>The Division of Public Health provides financial assistance for the support of community-based health programs by providing grant funds, as well as guidance and technical assistance, to grantees to develop health promotion and education activities.</i></p> <p><i>Multi-program grants supporting public health functions are provided by Maniilaq Association, Norton Sound Health COporation, Southeast Alaska Regional Health Consortium, Tanana Chiefs Conference, and Yukon Kuskokwim Health Corporation. These public health functions include, but are not limited to: public health nursing, community health aide training and supervision, emergency medical services, tuberculosis control, and injury prevention.</i></p>												
1004 Gen Fund (UGF)		1,172.0										
FY2009 CC: Add One Time Funding for Community Health Centers	IncOTI	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
1004 Gen Fund (UGF)		1,000.0										
FY2010 Assuring access to early preventive services and quality health care - CHATS Program Funding	Inc	173.1	0.0	0.0	0.0	0.0	0.0	173.1	0.0	0	0	0
<p><i>A 10% increase is being requested in the Community Health Grants component to assure access to early preventive services and quality health care through the Community Health Aide Training and Supervision (CHATS) Program Funding.</i></p> <p><i>In FY09, CHATS grants totaling \$1,730,765 are being awarded to the following 16 organizations:</i></p> <p><i>Aleutian/Pribilof Islands Association</i>  <i>Bristol Bay Area Health Corporation</i>  <i>Chitna Traditional Indian Village Council</i>  <i>Chugachmiut</i>  <i>Copper River Native Association</i>  <i>Council of Athabascan Tribal Governments</i>  <i>Eastern Aleutian Tribes</i>  <i>Kodiak Area Native Association</i>  <i>Maniilaq Association</i>  <i>Mt. Sanford Tribal Consortium</i>  <i>North Slope Borough</i>  <i>Norton Sound Health Corporation</i>  <i>South East Alaska Regional Health Consortium</i>  <i>Tanana Chiefs Conference</i>  <i>Yakutat Tlingit Tribe</i>  <i>Yukon Kuskokwim Health Corporation</i></p> <p><i>The Community Health Aide Training and Supervision Grants (CHATS) Program provides funds to support the training and supervision of primary community health aides who deliver health care services in rural communities throughout the State. This grant program is provided under the authority of AS 18.28.010-AS 18.28.100 and 7</i></p>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Health Care Services (continued)</b>												
<b>Community Health Grants (continued)</b>												
FY2010 Assuring access to early preventive services and quality health care - CHATS												
Program Funding (continued)												
AAC 78.												
<p><i>The Community Health Aide Training and Supervision grant program is guided by the CHATS Program Standards. These include training, certification, supervision, and instruction requirements for community health aides/practitioners. The purpose of the CHATS grant program is to improve the ability of local and regional health organizations to extend and improve training and supervision of community health aides/practitioners. Grants are for basic, advanced, and continuing education of community health aides and community health practitioners.</i></p> <p><i>The funding level for the CHATS Program is based on a formula established during the 1985 legislative session set out in AS 18.28.020. It is adjusted based on the amount of funding appropriated. During each fiscal year, a qualified regional health organization or local health organization is entitled to a grant of \$8,000 multiplied by the number of primary community health aides who were employed by that organization or another local or regional health organization during the previous fiscal year who each week during the previous year averaged at least 20 hours of service in the communities proposed to be served by the grant, but not to exceed the number of primary community health aides who were employed by a local or regional health organization on July 1, 1984 to serve the communities proposed to be served under the grant.</i></p> <p><i>This increment supports the DHSS priority of Access to Health and Wellness as well as the Division's Core Service of Access to quality healthcare.</i></p>												
1004 Gen Fund (UGF)		173.1										
FY2010 Project Access: Increase Access to Health Care for Low-Income Uninsured Alaskans using Volunteer Network of Providers	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<p><i>From their web site: One model is a volunteer health care provider network, developed by the medical society in Asheville, North Carolina. That model has resulted in a decrease in ER use by the target population by 70%, reduced hospital charity expenses by 23%, and decreased work absenteeism among those enrolled.</i></p>												
1004 Gen Fund (UGF)		250.0										
<b>* Allocation Total *</b>		<b>2,874.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,874.5</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>13,239.6</b>	<b>3,821.0</b>	<b>227.8</b>	<b>5,253.5</b>	<b>142.4</b>	<b>17.6</b>	<b>3,974.5</b>	<b>-197.2</b>	<b>18</b>	<b>0</b>	<b>-3</b>
<b>Juvenile Justice</b>												
<b>McLaughlin Youth Center</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	9.9	0.0	0.0	9.9	0.0	0.0	0.0	0.0	0	0	0
<p><i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i></p>												
1004 Gen Fund (UGF)		9.9										
FY2007 Increased Infrastructure Support Costs	Inc	514.3	0.0	0.0	514.3	0.0	0.0	0.0	0.0	0	0	0
<p><i>Ongoing operating costs to the division continue to rise. In FY05, we paid increased costs of \$325.1 from FY04 for various ongoing operating costs, including human resource services, computer resource charges and legal representation as well as internal departmental charges for services. The total amount paid in FY04 for these various services totaled \$520.4; in FY05, these same services cost the division \$845.5, an increase of 62 percent.</i></p>												

## Numbers and Language

**Juvenile Justice (continued)**

FY2007 Increased Infrastructure Support Costs  
(continued)

*The \$108.0 will be broken out by facility components, all of which are represented in this request.*

*If the division does not receive these increments, the operations of the programs in the state's juvenile facilities and probation field offices will be adversely affected. These increased infrastructure and operating costs are beyond the agency's ability to control but must be paid as part of the cost of keeping 24-hour institutions operational and of supporting the critical services provided by probation officers supervising juvenile offenders in the community.*

Ongoing operating costs to the division continue to rise. In FY05, we paid increased costs of \$325.1 from FY04 for various ongoing operating costs, including human resource services, computer resource charges and legal representation as well as internal departmental charges for services. The total amount paid in FY04 for these various services totaled \$520.4; in FY05, these same services cost the division \$845.5, an increase of 62 percent. The division is requesting \$160.9 to pay for these additional costs in FY07. \$165.7 was transferred from FMS in FY05, but was not sufficient to cover the increased costs, and only a portion of the transfer was general fund.

*The \$108.0 will be broken out by facility components, all of which are represented in this request.*

*If the division does not receive these increments, the operations of the programs in the state's juvenile facilities and probation field offices will be adversely affected. These increased infrastructure and operating costs are beyond the agency's ability to control but must be paid as part of the cost of keeping 24-hour institutions operational and of supporting the critical services provided by probation officers supervising juvenile offenders in the community.*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2007 CC: Reduce Infrastructure Support												
Costs (continued)												
1004 Gen Fund (UGF)		-200.0										
FY2008 AMD: Behavioral Health Clinicians for McLaughlin												
Youth Center and Fairbanks Youth Facility	Inc	273.1	231.5	0.0	41.6	0.0	0.0	0.0	0.0	3	0	0
<p><i>This request includes funding for three Mental Health Clinicians (MHC). It is anticipated that the positions will include one MHC III in Anchorage; one MHC II in Anchorage and one MHC II in Fairbanks. The Mental Health Trust has agreed to fund two positions; the division is requesting enough general fund dollars to fund one position. Over the next year or two, three more mental health positions will be phased into the system.</i></p> <p><i>Nationally, the trend to treat behavioral health residents in juvenile detention and treatment facilities is moving in two directions. Either complete units are being built at facilities to treat residents with these problems or staff is being hired to work with residents within existing facilities. The division (DJJ) is taking the latter approach.</i></p> <p><i>National recommendations are that one MHC be on board for every 20 residents. Currently, at the McLaughlin Youth Center (MYC), we have one MHC for the entire facility (160 beds); at the Fairbanks Youth Facility, we currently have one MHC for 40 beds. By acquiring these three additional clinicians, the needs of the residents will be more fully met, as they will provide direct clinical services to youth as well as crisis intervention. The mental health clinicians will provide suicide risk assessment, conduct behavioral health evaluations, assist with treatment planning, provide individual and group counseling and referral to community services. They will be able to perform court-ordered evaluations and provide behavioral health staff training and consultation. In short, these clinicians will assist with identification of a youth's behavioral health needs, improve our ability to provide targeted behavioral health treatment and assist with transition and after-care planning back to the community. This added clinical capacity within DJJs facilities will help to ensure there is an appropriate and robust continuum of care for youth with behavioral health needs who are also involved with the juvenile justice system.</i></p> <p><i>In 2001, DJJ reviewed the case files by hand for all youth served (1,318) on a particular day and recorded data related to DSM-IV diagnosis and other factors such as age, gender, race and number of prior delinquency reports. Of the 1,318 files reviewed, 42% (560) were identified as having a primary Axis I diagnosis. Of these, 40% also had a documented substance-related disorder. In 2006, DJJ added the ability to record DSM-IV diagnosis to the Alaska Juvenile Offender Management Information System (JOMIS). Preliminary data for 2006 indicate that 35% of youth served on a given day had at least one Axis I diagnosis. Of those, 85% had multiple diagnoses and 44% had a substance-related disorder.</i></p> <p><i>Performance Measures:</i></p> <p><i>Department Measure E, Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.</i></p> <p><i>Target 1: Reduce percentage of juveniles who re-offend following release from institutional treatment facilities to less than 40% of the total</i></p> <p><i>Target 2: Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than 20% of the total.</i></p>												
1004 Gen Fund (UGF)		83.9										
1092 MHTAAR (Other)		189.2										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2008 AMD: McLaughlin Youth Center Facility Staffing for Safety	Inc	282.1	282.1	0.0	0.0	0.0	0.0	0.0	0.0	5	0	0

*The Division of Juvenile Justice (DJJ) requests additional funding to better staff the McLaughlin Youth Center (MYC) in Anchorage. The division is currently asking for five of the additional 19 Juvenile Justice Officer positions that are needed to provide the minimum staffing required to meet national practice standards for monitoring youth, ensuring the security and safety of residents and staff.*

*This request is in keeping with the division's commitment to base decisions on resource needs on recommended practices and data based evidence. The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts (such as when they need to tend to a youth acting out, participate in training, take their regularly scheduled time off or earned leave, or deliver a youth to a court appearance), the division has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76 individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work ( $10 \times 1.76 = 17.6$ ). This factor has guided the division's calculation of the number of staff needed for the facilities constructed or renovated in the recent past, and now serves to point out the need for additional staff positions at McLaughlin Youth Center and three other juvenile facilities in Alaska.*

*McLaughlin Youth Center is currently staffed at a ratio of 1.45 staff per duty post. This lower staffing ratio has resulted in a number of challenges.*

*The lower staff-resident ratio limits effective interactions with youth. This is demonstrated by MYCs outcomes in the national Performance-based Standards (PbS) quality assurance process. According to the most recent report on McLaughlin's performance (April 2006), the average amount of time residents of McLaughlin's program units engage in "idle time" (i.e., are not actively engaged with staff in treatment activities) was higher than the national average for this measure. The program units also reported higher use of room confinement/isolation of residents per 100 resident days than the national average. In contrast, at both Nome Youth Facility and Kenai Peninsula Youth Facility, which are staffed at a ratio approaching 1.76 staff per duty post, youth had lower average amounts of idle time than the national average and were lower than the national average in the use of room confinement/isolation per 100 resident days.*

*Higher staff-resident ratios at MYC would reduce the frequency and length of idle time and room confinement and allow for more effective interaction. When permanent staff have frequent opportunities to work with residents, problems can be identified and resolved before they pose a threat to safety. Juveniles feel safer, feel less exposed to unknown threats, and are less likely to act out and harm others.*

*The lower staff-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals (National Commission on Correctional Health Care), and more frequently if they have expressed suicidal thoughts. At current staffing levels McLaughlin Youth Center is unable to conduct these checks on the routine basis needed*

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**Juvenile Justice (continued)**

**McLaughlin Youth Center (continued)**

FY2008 AMD: McLaughlin Youth Center Facility

Staffing for Safety (continued)

*to ensure resident safety in some of the treatment cottages.*

*The lower staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY06, MYC utilized more than 10,900 hours of work from non-permanent employees and more than 5,700 hours of overtime. On just one unit alone, it is anticipated that non-perm and overtime costs to cover for inadequate staffing cost approximately \$61,000. At MYC, most of the hours and dollars attributed to insufficient staffing occur in the Center's detention and treatment units. Four of these positions would be placed in the detention units; one would be placed in a treatment unit.*

*The lower staff-resident ratio at McLaughlin decreases the consistency of services youth receive. The detention units at McLaughlin had to cancel school for their residents on more than a dozen occasions over the course of FY06 due to short staffing that prevented adequate supervision of residents attending the McLaughlin School. Workers on the unit most consistently filled to capacity at McLaughlin (the Detention II Unit) also report that inadequate staffing is a significant source of stress that appears directly related to the number of incidents of resident misconduct and assaults, as well as the amount of sick leave utilized by staff on the unit.*

*The hiring of five additional juvenile justice officers would begin to bring McLaughlin Youth Center into line with Alaska's staff-resident ratio and could be expected to result in the following positive outcomes:*

- a) Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- b) Reduced idle hours by youth;*
- c) Decreased need for room confinement for youth;*
- d) Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of successful suicide attempts;*
- e) Decreased need for non-permanent employees and overtime hours by existing staff;*
- f) Increased ability to conduct school and other activities according to schedule;*
- g) Decreased incidence of resident misconduct and assault, and staff sick leave, in the Detention II Unit.*

**References**

*"Staff/Inmate Ratios: Why It's so Hard to Get to the Bottom Line," by Barbara Krauth (Boulder, Colo.: National Institute of Corrections Information Center), 1988.*

*Alaska Administrative Code (7 AAC 52.130)*

*"Staffing Analysis Workbook for Jails," by Dennis R. Liebert and Rod Miller (Washington: National Institute of Corrections), 2003.*

*"Youth with Mental Health Needs: Issues and Emerging Responses," by Joseph J. Cocozza and Kathleen Skowrya, Juvenile Justice, Volume VII, Number 1 (U.S. Office of Juvenile Justice and Delinquency Prevention: Washington), April 2000.*

*Standards for Health Services in Juvenile Detention and Confinement Facilities published by the National*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2008 AMD: McLaughlin Youth Center Facility												
Staffing for Safety (continued)												
Commission on Correctional Health Care 2004.												
Performance Measures:												
Department Measure E, Outcome Statement #5:												
Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.												
Target 1: Reduce percentage of juveniles who re-offend following release from institutional treatment facilities to less than 40% of the total.												
Target 2: Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than 20% of the total.												
1004 Gen Fund (UGF)		282.1										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	45.5	0.0	0.0	0.0	0.0	0.0	45.5	0.0	0	0	0
In SFY08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. McLaughlin Youth Center provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, this transfer of the general funds is necessary to give the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		45.5										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	349.4	0.0	0.0	158.3	0.0	0.0	191.1	0.0	0	0	0
This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.												
The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.												
ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**McLaughlin Youth Center (continued)**

FY2009 General Funds Required Due to  
Elimination of ProShare funding (continued)

*this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.*

*In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.*

*The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.*

*Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.*

*Performance Measures Affected:*

*Dept-Core Services --Manage health care coverage for Alaskans in need*

*Dept-Core Services --Protect and promote the health of Alaskans*

*Dept-D-4--Provide quality management of health care coverage services providers and clients*

*HCS-A--Mitigate service reductions by replacing general funds with alternate funds*

*HCS-B--Provide affordable access to quality health care services to eligible Alaskans*

*DPH-A--Healthy people in healthy communities*

*DPH-A-A4--Assure access to early preventative services and quality health care*

1004 Gen Fund (UGF)	349.4												
FY2009 Safety and Security Funding for Juvenile Justice Facilities	Inc	1,016.5	1,016.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

*Authorized youth facility positions have historically not been fully funded based on the assumption that during the course of a year positions will become vacant and budget "savings" will therefore naturally occur. In order to generate the required amount of "savings" vacant positions are held open for a minimum of 30 days. However, juvenile facilities require adequate staffing at all times to keep both the youth and the facility staff safe. Hiring non-permanent staff and requiring permanent staff to work overtime have been necessary in order to maintain adequate staffing levels. This practice has not allowed the division to realize the savings a vacancy factor implies, and may be contributing to staff turnover and further vacancies. The lack of consistent staff during shifts and staff turnover is not conducive to effective treatment. Fully funding all authorized positions would resolve this issue.*

*In the FY08 management plan, the facilities need to make up over a million dollars to stay within the budget.*

MYC: \$ 566.5 (4.78% vacancy)

MSYF: \$ 25.2 (1.65% vacancy)

## Numbers and Language

**Juvenile Justice (continued)**  
**McLaughlin Youth Center (continued)**  
 FY2009 Safety and Security Funding for  
 Juvenile Justice Facilities (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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~ The current low staff-to-resident ratio limits effective interactions with youth. This is demonstrated by MYC's outcomes in the national Performance-based Standards (PbS) quality assurance process. According to the most

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**McLaughlin Youth Center (continued)**

FY2009 Front Line Staffing at McLaughlin  
Youth Center, Year 2 of Division Plan  
(continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*recent report on McLaughlin's performance (April 2007), the average amount of time residents of McLaughlin's program units engage in "idle time" (i.e., are not actively engaged with staff in treatment activities) was more than two times the national average for this measure. In contrast, at the Nome Youth Facility which is staffed at a ratio approaching 1.76 staff per duty post, youth continued to have lower average amounts of idle time than the national average during the same reporting period.*

*Higher staff-resident ratios at MYC would reduce the frequency and length of idle time and room confinement and allow for more effective interaction. When permanent staff have frequent opportunities to work with residents, problems can be identified and resolved before they pose a threat to safety. Juveniles feel safer, feel less exposed to unknown threats, and are less likely to act out and harm others.*

*~ The current low staff-to-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals (National Commission on Correctional Health Care), and more frequently if they have expressed suicidal thoughts. At current staffing levels McLaughlin Youth Center is unable to conduct these checks on the routine basis needed to ensure resident safety in some of the treatment cottages.*

*~ The current low staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY07, MYC utilized more than 10,000 hours of work from non-permanent employees and more than 8,400 hours of overtime. At MYC, most of the hours and dollars attributed to insufficient staffing have occurred in the Center's detention and treatment units. In FY08, four of the five new positions went to the detention unit. One of the shift supervisors said that for the first time he was able to schedule shifts for the month without having to use non-perms for a shift. If the positions are approved for the FY09 request, four of these positions would be placed in the Treatment units and another in one of the detention units.*

*~ The current low staff-to-resident ratio at McLaughlin decreases the consistency of services youth receive. The detention units at McLaughlin had to cancel school for their residents on more than a dozen occasions over the course of FY07 due to short staffing that prevented adequate supervision of residents attending the McLaughlin School. Workers on the unit most consistently filled to capacity at McLaughlin (the Detention II Unit) also report that inadequate staffing is a significant source of stress that appears directly related to the number of incidents of resident misconduct and assaults, as well as the amount of sick leave utilized by staff on the unit.*

*~ Teenagers we see on a daily basis are often the same size as adult offenders and have committed crimes as serious as adult offenders. However, due to their age and lack of maturity they have a tendency to be more volatile, more unpredictable, and less able to understand the benefits of compliance. To keep our juvenile facilities safe, we do not use weapons, we do not use tazers, we do not use pepper spray; we do not even use isolation. What we do use is our ability to relate to the youth in a professional manner to build a positive relationship based on trust and integrity, and that trust is what keeps our facilities safe. Without full staffing, it is much harder to build this trust if we have to use non-perms to fill shifts on a consistent basis.*

*~ Statewide, all of our facilities are dealing with a high number of youths who have a DSM- IV diagnosis. On October 9, 2007 we did a one day count trying to figure out how many of our youths do have a DSM - IV diagnosis*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**McLaughlin Youth Center (continued)**

FY2009 Front Line Staffing at McLaughlin  
Youth Center, Year 2 of Division Plan  
(continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*and the number was 69%. Given that our youths are all considered to be high risk, when you add the mental health issues to the mix, this creates an atmosphere where numerous crisis situations could develop. These crisis situations cry-out for trained staff to assist the youths we serve.*

*~ Juvenile Justice does not have a training academy like the Office of Children's Services or the State Troopers, so our training is dependent upon one-on-one supervision by a seasoned staff with new workers; usually this intense one-on-one supervision lasts anywhere from four to six months. This method of training staff requires keen attention to strength of shift concerns as it is critical that staff on all shifts have the experience and training to maintain facility safety and security. Without full staffing, it is very difficult to make up shifts that ensure the seasoned staff are there.*

*~ A new problem at MYC is that gang members coming into MYC are more sophisticated, deeper into the criminal mindset, and recognize immediately that to gain an upper-hand they look for the weakest link amongst the authority figures, and that is the non-perm.*

*The hiring of five additional juvenile justice officers would help bring McLaughlin Youth Center into line with national recommendations for staff-to-resident ratios and could be expected to result in the following positive outcomes:*

- ~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- ~ Reduced idle hours by youth;*
- ~ Decreased need for room confinement for youth;*
- ~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of successful suicide attempts;*
- ~ Decreased need for non-permanent employees and overtime hours by existing staff;*
- ~ Increased ability to conduct school and other activities according to schedule;*
- ~ Decreased incidence of resident misconduct and assault, and staff sick leave, in the Detention II Unit.*

*This budget narrative also includes a request for an additional nurse position in the McLaughlin Youth Center. As with the other additional staff requested through this increment, this request is made to help assure the safety and health of residents.*

*McLaughlin Youth Center has far fewer nurses per resident than any other juvenile facility in Alaska. Currently, all youth facilities in Alaska except for McLaughlin are staffed with nurses at a rate of 1 fulltime nurse for every 10-20 juveniles. McLaughlin Youth Center, with 160 beds, employs 3 nurses, resulting in a ratio of 1 nurse for more than 50 juveniles. As a result, the nursing staff at McLaughlin Youth Center is overwhelmed in their ability to deal with their routine work:*

- ~ Providing direct care to juveniles who are injured or sick;*
- ~ Management and administration of medications;*
- ~ Providing education and training to staff, particularly in providing initial health screenings for newly admitted juveniles;*
- ~ Assisting and consulting with the contract physician and/or nurse-practitioner;*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2009 Front Line Staffing at McLaughlin Youth Center, Year 2 of Division Plan (continued)												
~ Providing information to parents and agencies that may work with the youth;												
~ Conducting adequate documentation and recordkeeping.												
<p>The difficulties that the nursing staff at McLaughlin have in meeting these needs are compounded when emergencies arise, or when a nurse must be in training or take sick leave. Indeed, to adequately meet the health care needs of youth at the facility at least two nurse positions are truly needed. However, inadequate space in the nurse's station effectively prevents an appropriate number of nurses from being requested and hired at this time.</p> <p>Performance Measures:</p> <p>This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.</p> <p>By having the facility more appropriately staffed, the division will be able to focus on reducing the number of youth that re-offend. Permanent, trained staff is better able to carry out the division's programs that will help reduce the recidivism and assist the probation staff to go into the community to educate and mentor youth to keep them from re-offending.</p>												
1004 Gen Fund (UGF)		439.0										
FY2009 Fairbanks Juvenile Treatment Court Support	Inc	73.5	73.5	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
This request includes funding for one specialized Mental Health Juvenile Probation Officer (JPO) located in Fairbanks.												
<p>The State is responsible for ensuring appropriate probation services are provided for youth who have behavioral health disorders. Demonstrated best practice indicates that treatment courts are the most appropriate course for many juveniles who have a primary behavioral health disorder and who have broken the law. The goal of the treatment court is to ensure the youth receives adequate treatment while at the same time does not violate any conditions of probation, including committing another offense. Juvenile Justice is a key partner with the Alaska Court System and other community stakeholders in the creation of the newly-developing Fairbanks Juvenile Treatment Court, the first juvenile court in Alaska. This request includes funding for one specialized Mental Health Juvenile Probation Officer (JPO) located in Fairbanks. The specialized JPO position will provide intensive case-management for these youth and families.</p> <p>Data for FY07 has shown that 46% of youth formally involved with the Alaska Juvenile Justice system had at least one primary behavioral health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders. Of those youth, 40% also had a co-occurring substance-related disorder. This is consistent with the first Juvenile Justice behavioral health data review conducted in 2001. Further, on October 9, 2007, facility data demonstrated that 69% of youth securely confined in either a detention or treatment institution in Alaska had an existing behavioral health disorder. With 2,186 admissions to secure detention and treatment in 2007, it is imperative that the State fulfill its responsibility to provide adequate access to behavioral health screening, evaluation, treatment and community referral for continued care.</p>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**McLaughlin Youth Center (continued)**

FY2009 Fairbanks Juvenile Treatment Court  
Support (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*Short-term outcomes are anticipated to include a decrease in the number of episodes of client behavioral management that include the use of physical restraints or room confinement, improved crisis intervention, and a decrease in the length of stay in treatment facilities for youth with DSM-IV diagnoses. Longer-term outcomes of having an appropriate staffing level of MHCs and a specialized Juvenile Treatment Court may include a shorter length of stay in detention, reduced recidivism in the juvenile system and a lowered risk of contact with the adult criminal system.*

*This increment request is part of the Division's plan to increase behavioral health services for youth in state custody. It is closely tied to the Trust recommendation for Mental Health Clinicians. Since the Trust did not recommend funding for this position, it was placed in a separate change record.*

*Performance Measures:*

*This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.*

1037 GF/MH (UGF)	73.5										
FY2009 MH Trust: Disability Justice - Mental Health Clinical capacity for juveniles in and/or transitioning out of detention	477.6	445.0	0.0	17.6	15.0	0.0	0.0	0.0	3	0	0

*Trust Description:*

*Grant 1386.01*

*The MH Trust: Dis Justice - MH Clinical Capacity for Juveniles In/Transitioning out of Detention project will maintain momentum for ensuring that there is the adequate mental health clinical staff capacity to provide appropriate treatment to youth within Alaska's juvenile justice system statewide. The goal is have six new mental health clinicians statewide in youth facilities. This project will be managed by the Division of Juvenile Justice staff with funds targeted to those youth facilities with inadequate mental health clinical staff capacity.*

*This project maintains the momentum of a critical component of the Disability Justice Focus Area plan by ensuring mental health treatment is provided while a youth is detained as well as ensuring treatment is incorporated into each youth's transition plan back into the community as needed. The MH Trust: Dis Justice - MH Clinical Capacity for Juveniles In/Transitioning out of Detention was successful in securing funds for three positions in FY08 with \$189.2 MHTAAR.*

*This change record continues this funding for FY09.*

*Department Description:*

*This request includes funding for three Mental Health Clinician II (MHC) positions located in Anchorage. One of the MHC positions located in Anchorage will travel and serve both the Mat-Su Youth Facility and the Kenai Peninsula Youth Facility.*

*The State of Alaska is responsible for ensuring that the basic health needs of juveniles who are placed within its*

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**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**McLaughlin Youth Center (continued)**

FY2009 MH Trust: Disability Justice - Mental  
Health Clinical capacity for juveniles in and/or  
transitioning out of detention (continued)

*24-hour secure institutions are met. These health needs include screening, evaluation and treatment for behavioral health disorders. The Department of Justice has found that constitutionally-mandated, reasonably safe, conditions of confinement include the right to adequate medical care, and behavioral health treatment has been identified as part of that medical care. Several states that have not provided basic access to behavioral health services within its 24-hour secure institutions have been found to be in violation of the federal Civil Rights of Institutionalized Persons Act (CRIPA).*

*Nationally, the trend to address the behavioral health needs in juvenile detention and treatment facilities is moving in the following two directions: either complete and separate units have been built at secure facilities to treat residents with these problems or clinical staff have been hired to work within existing secure facilities. The latter is the route DJJ is taking. It is recommended that one Mental Health Clinician (MHC) be on board for every 20 residents. Currently, at the McLaughlin Youth Center (MYC), there are three MHC positions for the entire facility (160 beds) and no MHC for either the Kenai Peninsula Youth Facility (KPYF) or the Mat-Su Youth Facility (MSYF).*

*This request includes funding for three MHC II positions located in Anchorage. One of these MHC positions will travel and be the sole clinician serving both KPYP and MSYF.*

*Data for FY07 has shown that 46% of youth formally involved with the Alaska Juvenile Justice system had at least one primary behavioral health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders. Of those youth, 40% also had a co-occurring substance-related disorder. This is consistent with the first Juvenile Justice behavioral health data review conducted in 2001. Further, on October 9, 2007, facility data demonstrated that 69% of youth securely confined in either a detention or treatment institution in Alaska had an existing behavioral health disorder. With 2,186 admissions to secure detention and treatment in 2007, it is imperative that the State fulfill its responsibility to provide adequate access to behavioral health screening, evaluation, treatment and community referral for continued care.*

*Short-term outcomes are anticipated to include a decrease in the number of episodes of client behavioral management that include the use of physical restraints or room confinement, improved crisis intervention, and a decrease in the length of stay in treatment facilities for youth with DSM-IV diagnoses. Longer-term outcomes of having an appropriate staffing level of MHCs may include a shorter length of stay in detention, reduced recidivism in the juvenile system and a lowered risk of contact with the adult criminal system.*

*This increment request is tied to the separate request for a Mental Health Juvenile Probation Officer in Fairbanks. Since the Trust did not recommend funding for that position, it was placed in a separate record but is a strategic part of the division's support of the Fairbanks Juvenile Treatment Court.*

*Performance Measures:*

*This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2009 MH Trust: Disability Justice - Mental Health Clinical capacity for juveniles in and/or transitioning out of detention (continued)												
<i>By having an appropriate number of behavioral staff, the State will assist youth in receiving services that will guide them towards being better able to function in life outside the facility and ultimately not recidivate. Having an adequate staffing level will assist the State in compliance with the federal Civil Rights of Institutionalized Persons Act.</i>												
1037 GF/MH (UGF)		288.4										
1092 MHTAAR (Other)		189.2										
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the Existing Bargaining Unit Agreements												
<i>The McLaughlin Youth Center component's MH Clinical Capacity for Juveniles In/Transitioning out of Detention project is the component's sole source of MHTAAR. This project is budgeted at \$189.2 for FY2010 and no further MHTAAR authority is available to the component.</i>												
1004 Gen Fund (UGF)		5.4										
1092 MHTAAR (Other)		-5.4										
FY2010 Front Line Staffing at the McLaughlin Youth Center	Inc	75.0	75.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The McLaughlin Youth Center is still in need of 15 additional juvenile justice officers to meet national practice standards for monitoring youth and ensuring safety and security of residents and staff. For FY2010, the division is asking for two (PCN 06-#507 &amp; 06-#508) of those 15 positions still needed. The other positions will be requested over the next five to six fiscal years.</i>												
<i>The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts (such as when they need to tend to a youth acting out, participate in training, take their regularly scheduled time off or earned leave, or deliver a youth to a court appearance), the division has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76 individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work (10 x 1.76 = 17.6). Currently, the McLaughlin Youth Center is at 1.55 per post.</i>												
<i>A number of challenges faced by the facility can be directly attributed to less than adequate staffing:</i>												
~ Increased likelihood that residents will harm themselves.												
~ Increased need for non-permanent employees and overtime hours.												
~ Decreased consistency of services youth receive.												
~ Increased possibility of escapes from the facility.												
<i>The hiring of two additional juvenile justice officers would help bring McLaughlin Youth Center into line with national recommendations for staff-to-resident ratios and could be expected to result in the following positive outcomes:</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2010 Front Line Staffing at the McLaughlin Youth Center (continued)												
<ul style="list-style-type: none"> <li>~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;</li> <li>~ Reduced idle hours by youth;</li> <li>~ Decreased need for room confinement for youth;</li> <li>~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of successful suicide attempts;</li> <li>~ Decreased need for non-permanent employees and overtime hours by existing staff;</li> <li>~ Increased ability to conduct school and other activities according to schedule;</li> <li>~ Decreased incidence of resident misconduct and assault, and staff sick leave, in the Detention Units.</li> </ul>												
Performance Measures: This increment request pertains to Department Measure E, Outcome Statement #5, Targets 1 and 2.												
1004 Gen Fund (UGF)		75.0										
FY2010 MH Trust: Dis Justice: Grant 1386.02 Increase Mental Health Clinical Capacity in DJJ Facilities. Cont. FY09 Level	Inc	288.4	255.8	0.0	17.6	15.0	0.0	0.0	0.0	0	0	0
In the FY2009 budget, a one-time only change record was added that included MHTAAR funding as well as GF/MH funding for several mental health clinicians. The GF/MH funding should not have been included in the one-time only increment. This change record makes that funding part of the base budget for the McLaughlin Youth Center component.												
1037 GF/MH (UGF)		288.4										
FY2010 MH Trust: Dis Justice -Grant 1386.02 Increase Mental Health Clinical Capacity in Juvenile Justice Facilities	IncOTI	189.2	189.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The MH Trust: Dis Justice - MH Clinical Capacity for Juveniles In/Transitioning out of Detention project will maintain momentum for ensuring there is the appropriate mental health clinical staff capacity to provide appropriate treatment to youth within Alaska's juvenile justice system statewide. Through a funding partnership between the Trust and Division of Juvenile Justice (DJJ) there are six mental health clinicians statewide in DJJ youth facilities. This project will be managed by DJJ staff with funds targeted to those youth facilities with inadequate mental health clinical staff capacity.												
This project maintains the momentum of a critical component of the Disability Justice Focus Area plan by ensuring mental health treatment is provided while a youth is detained as well as ensuring treatment is incorporated into each youth's transition plan back into the community as needed. Critical to this end is having the clinical capacity to carry out the tasks. The current goal to have six mental health clinicians statewide in youth facilities has been attained through a funding partnership between the Trust and DJJ.												
The goal for FY10 is to maintain the momentum to ensure there is the appropriate mental health clinical staff capacity within Alaska's juvenile justice system statewide. The project was funded in FY2009. In FY2010 a \$189.2 MHTAAR increment is requested to maintain the momentum of effort.												
1092 MHTAAR (Other)		189.2										
FY2011 MH Trust: Dis Justice -Grant 1386.03 Increase Mental Health Clinical Capacity in Juvenile Justice Facilities	IncOTI	189.2	189.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The MH Trust: Dis Justice - MH Clinical Capacity for Juveniles In/Transitioning out of Detention project will maintain momentum for ensuring there is the appropriate mental health clinical staff capacity to provide												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2011 MH Trust: Dis Justice -Grant 1386.03												
Increase Mental Health Clinical Capacity in												
Juvenile Justice Facilities (continued)												
<i>appropriate treatment to youth within Alaska's juvenile justice system statewide. Through a funding partnership between the Trust and Division of Juvenile Justice (DJJ) there are six mental health clinicians statewide in DJJ youth facilities. This project will be managed by DJJ staff with funds targeted to those youth facilities with inadequate mental health clinical staff capacity.</i>												
<i>This project maintains the momentum of a critical component of the Disability Justice Focus Area plan by ensuring mental health treatment is provided while a youth is detained as well as ensuring treatment is incorporated into each youth's transition plan back into the community as needed. Critical to this end is having the clinical capacity to carry out the tasks. The current goal to have six mental health clinicians statewide in youth facilities has been attained through a funding partnership between the Trust and DJJ.</i>												
1092 MHTAAR (Other)		189.2										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.1	0.0	-1.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-1.1										
FY2012 MH Trust: Dis Justice - Increase Mental Health Clinical												
Capacity in Juvenile Justice Facilities	IncM	189.2	189.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This project will maintain momentum for ensuring that there is adequate mental health clinical staff capacity to provide appropriate treatment to youth within Alaska's juvenile justice system statewide. Through a funding partnership between the Trust &amp; Division of Juvenile Justice (DJJ), six additional mental health clinicians are in DJJ facilities statewide.</i>												
<i>This project maintains the momentum of a critical component of the Disability Justice Focus Area plan by ensuring mental health treatment is provided while a youth is detained, as well as ensuring treatment is incorporated into each youth's transition plan back into the community as needed. Critical to this end is having the clinical capacity to carry out the tasks.</i>												
<i>This project was started in FY09. The combined FY12 GF/MH increment maintains DJJ's FY11 clinical capacity at the FY11 funding level and momentum of effort.</i>												
<i>No new services will be gained with this increment request. The Division will maintain services that are described above and provided by these two positions. If the increment is denied, the division will have to absorb the cost of the positions (which is unlikely given our already tight budget) or give them up, resulting in fewer clinical services being available for the securely confined mentally ill youth who need them.</i>												
1037 GF/MH (UGF)		189.2										
FY2012 Decrease vacancy factor for Juvenile Justice Facilities	IncM	500.0	500.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
to account for low turnover												
<i>Juvenile facilities require adequate minimum staffing at all times to keep both the youth and the facility staff safe. Hiring non-permanent staff and requiring permanent staff to work overtime is necessary in order to maintain adequate staffing levels when a vacancy occurs or employees are not available for shift coverage. This necessary practice does not allow the division to realize the savings a vacancy factor implies. Low or no turnover, which is a good thing programmatically, causes a hardship on a budget when a vacancy factor has to be made up. In the Division of Juvenile Justice, the vacancy factors are made up by holding some positions open for months, but filling others in order to meet the required staff to client ratio. This practice impacts clients and services that the</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>McLaughlin Youth Center (continued)</b>												
FY2012 Decrease vacancy factor for Juvenile Justice Facilities to account for low turnover (continued)												
<div> <div>division provides to the youth that are served within and outside of our institutions. Fully funding all authorized positions within the facility components would help resolve this issue. In FY11, the McLaughlin Youth Center needs to make up \$400.8 because of the 2.74% vacancy factor to stay within the budget. With the low turnover, this will be impossible to do, thus requiring a supplemental request to cover the excess costs for adequate staffing.</div> <div>In FY10, the McLaughlin Youth Center, with 173 full-time positions, had no vacancies for two months, and had four or fewer vacancies for eight months. This component still incurred non-perm and overtime costs to cover shifts while staff attended training and staff meetings, as well as for staff that were out sick, on personal leave, on FMLA, or on military leave. Although the goal is to have all of the division's facility components at a zero vacancy, the increment request will get the McLaughlin Youth Center closer to that goal. The \$500.0 increment brings the McLaughlin Youth Center component to 1.15% vacancy, closer than the 4.42% vacancy that would be required if the funds were not received. If this increment is not funded, the division will be requesting supplemental increments to cover the cost for staff time, or programs will have to be shut down because of lack of funding. Our facility positions need to be filled to provide safety and security for both clients and staff.</div> </div>												
1004 Gen Fund (UGF)		500.0										
FY2012 DHSS inc to MHT Rec - MH Trust: Dis Justice - Increase Mental Health Clinical Capacity in Juvenile Justice Facilities	Inc	10.8	10.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<div> <div>The Trust-recommended increment only replaced FY11 MHTAAR funding for the positions. This request funds the remaining personal services costs for the mental health clinicians.</div> </div>												
1037 GF/MH (UGF)		10.8										
FY2013 Grave Shift Coverage at McLaughlin Youth Center	Inc	300.0	300.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
<div> <div>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).</div> <div>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.</div> <div>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.</div> </div>												
1004 Gen Fund (UGF)		300.0										
<b>* Allocation Total *</b>		<b>5,021.6</b>	<b>4,159.8</b>	<b>-1.1</b>	<b>579.3</b>	<b>47.0</b>	<b>0.0</b>	<b>236.6</b>	<b>0.0</b>	<b>21</b>	<b>0</b>	<b>0</b>

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Mat-Su Youth Facility</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	1.5	0.0	0.0	1.5	0.0	0.0	0.0	0.0	0	0	0
<i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i>												
1004 Gen Fund (UGF)		1.5										
FY2007 Delete SDPR Funding for Probation School	Dec	-12.0	-12.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Mat-Su Borough School District was forced to delete this program from their budget. Because of that, the Division of Juvenile Justice will not receive SDPR receipts from that source.</i>												
1108 Stat Desig (Other)		-12.0										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	6.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0	0	0
<i>In SFY 08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Mat-Su Youth Facility provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the Proshare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.</i>												
1004 Gen Fund (UGF)		6.0										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	25.1	0.0	0.0	0.0	0.0	0.0	25.1	0.0	0	0	0
<i>This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.</i>												
<i>The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.</i>												
<i>ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Mat-Su Youth Facility (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
<i>allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i>												
<i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i>												
<i>Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services --Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services --Protect and promote the health of Alaskans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1004 Gen Fund (UGF)		25.1										
<b>* Allocation Total *</b>		<b>20.6</b>	<b>-12.0</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>0.0</b>	<b>31.1</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Kenai Peninsula Youth Facility</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	1.4	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0	0	0
<i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i>												
1004 Gen Fund (UGF)		1.4										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	5.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	0	0	0
<i>In SFY08 a general fund (GF) increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Kenai Peninsula Youth Facility provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the Proshare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Kenai Peninsula Youth Facility (continued)</b>												
FY2009 Add/Delete GF from Medicaid Svcs for ProShare (continued)												
1004 Gen Fund (UGF)		5.0										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	21.4	0.0	0.0	0.0	0.0	0.0	21.4	0.0	0	0	0

*This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.*

*The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.*

*ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.*

*In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.*

*The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.*

*Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.*

*Performance Measures Affected:*

*Dept-Core Services --Manage health care coverage for Alaskans in need*

*Dept-Core Services --Protect and promote the health of Alaskans*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Kenai Peninsula Youth Facility (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
Dept-D-4--Provide quality management of health care coverage services providers and clients												
HCS-A--Mitigate service reductions by replacing general funds with alternate funds												
HCS-B--Provide affordable access to quality health care services to eligible Alaskans												
DPH-A--Healthy people in healthy communities												
DPH-A-A4--Assure access to early preventative services and quality health care												
1004 Gen Fund (UGF)		21.4										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.5	0.0	-0.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.5										
<b>* Allocation Total *</b>		<b>27.3</b>	<b>0.0</b>	<b>-0.5</b>	<b>1.4</b>	<b>0.0</b>	<b>0.0</b>	<b>26.4</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Fairbanks Youth Facility</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	4.5	0.0	0.0	4.5	0.0	0.0	0.0	0.0	0	0	0
Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.												
1004 Gen Fund (UGF)		4.5										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	11.1	0.0	0.0	0.0	0.0	0.0	11.1	0.0	0	0	0
In SFY08 a general fund (GF) increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Fairbanks Youth Facility provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the Proshare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		11.1										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	46.5	0.0	0.0	0.0	0.0	0.0	46.5	0.0	0	0	0
This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.												
The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.												
ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Fairbanks Youth Facility (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
<i>funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i>												
<i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i>												
<i>Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services --Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services --Protect and promote the health of Alaskans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1004 Gen Fund (UGF)		46.5										
FY2010 Front Line Staffing for Fairbanks Youth Facility	Inc	186.6	186.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Fairbanks Youth Facility is still in need of four additional juvenile justice officers to meet national practice standards for monitoring youth and ensuring safety and security of residents and staff. For FY2010, the division is asking for one (PCN 06-#510) of those four positions still needed. The other three juvenile justice positions will be requested in FY2011 and FY2012. In addition, the division is requesting a Nurse II position (PCN 06-#515) and a Maintenance Generalist position (PCN 06-#516) for the facility.</i>												
<i>The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska</i>												

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**Juvenile Justice (continued)**

**Fairbanks Youth Facility (continued)**

FY2010 Front Line Staffing for Fairbanks Youth

Facility (continued)

*regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts (such as when they need to tend to a youth acting out, participate in training, take their regularly scheduled time off or earned leave, or deliver a youth to a court appearance), the division has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76 individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work (10 x 1.76 = 17.6). Currently, the Fairbanks Youth Facility is at 1.55 per post.*

*A number of challenges faced by the facility can be directly attributed to less than adequate staffing:*

- ~ Increased likelihood that residents will harm themselves.*
- ~ Increased need for non-permanent employees and overtime hours.*
- ~ Decreased consistency of services youth receive.*
- ~ Increased possibility of escapes from the facility.*

*The hiring of an additional juvenile justice officer would help bring the Fairbanks Youth Facility into line with national recommendations for staff-to-resident ratios and could be expected to result in the following positive outcomes:*

- ~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- ~ Reduced idle hours by youth;*
- ~ Decreased need for room confinement for youth;*
- ~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of successful suicide attempts;*
- ~ Decreased need for non-permanent employees and overtime hours by existing staff;*
- ~ Increased ability to conduct school and other activities according to schedule;*
- ~ Decreased incidence of resident misconduct and assault, and staff sick leave, in the Detention II Unit.*

*This budget increments also includes a request for an additional maintenance position to help provide for a level of services that is now required to properly operate the facility. The Fairbanks Youth Facility has continued to increase in size since its inception in 1980. What began as a small facility of just under 14,000 square feet has grown to a robust building of over 35,000 square feet once the mezzanine project is completed around December of 2008. The growth of the building coupled with an increase in the original facility aging, exterior improvements (i.e. rear fencing, more parking) has greatly increased the responsibilities of the lone maintenance specialist at the facility and has made it extremely difficult to keep up with routine duties such as preventative maintenance; snow removal (winter); facility grounds upkeep (summer); project oversight; painting; vehicle upkeep; security systems, key control and lock repairs; and certification and repair of critical building systems including fire and life safety systems.*

*This budget increment also includes a request for an additional nurse position. Fairbanks Youth Facility has experienced a dramatic increase in the number of juveniles that require medication and have significant medical*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Fairbanks Youth Facility (continued)</b>												
FY2010 Front Line Staffing for Fairbanks Youth Facility (continued)												
<i>needs. There have been considerable increases in the number of residents with mental health disorders as evidenced by increased numbers of juveniles on psychotropic medications. For many years the nursing workload has been so heavy that the facility has required that juvenile justice officers distribute medications to the residents as a part of their regular duties. This has been problematic as it is time-consuming for the staff and increases the risk of harm to the residents. Recent regulatory changes by the State Board of Nursing have dictated that ONLY nurses are allowed to distribute certain types of medications such as psychotropics. This has forced the Fairbanks Youth Facility to become creative with the scheduling of the nurses to increase the amount of time that an actual nurse is in the building. The Fairbanks Youth Facility is requesting another full-time nurse to be able to provide 7 day/week coverage for approximately 16 hours a day which equates to 2 of the 3 shifts in a work day. This would allow an advanced level of medication distribution and significantly reduce the risk of a fatality due to medication being routinely handled by nonmedical personnel.</i>												
<i>Performance Measures: This increment request pertains to Department Measure E, Outcome Statement #5, Targets 1 and 2.</i>												
1004 Gen Fund (UGF)		186.6										
FY2011 Reduce Federal Authority Due to the Completion of the Re-Entry Grant Initiative	Dec	-54.1	-54.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-1
<i>Reduce federal authority in this component due to the completion of the Re-Entry Initiative Grant. The non-perm position (06-N08074) funded by this grant will be deleted.</i>												
1002 Fed Rcpts (Fed)		-54.1										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.3	0.0	-0.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.3										
<b>* Allocation Total *</b>		<b>194.3</b>	<b>132.5</b>	<b>-0.3</b>	<b>4.5</b>	<b>0.0</b>	<b>0.0</b>	<b>57.6</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>-1</b>
<b>Bethel Youth Facility</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	7.1	0.0	0.0	7.1	0.0	0.0	0.0	0.0	0	0	0
<i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i>												
1004 Gen Fund (UGF)		7.1										
FY2008 AMD: Delete Long-Term Vacant Position	Dec	-76.2	-76.2	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Delete one position in order to reduce general fund spending in the FY08 budget. This position has been difficult to fill since it was last vacated.</i>												
1004 Gen Fund (UGF)		-76.2										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	8.1	0.0	0.0	0.0	0.0	0.0	8.1	0.0	0	0	0
<i>In SFY08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Bethel Youth Facility provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Bethel Youth Facility (continued)</b>												
FY2009 Add/Delete GF from Medicaid Svcs for ProShare (continued)												
<i>Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.</i>												
1004 Gen Fund (UGF)		8.1										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	33.9	0.0	0.0	0.0	0.0	0.0	33.9	0.0	0	0	0

*This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.*

*The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.*

*ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.*

*In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.*

*The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.*

*Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Bethel Youth Facility (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
Performance Measures Affected:												
Dept-Core Services --Manage health care coverage for Alaskans in need												
Dept-Core Services --Protect and promote the health of Alaskans												
Dept-D-4--Provide quality management of health care coverage services providers and clients												
HCS-A--Mitigate service reductions by replacing general funds with alternate funds												
HCS-B--Provide affordable access to quality health care services to eligible Alaskans												
DPH-A--Healthy people in healthy communities												
DPH-A-A4--Assure access to early preventative services and quality health care												
1004 Gen Fund (UGF)		33.9										
FY2009 Front-Line Staffing for Bethel Youth Facility, Year 2 of	Inc	95.0	83.3	0.0	11.7	0.0	0.0	0.0	0.0	1	0	0
Division Plan												

The Division of Juvenile Justice is requesting an increment in the amount of \$95.0 to better staff the Bethel Youth Facility (BYF). Currently, BYF is in need of three additional Juvenile Justice Officer positions to meet national practice standards for monitoring youth and ensuring the safety and security of residents and staff. To stay in line with the Division's five year plan, the division will request one of the three needed positions.

This request is in keeping with the division's commitment to base decisions on resource needs on recommended practices and data based evidence. Using guidelines from the National Institute of Corrections, the division determined that an additional staff is needed at the Bethel Youth Facility to enable this facility to further meet its minimal needs to assure the safety and security of residents and staff. Indeed, a number of challenges faced by the facility can be directly attributed to less than adequate staffing:

Bethel Youth Facility is currently staffed at a ratio of 1.54 staff per duty post. This lower staffing ratio has resulted in a number of challenges:

~ The lower staff-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals, and more frequently if they have expressed suicidal thoughts. At current staffing levels BYF is unable to conduct these checks on the routine basis needed to ensure resident safety.

~ The lower staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY07, BYF utilized over 2,700 hours of work from non-permanent employees or overtime from current staff. A portion of these hours and dollars were attributed to insufficient staffing in the Facility's detention and treatment units. Only two workers staff BYF during graveyard shift, a dangerous situation that prevents any more than one staff from being present on either of the facility's two units. When an emergency or admission occurs during graveyard shift, a staff person often must be called in from home to assure that the duty posts are adequately staffed. Similarly, when difficulties arise late in the evening, such as a resident acting out in an aggressive or harmful manner, staff from the earlier shift are required to work overtime to ensure adequate staffing levels on the graveyard shift.

~ The lower staff-resident ratio at Bethel Youth Facility decreases the consistency of services youth receive. BYF is the most routinely overcrowded juvenile facility in Alaska, responsible for detaining youth and providing treatment services to juveniles from Bethel and the 56 neighboring villages throughout the Yukon-Kuskokwim Delta. Being filled over capacity regularly requires staff to escort youth to other facilities around the state; these

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Bethel Youth Facility (continued)</b>												
FY2009 Front-Line Staffing for Bethel Youth Facility, Year 2 of Division Plan (continued)												
<i>escorts are in addition to the routine and frequent local escorts staff must make with youth to court and the local medical clinic. The constant pulling of staff away from their duty posts compounds the problem of being short-staffed, limiting opportunities for anger-management treatment groups, community work service, and other treatment-related activities.</i>												
<i>The hiring of one of the three needed additional juvenile justice officers would bring Bethel Youth Facility more into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:</i>												
<i>~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;</i>												
<i>~ Reduced room confinement and isolation of youth;</i>												
<i>~ Decreased idle hours for youth;</i>												
<i>~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;</i>												
<i>~ Decreased need for non-permanent employees and overtime hours by existing staff;</i>												
<i>~ Increased ability to conduct school and other activities according to schedule;</i>												
<i>~ Decreased incidence of resident misconduct and assault, and staff sick leave.</i>												
<i>Performance Measures:</i>												
<i>This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.</i>												
<i>By having the facility more appropriately staffed, the division will be able to focus on reducing the number of youth that re-offend. Permanent, trained staff is better able to carry out the division's programs that will help reduce the recidivism and assist the probation staff to go into the community to educate and mentor youth to keep them from re-offending.</i>												
1004 Gen Fund (UGF)		95.0										
FY2010 Front-Line Staffing for the Bethel Youth Facility	Inc	98.7	98.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Bethel Youth Facility is still in need of two additional juvenile justice officers to meet national practice standards for monitoring youth and ensuring safety and security of residents and staff. For FY10, the division is asking for one (PCN 06-#512) of the two positions still needed. The other position will be requested in FY11.</i>												
<i>The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts (such as when they need to tend to a youth acting out, participate in training, take their regularly scheduled time off or earned leave, or deliver a youth to a court appearance), the division has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76</i>												

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**Juvenile Justice (continued)**

**Bethel Youth Facility (continued)**

FY2010 Front-Line Staffing for the Bethel Youth Facility (continued)

*individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work (10 x 1.76 = 17.6). Currently, the Bethel Youth Facility is staffed at 1.61 per post.*

*A number of challenges faced by the facility can be directly attributed to less than adequate staffing:*

- ~ Increased likelihood that residents will harm themselves.*
- ~ Increased need for non-permanent employees and overtime hours.*
- ~ Decreased consistency of services youth receive.*

*The hiring of one of the two remaining juvenile justice officers needed would bring Bethel Youth Facility more into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:*

- ~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- ~ Reduced room confinement and isolation of youth;*
- ~ Decreased idle hours for youth;*
- ~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;*
- ~ Decreased need for non-permanent employees and overtime hours by existing staff;*
- ~ Increased ability to conduct school and other activities according to schedule;*
- ~ Decreased incidence of resident misconduct and assault, and staff sick leave.*

*Performance Measures:*

*This increment request pertains to Department Measure E, Outcome Statement #5, Targets 1 and 2.*

1004 Gen Fund (UGF) 98.7

FY2011 Reduce general fund travel line item by 10 percent.

1004 Gen Fund (UGF) -0.3

**\* Allocation Total \***

**Nome Youth Facility**

FY2006 Nome Youth Facility Expansion from 6 to 14 bed capacity

*Northwest Alaska, including the communities of Kotzebue, Nome, and the surrounding 28 villages, an area the size of Pennsylvania, is served by one small juvenile detention facility, the Nome Youth Facility. The facility staff, along with juvenile probation offices and community partners, are faced with the challenge of providing detention and intervention services for a very large and remote area of the state. Additionally, there is the recognition that intervening/rehabilitating juveniles within the region is far more effective than transferring them to larger institutions outside the community, or outside the state. Additionally, costs for transporting multiple juveniles out of the region are exorbitant and consume excessive staff time.*

*The Nome Youth Facility is in the process of completing a facility expansion project to increase its rated capacity*

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
	Dec	-0.3	0.0	-0.3	0.0	0.0	0.0	0.0	0.0	0	0	0
		166.3	105.8	-0.3	18.8	0.0	0.0	42.0	0.0	0	0	0
	Inc	451.8	438.0	0.0	13.8	0.0	0.0	0.0	0.0	5	1	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)												
Nome Youth Facility (continued)												
FY2006 Nome Youth Facility Expansion from 6 to 14 bed capacity (continued)												
from 6 to 14 beds. The estimated timeframe for completion of this renovation is late spring 2005. The level of referrals in the Nome region and the seriousness of the type of youth requiring secure detention, coupled with the expansion of the facility from its existing 6 beds to a rated 14 bed capacity necessitates additional staffing in order to adhere to required staffing ratios. The request is the minimum requirement for the facility to ensure basic safety, security and order within the detention facility. The existing permanent staff are insufficient to cover the required shifts needed to keep a 14-bed facility open 24/7.												
This request is for an additional 5.5 FTE's, to include one Juvenile Justice Officer III position (86.8) , 3 additional line juvenile justice officer staff (\$72.7 x 3), a part-time facility nurse (\$68.4) and an administrative clerk (\$64.7). The staffing request is in alignment with other DJJ facilities and adheres to the Division of Juvenile Justice's established staffing ratios for 24-hour institutions. Total anticipated increment is \$451.8.												
The facility has been averaging above capacity for the past two years. Average utilization was 150% of capacity in FY '03 and 137% of capacity in FY '04. If these positions are not funded, additional costs would be accrued through the use of non-permanent positions and there would be a significant increase in overtime costs. The reliance on overtime to fully staff a youth facility is poor management practice and not sustainable in the longer run. Excessive overtime is not cost efficient and also results in undue burden to already overtaxed facility staff often leading to increased safety and security risks for both residents and staff. This would likely result in increased staff turnover and recruitment difficulties in an area of the state where this is already a serious challenge.												
1004 Gen Fund (UGF)		451.8										
FY2006 Assistance for Increased Fuel Costs	Inc	3.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0	0	0
Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.												
1004 Gen Fund (UGF)		3.0										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	5.4	0.0	0.0	0.0	0.0	0.0	5.4	0.0	0	0	0
In SFY08 a general fund (GF) increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services however, these services are provided by other divisions. Nome Youth Facility provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the Proshare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		5.4										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	22.6	0.0	0.0	0.0	0.0	0.0	22.6	0.0	0	0	0
This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.												
The department has made payments to hospitals and community health care providers for several years under the												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Nome Youth Facility (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
<i>ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.</i>												
<i>ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i>												
<i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i>												
<i>Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services --Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services --Protect and promote the health of Alaskans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1004 Gen Fund (UGF)		22.6										
FY2009 Funding for Nome's Operating Costs	Inc	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0

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**Juvenile Justice (continued)**

**Nome Youth Facility (continued)**

FY2009 Funding for Nome's Operating Costs  
(continued)

*We are requesting a \$50.0 increment in the Services line due to overhead cost increases associated with running this facility. Over the last two fiscal years, since the expansion of the building in FY06, Nome has increased services from 6 to 14 beds, and absorbed the increased costs of utilities, food and other services associated with the additional youths being served at this facility.*

*During the FY06 budget process many of the current day overhead cost were not realized. To date, we have been able to cover these expenses because of vacancies in this component and in other components within the Juvenile Justice RDU. This budgeting practice is not sustainable. We would like to bring this component in line with its needs over a three year period.*

*Indicated below are the services and commodity expenses for the past three fiscal years for this component. In FY05, we paid \$72.3 from the services line for services such as telecommunications, utilities and interagency billings. In FY06, that amount rose to \$147.1 and in FY07, we paid a total of \$182.8 for these services. The difference from FY05 to FY07 is \$110.5. The FY06 increment only included \$13.8 additional funding for this line item. We would like to request \$100.0 increase for the contractual line item over a three-year period. At this point, we would like to request \$50.0; we will request the remaining amount needed in FY11.*

*In FY05, we paid \$26.6 from the commodities line for supplies such as food and regular office supplies. In FY06, that amount was \$69.8 and it was \$75.6 in FY07. The difference from FY05 to FY07 is \$49.0. We did not ask for an increment on the commodities line in the FY06 increment, but feel that \$50.0 increase to this line would be sufficient to appropriately fund this component. We will ask for this increase in FY10.*

*Performance Measures:*

*This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.*

1004 Gen Fund (UGF) 50.0

FY2010 Nome Operating Costs, Phase 2 of 2, for Overhead Costs Associated with the New Building and Increased Costs for Food	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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*This is the second of two phases for funding for the Nome Youth Facility's operating costs. When the division requested new positions for Nome (FY2006), not enough additional funding was requested for the overhead costs associated with the new building and increased costs for food for the additional youth the facility would serve. Overall, the division was short \$150.0 in this component. In FY2009, we requested and received \$50.0. The Division is asking for the final \$100.0 needed to bring funding for this component in line with its needs.*

*To date, we have been able to cover these expenses because of vacancies in this component. In FY2008, the vacancy count for the Nome Youth Facility was very low and non-existent for part of the year. We requested and received a supplemental request in the amount of \$150.0 to cover expenditures for FY2008. Currently, the vacancy is very low. The division will determine if there will be a need to request a supplemental in FY2009 to*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Nome Youth Facility (continued)</b>												
FY2010 Nome Operating Costs, Phase 2 of 2, for Overhead Costs Associated with the New Building and Increased Costs for Food (continued) cover the ongoing operating costs of this facility.												
Performance Measure: This increment request pertains to Department Measure E, Outcome Statement #5, Targets 1 and 2.												
1004 Gen Fund (UGF)		100.0										
FY2011 Reduce general fund travel line item by 10 percent.												
1004 Gen Fund (UGF)	Dec	-0.7	0.0	-0.7	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>* Allocation Total *</b>		<b>632.1</b>	<b>438.0</b>	<b>-0.7</b>	<b>166.8</b>	<b>0.0</b>	<b>0.0</b>	<b>28.0</b>	<b>0.0</b>	<b>5</b>	<b>1</b>	<b>0</b>
<b>Johnson Youth Center</b>												
FY2006 Assistance for Increased Fuel Costs												
	Inc	4.7	0.0	0.0	4.7	0.0	0.0	0.0	0.0	0	0	0
Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.												
1004 Gen Fund (UGF)		4.7										
FY2006 Reduce I/A Receipts for Services no Longer Provided to Division of Public Health												
	Dec	-4.0	0.0	0.0	-4.0	0.0	0.0	0.0	0.0	0	0	0
This change record reduces I/A receipts by \$4.0 We are no longer providing maintenance services to the Division of Public Health.												
1007 I/A Rcpts (Other)		-4.0										
FY2008 AMD: Johnson Youth Center Facility Staffing for Safety												
	Inc	56.4	56.4	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
The Division of Juvenile Justice (DJJ) is requesting an increment in the amount of \$56.4 to acquire one additional Juvenile Justice Officer at the Johnson Youth Center (JYC) in Juneau. Although JYC is in need of three additional Juvenile Justice Officer positions to meet national practice standards for monitoring youth and ensuring safety and security of residents and staff, we are only asking for one of the positions at this time. The other two positions will be phased into the system over the next few years.												
This request is in keeping with the division's commitment to base decisions on resource needs on recommended practices and data based evidence. The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts, (such as when they need to tend to a youth acting out, participate in training, take earned leave, or deliver a youth to a court appearance), the Division of Juvenile Justice has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76 individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work (10 x 1.76 = 17.6). This factor has guided the Division's calculation of the number of staff needed for the facilities constructed or renovated in the recent past, and now serves to point												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**Johnson Youth Center (continued)**

FY2008 AMD: Johnson Youth Center Facility

Staffing for Safety (continued)

*out the need for additional staff positions at Johnson Youth Center and three other juvenile facilities in Alaska.*

*Johnson Youth Center is currently staffed at a ratio of 1.56 staff per duty post. This lower staffing ratio has resulted in a number of challenges:*

*The lower staff-resident ratio limits effective interactions with youth. This is demonstrated by JYCs performance in the national Performance-based Standards (PbS) quality assurance process. According to the most recent report on JYCs performance (April 2006), the average amount of time residents of JYCs program unit engage in "idle time" (i.e., are not actively engaged with staff in treatment activities) is higher than the national average for this measure. (In contrast, at both Nome Youth Facility and Kenai Peninsula Youth Facility, which are staffed at a ratio approaching 1.76 staff per duty post, youth had lower average "idle time" than the national average.)*

*Higher staff-resident ratios at JYC would reduce the frequency and length of idle time and allow for more effective interaction. When staff have many opportunities to work with residents, problems can be identified and resolved before they pose a threat to safety. Juveniles feel safer, feel less exposed to unknown threats, and are less likely to act out and harm others.*

*The lower staff-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals (National Commission on Correctional Health Care), and more frequently if they have expressed suicidal thoughts. At current staffing levels JYC is unable to conduct these checks on the routine basis needed to ensure resident safety.*

*The lower staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY06, JYC utilized more than 4,200 hours of work from non-permanent employees or overtime. A portion of these hours were incurred to make up for the lack of permanent direct line staff.*

*The lower staff-resident ratio at Johnson Youth Center (JYC) decreases the consistency of services youth receive. This past year, the lack of adequate supervision at JYC allowed one resident to escape and another resident to bring contraband (drugs) onto the facility grounds. According to the Performance-based Standards report for April 2006, staff self-reports demonstrated that employees were concerned for their personal safety at a level that exceeded the national average. The potential of two new community partnerships (Boys and Girls Cub and Big Brothers Big Sisters) has been limited to date due to the lack of staff at JYC that can be made available to assist with the start up and implementation of these programs.*

*The hiring of three additional juvenile justice officers would bring JYC into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:*

- a) Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- b) Reduced room confinement and isolation of youth;*
- c) Decreased idle hours for youth;*
- d) Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Johnson Youth Center (continued)</b>												
FY2008 AMD: Johnson Youth Center Facility												
Staffing for Safety (continued)												
e) Decreased need for non-permanent employees and overtime hours by existing staff;												
f) Increased ability to conduct school and other activities according to schedule;												
g) Decreased incidence of resident misconduct and assault, and staff sick leave.												
h) Decrease staff concern for personal safety;												
i) Increase effectiveness of partnerships with Boys and Girls Club and Big Brothers Big Sisters.												
References:												
"Staff/Inmate Ratios: Why It's so Hard to Get to the Bottom Line," by Barbara Krauth (Boulder, Colo.: National Institute of Corrections Information Center), 1988.												
Alaska Administrative Code (7 AAC 52.130)												
"Staffing Analysis Workbook for Jails," by Dennis R. Liebert and Rod Miller (Washington: National Institute of Corrections), 2003.												
"Youth with Mental Health Needs: Issues and Emerging Responses," by Joseph J. Cocozza and Kathleen Skowrya, Juvenile Justice, Volume VII, Number 1 (U.S. Office of Juvenile Justice and Delinquency Prevention: Washington), April 2000.												
Standards for Health Services in Juvenile Detention and Confinement Facilities published by the National Commission on Correctional Health Care 2004.												
Performance Measures:												
Department Measure E, Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.												
Target 1: Reduce percentage of juveniles who re-offend following release from institutional treatment facilities to less than 40% of the total.												
Target 2: Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than 20% of the total.												
1004 Gen Fund (UGF)		56.4										
FY2009 Add/Delete GF from Medicaid Svcs for Proshare	Inc	9.3	0.0	0.0	0.0	0.0	0.0	9.3	0.0	0	0	0
In SFY08 a general fund (GF) increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Johnson Youth Center provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the Proshare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		9.3										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Johnson Youth Center (continued)</b>												
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	38.9	0.0	0.0	0.0	0.0	0.0	38.9	0.0	0	0	0

*This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.*

*The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.*

*ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.*

*In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.*

*The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.*

*Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.*

*Performance Measures Affected:*

*Dept-Core Services --Manage health care coverage for Alaskans in need*

*Dept-Core Services --Protect and promote the health of Alaskans*

*Dept-D-4--Provide quality management of health care coverage services providers and clients*

*HCS-A--Mitigate service reductions by replacing general funds with alternate funds*

*HCS-B--Provide affordable access to quality health care services to eligible Alaskans*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Johnson Youth Center (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
DPH-A--Healthy people in healthy communities												
DPH-A-A4--Assure access to early preventative services and quality health care												
1004 Gen Fund (UGF)		38.9										
FY2009 Front-Line Staffing at Johnson Youth Center, Year 2 of	Inc	70.0	63.3	0.0	6.7	0.0	0.0	0.0	0.0	1	0	0
Division Plan												

*The Division of Juvenile Justice is requesting an increment in the amount of \$70.0 to better staff the Johnson Youth Center (JYC). Currently, JYC is in need of two additional Juvenile Justice Officer positions to meet national practice standards for monitoring youth and ensuring safety and security of residents and staff. The division has developed a five-year plan to acquire needed positions statewide; this is the second year of the plan and will bring us closer to full staffing at JYC.*

*This request is in keeping with the division's commitment to base decisions on resource needs on recommended practices and data based evidence. Using guidelines from the National Institute of Corrections, the Division determined that an additional staff is needed at the Johnson Youth Center to enable this facility to further meet its minimal needs to assure the safety and security of residents and staff. Indeed, a number of challenges faced by the facility can be directly attributed to less than adequate staffing:*

*~ The lower staff-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals, and more frequently if they have expressed suicidal thoughts.*

*~ The lower staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY07, JYC utilized more than 6,500 hours of work from non-permanent employees or overtime. A portion of these hours were incurred to make up for the lack of permanent direct line staff.*

*~ The lower staff-resident ratio at Johnson Youth Center decreases the consistency of services youth receive. According to the Performance-based Standards report for April 2007, staff self-reports demonstrated that employees were concerned for their personal safety at a level that exceeded the national average. The potential of two new community partnerships (Boys and Girls Club and Big Brothers Big Sisters) has been limited to date due to the lack of staff at JYC that can be made available to assist with the start up and implementation of these programs.*

*The hiring of an additional juvenile justice officer would help to bring JYC into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:*

- ~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- ~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;*
- ~ Decreased need for non-permanent employees and overtime hours by existing staff;*
- ~ Decreased incidence of resident misconduct and assault, and staff sick leave.*
- ~ Decrease staff concern for personal safety;*
- ~ Increase effectiveness of partnerships with Boys and Girls Club and Big Brothers Big Sisters.*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Johnson Youth Center (continued)</b>												
FY2009 Front-Line Staffing at Johnson Youth Center, Year 2 of Division Plan (continued)												
Performance Measures:												
<p><i>This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.</i></p> <p><i>By having the facility more appropriately staffed, the division will be able to focus on reducing the number of youth that re-offend. Permanent, trained staff is better able to carry out the division's programs that will help reduce the recidivism and assist the probation staff to go into the community to educate and mentor youth to keep them from re-offending.</i></p>												
1004 Gen Fund (UGF)		70.0										
FY2010 Front Line Staffing for Johnson Youth Center	Inc	75.2	75.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The Johnson Youth Center is still in need of four additional juvenile justice officers to meet national practice standards for monitoring youth and ensuring safety and security of residents and staff. For FY2010, the division is asking for one (PCN 06-#513) of those four positions still needed. The other three positions will be requested in FY2011 and FY2012.</i></p> <p><i>The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts (such as when they need to tend to a youth acting out, participate in training, take their regularly scheduled time off or earned leave, or deliver a youth to a court appearance), the division has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76 individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work (10 x 1.76 = 17.6). Currently, the Johnson Youth Center is at 1.53 per post.</i></p> <p><i>A number of challenges faced by the facility can be directly attributed to less than adequate staffing:</i></p> <ul style="list-style-type: none"> <li><i>~ Increased likelihood that residents will harm themselves.</i></li> <li><i>~ Increased need for non-permanent employees and overtime hours.</i></li> <li><i>~ Decreased consistency of services youth receive.</i></li> <li><i>~ Increased possibility of escapes from the facility.</i></li> </ul> <p><i>The hiring of additional juvenile justice officers would help to bring this facility into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:</i></p> <ul style="list-style-type: none"> <li><i>~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;</i></li> </ul>												



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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Johnson Youth Center (continued)</b>												
FY2010 Front Line Staffing for Johnson Youth Center (continued)												
~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;												
~ Decreased need for non-permanent employees and overtime hours by existing staff;												
~ Decreased incidence of resident misconduct and assault, and staff sick leave.												
~ Decrease staff concern for personal safety;												
~ Increase effectiveness of partnerships with Boys and Girls Club and Big Brothers Big Sisters.												
Performance Measures: This increment request pertains to Department Measure E, Outcome Statement #5, Targets 1 and 2.												
1004 Gen Fund (UGF)		75.2										
FY2011 Reduce Federal Authorization Due to Completion of the Federal Re-Entry Initiative Grant	Dec	-50.0	-50.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-1
Reduce federal authority due to the completion of the Re-Entry Initiative Grant. The non-perm position (06-N08089) funded by this grant is also being deleted.												
1002 Fed Rcpts (Fed)		-50.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.1	0.0	-0.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.1										
FY2013 Grave Shift Coverage for the Johnson Youth Center	Inc	200.0	200.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0
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.												
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.												
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.												
Using non-perms to cover these shifts on a regular basis is a violation of the bargaining unit agreement.												
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.												
1004 Gen Fund (UGF)		200.0										
<b>* Allocation Total *</b>		<b>400.4</b>	<b>344.9</b>	<b>-0.1</b>	<b>7.4</b>	<b>0.0</b>	<b>0.0</b>	<b>48.2</b>	<b>0.0</b>	<b>4</b>	<b>0</b>	<b>-1</b>
<b>Ketchikan Regional Youth Facility</b>												
FY2006 Assistance for Increased Fuel Costs	Inc	1.1	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0	0	0
Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Ketchikan Regional Youth Facility (continued)</b>												
FY2006 Assistance for Increased Fuel Costs (continued)												
costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.												
1004 Gen Fund (UGF)		1.1										
FY2008 AMD: Ketchikan Regional Youth Facility Staffing for Safety	Inc	56.4	56.4	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<p>The Division of Juvenile Justice (DJJ) is requesting \$56.4 to acquire one additional Juvenile Justice Officer at the Ketchikan Regional Youth facility (KRYF). Although this facility is in need of two Juvenile Justice Officer positions to provide the minimum staffing required to meet national practice standards for monitoring youth, ensuring the security and safety of residents and staff, we are only asking for one at this time.</p> <p>This request is in keeping with the division's commitment to base decisions on resource needs on recommended practices and data based evidence. The National Institute of Corrections recommends that juvenile justice agencies determine their staffing patterns based on a variety of factors such as the agency's mission and the needs of the population served. Alaska regulation requires that juvenile facilities must be staffed to no less than one worker for every 10 residents during active hours and no less than one worker for every 20 residents during sleeping hours. To ensure that facilities are meeting these requirements even when individual workers are called away from their posts, (such as when they need to tend to a youth acting out, participate in training, take sick leave, or deliver a youth to a court appearance), the Division of Juvenile Justice has followed national recommendations to develop a "shift relief factor." Alaska's shift relief factor is 1.76, meaning that for every shift position in a juvenile facility, 1.76 individuals are required to ensure adequate staffing at that position at all times. Thus to adequately staff a facility that requires 10 workers on duty at any given moment, the facility actually needs to have 17.6 individuals available to work (10 x 1.76 = 17.6). This factor has guided the Division's calculation of the number of staff needed for the facilities constructed or renovated in the recent past, and now serves to point out the need for additional staff positions at Ketchikan Regional Youth Facility and three other juvenile facilities in Alaska.</p> <p>Ketchikan Regional Youth Facility is currently staffed at a ratio of 1.49 staff per duty post. This lower staffing ratio has resulted in a number of challenges:</p> <p>The lower staff-resident ratio limits effective interactions with youth. The facility consists of two units, a Detention Unit where youth are brought while awaiting a court appearance for an offense; and a Crisis Stabilization Unit, where youth are held in a non-secure setting to deal with mental health and other crisis needs. The crisis stabilization unit requires staff to spend a significant amount of time lining up services for youth and helping them access these services. Short staffing requires staff to forego many of these meetings or treatment related skill-building activities to stay behind at the facility to assure minimum safety and security.</p> <p>The lower staff-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals (National Commission on Correctional Health Care), and more frequently if they have expressed suicidal thoughts. At current staffing levels KRYF would be able to provide these room checks but unable to conduct any additional treatment programming or activities. This past year, employees on the Crisis Stabilization Unit routinely were needed to assist staff in the Detention Unit, creating situations where youth in the Crisis Stabilization were</p>												

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**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**Ketchikan Regional Youth Facility (continued)**

FY2008 AMD: Ketchikan Regional Youth

Facility Staffing for Safety (continued)

*unsupervised by direct contact for lengths of time, which increased the risk of harm or undetected misconduct.*

*The lower staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY06, KRYF utilized more than 2,400 hours of work from non-permanent employees or overtime. A portion of these hours were incurred to make up for the lack of permanent direct line staff.*

*The lower staff-resident ratio at Ketchikan Regional Youth Facility decreases the consistency of services youth receive. The potential of new community partnerships, such as for community work service projects and victim-offender mediation has been limited due to the lack of staff at KRYF that can be made available to assist with the start up and implementation of these programs.*

*The hiring of two additional juvenile justice officers would bring KRYF into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:*

- a) Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;*
- b) Reduced room confinement and isolation of youth.;*
- c) Decreased idle hours for youth;*
- d) Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;*
- e) Decreased need for non-permanent employees and overtime hours by existing staff;*
- f) Increased ability to conduct school and other activities according to schedule;*
- g) Decreased incidence of resident misconduct and assault, and staff sick leave.*
- h) Decrease staff concern for personal safety;*
- i) Increase partnerships with agencies that can benefit juveniles and victims, such as victim-offender mediation.*

**References:**

*"Staff/Inmate Ratios: Why It's so Hard to Get to the Bottom Line," by Barbara Krauth (Boulder, Colo.: National Institute of Corrections Information Center), 1988.*

*Alaska Administrative Code (7 AAC 52.130)*

*"Staffing Analysis Workbook for Jails," by Dennis R. Liebert and Rod Miller (Washington: National Institute of Corrections), 2003.*

*"Youth with Mental Health Needs: Issues and Emerging Responses," by Joseph J. Cocozza and Kathleen Skowrya, Juvenile Justice, Volume VII, Number 1 (U.S. Office of Juvenile Justice and Delinquency Prevention: Washington), April 2000.*

*Standards for Health Services in Juvenile Detention and Confinement Facilities published by the National Commission on Correctional Health Care 2004.*

**Performance Measures:**

*Department Measure E, Outcome Statement #5: Improve juvenile offenders' success in the community following*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Ketchikan Regional Youth Facility (continued)</b>												
FY2008 AMD: Ketchikan Regional Youth Facility Staffing for Safety (continued)												
completion of services resulting in higher levels of accountability and public safety.												
Target 1: Reduce percentage of juveniles who re-offend following release from institutional treatment facilities to less than 40% of the total.												
Target 2: Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than 20% of the total.												
1004 Gen Fund (UGF)		56.4										
FY2009 Add/Delete GF from Medicaid Svcs for ProShare	Inc	4.2	0.0	0.0	0.0	0.0	0.0	4.2	0.0	0	0	0
In SFY08 a general fund (GF) increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Ketchikan Regional Youth Facility provides for medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the Proshare funding for Juvenile Justice, this transfer of the general funds is necessary to provide the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		4.2										
FY2009 General Funds Required Due to Elimination of ProShare funding	Inc	17.6	0.0	0.0	0.0	0.0	0.0	17.6	0.0	0	0	0
This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.												
The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.												
ProShare came about in SFY2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching general funds (GF) through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.												
In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law, and denied reimbursement for these payments. The department appealed this												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Ketchikan Regional Youth Facility (continued)</b>												
FY2009 General Funds Required Due to												
Elimination of ProShare funding (continued)												
<p><i>decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i></p> <p><i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i></p> <p><i>Juvenile Justice began utilizing ProShare funds in late FY04. Medical costs that would normally have been paid directly to a provider for medical needs were submitted to Providence Hospital for payment. These medical needs included everything from prescriptions, psychiatric evaluations, dental work, to any necessary surgeries or hospital stays. The division is required by Alaska statute to provide necessary medical services to clients that are housed in our Juvenile Justice facilities (AS 47.12.150, AS 47.14.020). With the elimination of the ProShare funding for Juvenile Justice, these funds are necessary to provide the division the funding needed to continue these services.</i></p> <p><i>Performance Measures Affected:</i></p> <p><i>Dept-Core Services --Manage health care coverage for Alaskans in need</i></p> <p><i>Dept-Core Services --Protect and promote the health of Alaskans</i></p> <p><i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i></p> <p><i>HCS-A--Mitigate service reductions by replacing general funds with alternate funds</i></p> <p><i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i></p> <p><i>DPH-A--Healthy people in healthy communities</i></p> <p><i>DPH-A-A4--Assure access to early preventative services and quality health care</i></p>												
1004 Gen Fund (UGF)		17.6										
FY2009 Front-Line Staffing for Ketchikan Regional Youth Facility, Year 2 of Division Plan	Inc	70.0	63.3	0.0	6.7	0.0	0.0	0.0	0.0	1	0	0
<p><i>The Division of Juvenile Justice is requesting an increment in the amount of \$70.0 to adequately staff the Ketchikan Regional Youth Facility (KRYF). This facility is in need of one more Juvenile Justice Officer position to provide the minimum staffing required to meet national practice standards for monitoring youth, ensuring the security and safety of residents and staff. In FY08, the division requested and received one of the needed positions. This will be the final position needed to bring the facility to full staffing levels.</i></p> <p><i>This request is in keeping with the division's commitment to base decisions on resource needs on recommended practices and data based evidence. Using guidelines from the National Institute of Corrections, the division determined that this final position is needed to meet its minimal needs to assure the safety and security of residents and staff. Indeed, a number of challenges faced by the facility can be directly attributed to less than adequate staffing:</i></p> <p><i>~ The lower staff-resident ratio limits effective interactions with youth. The facility consists of two units, a detention unit where youth are brought while awaiting a court appearance for an offense; and a crisis stabilization Unit, where youth are held in a non-secure setting to deal with mental health and other crisis needs. The crisis stabilization unit requires staff to spend a significant amount of time lining up services for youth and helping them access these services. Short staffing requires staff to forego many of these meetings or treatment related skill-building activities to stay behind at the facility to assure minimum safety and security.</i></p>												

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**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**  
**Ketchikan Regional Youth Facility (continued)**  
 FY2009 Front-Line Staffing for Ketchikan  
 Regional Youth Facility, Year 2 of Division Plan  
 (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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~ The lower staff-resident ratio increases the likelihood that residents will harm themselves. With fewer staff to monitor and engage youth, the frequency and length of time that they are confined to their rooms is increased. When youth must be confined to their rooms, they still must be checked at a minimum of 15-minute intervals, and more frequently if they have expressed suicidal thoughts. At current staffing levels KRYF would be able to provide these room checks but unable to conduct any additional treatment programming or activities. This past year, employees on the crisis stabilization unit routinely were needed to assist staff in the Detention Unit, creating situations where youth in the crisis stabilization were unsupervised by direct contact for lengths of time, which increased the risk of harm or undetected misconduct.

~ The lower staff-resident ratio increases the need for non-permanent employees and overtime hours. In FY07, The Ketchikan Regional Youth Facility utilized more than 3,700 hours of work from non-permanent employees or overtime. A portion of these hours were incurred to make up for the lack of permanent direct line staff.

~ The lower staff-resident ratio at Ketchikan Regional Youth Facility decreases the consistency of services youth receive. The potential of new community partnerships, such as for community work service projects and victim-offender mediation has been limited due to the lack of staff at KRYF that can be made available to assist with the start up and implementation of these programs.

The hiring of this juvenile justice officer would bring the facility into line with Alaska's staff-resident ratio and would be expected to result in the following positive outcomes:

- ~ Increased interactions of staff with institutionalized youth, resulting in better outcomes and lower likelihood of recidivism;
- ~ Reduced room confinement and isolation of youth.;
- ~ Decreased idle hours for youth;
- ~ Increased ability to provide continuous, regular monitoring of youth at all shifts, decreasing the risk of suicide attempts;
- ~ Decreased need for non-permanent employees and overtime hours by existing staff;
- ~ Increased ability to conduct school and other activities according to schedule;
- ~ Decreased incidence of resident misconduct and assault, and staff sick leave.
- ~ Decrease staff concern for personal safety;
- ~ Increase partnerships with agencies that can benefit juveniles and victims, such as victim-offender mediation.

**Performance Measures:**

This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.

By having the facility more appropriately staffed, the division will be able to focus on reducing the number of youth that re-offend. Permanent, trained staff is better able to carry out the division's programs that will help reduce the

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Ketchikan Regional Youth Facility (continued)</b>												
FY2009 Front-Line Staffing for Ketchikan Regional Youth Facility, Year 2 of Division Plan (continued)												
<i>recidivism and assist the probation staff to go into the community to educate and mentor youth to keep them from re-offending.</i>												
1004 Gen Fund (UGF)		70.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	3.5	0.0	3.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		3.5										
<b>* Allocation Total *</b>		<b>152.8</b>	<b>119.7</b>	<b>3.5</b>	<b>7.8</b>	<b>0.0</b>	<b>0.0</b>	<b>21.8</b>	<b>0.0</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Probation Services**

FY2006 Increase Efforts to Address Juvenile Crime <i>Public Safety, Juvenile Accountability, and Victim Services:</i>	Inc	1,070.0	787.0	5.0	28.0	0.0	25.0	225.0	0.0	11	0	0
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*The mission of the Division of Juvenile Justice (DJJ) is to address juvenile crime by promoting accountability,  
public safety and skill development.*

*Juvenile Probation Officers (JPOs) are responsible for:*

- ' Receiving and reviewing police reports involving an offense by a juvenile;*
- ' Determining an appropriate course of action for a youth, which could include counseling with parents, referral to a youth court or other diversion program, or pursuing formal court proceedings. Probation officers base such decisions on a variety of factors, such as the seriousness of the offense, age at time of offense, the youth's offense history, and the ability to manage the issue without formal court processing.*
- ' Assisting the youth and family in how to work with the State's public safety, court, and legal systems;*
- ' Contacting victims, involving them in the justice process and determining restitution;*
- ' Monitoring juvenile offenders to ensure they are held accountable and that the public is safe;*
- ' Partnering with families, local agencies, and organizations to involve juvenile offenders in developing skills and reducing the likelihood of re-offense.*

*Alaska's Juvenile Probation Officers have important responsibilities and are required to be available 24 hours a day, seven days a week, to make public safety decisions about youth who have committed crimes. They are expected to respond in a timely manner to juvenile crime, and to provide appropriate levels of supervision and support to offenders, their families, and those who have been impacted by their crimes.*

*DJJ is continuing its efforts to enhance supervision, safety and accountability capabilities in the community to ensure a comprehensive and more cost-effective approach to juvenile crime. The Division is in the process of implementing a research-based approach to managing juvenile cases through the adoption of the Youth Level Services-Case Management Inventory (YLS-CMI) risk-need assessment process. This significant system change supports DJJ's performance targets of reduction of juvenile crime and improvement in reoffense rates through the use of risk-focused intervention to assist in the juvenile justice decision-making process. The use of the YLS-CMI will enable the agency to move toward public safety decision-making based on the use of a well-researched and validated approach to determining which youth are likely to pose a higher risk to the community. Such information will also enable DJJ to more effectively intervene with juveniles and to more appropriately determine the use of resources based on data.*

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<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2006 Increase Efforts to Address Juvenile Crime (continued)												
<i>Required resources include seven additional juvenile probation officers to ensure that evidence of risk is assessed at the front end of juvenile law violations. This component also includes four FTE's for victim services throughout the state, on a regional basis. The need for a community-based service continuum is well-documented and the package also includes funds for a range of community-based interventions for youth.</i>												
<i>A critical element of probation work is the requirement to transport hostile, dangerous juvenile offenders. DJJ vehicles must be modified to cage off the back area to make it secure for the juvenile and probation officer during the transport. Transportation is needed primarily when a juvenile is arrested or needs to appear in court. Other examples include when the juvenile requires a medical transport or is traveling in from a remote community. The Valdez probation office does not have a vehicle. Though they share an office with the Office of Children's Services (OCS) and theoretically have access to a vehicle, this does not work in practice as OCS has the vehicle in use most of the time due to the nature of child protection work. In addition, the JPO has to travel to Glenallen regularly, which requires use of her personal vehicle since she cannot leave the OCS office without a vehicle for the entire day. This severely hampers the JPO's ability to arrest or transport youth. Although the Alaska State Troopers provide assistance for juvenile transports, competing public safety demands often result in arrests and transports being delayed.</i>												
<i>Increase by \$225.0 resources for Youth Courts and other services provided to the client population served by the division. These other services may include (but are not limited to) non-secure shelters, other alternate living arrangements, counseling, support or skill development services for both youth and parents, etc.</i>												
1004 Gen Fund (UGF)		1,070.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	7.4	7.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		7.4										
FY2007 Public Safety and Security Through Offender Accountability	Inc	933.3	578.1	100.0	222.2	33.0	0.0	0.0	0.0	0	0	0
<i>Juvenile Probation Officers (JPOs) are one of the most important community-based resources deployed by DJJ to ensure that juvenile offenders are supervised, pay restitution, perform community work service and develop the skills required to reduce the likelihood of re-offense. JPOs review every single delinquency referral (report from law enforcement) and make critical public safety decisions and recommendations to the court. These positions are vital to the community as they are the first responders to juvenile law violations. Once a report is received from law enforcement, the JPOs ensure that responses are timely and appropriate to the level of seriousness of the offense. This request is critical to ensure continued public safety and security in both urban and rural Alaska. The increment will ensure an adequate and timely response to juvenile offenders who warrant active supervision and monitoring of their behavior in order to prevent repeat or more serious juvenile crime. The increment will avoid layoffs of up to eight juvenile probation officer positions in urban and rural communities statewide. If this request is not funded, the resulting fewer number of JPOs will result in the inability to continue the following services:</i>												
<i>-Intake investigation and outcome</i>												
<i>-Formal assessment of youth level of risk and need</i>												
<i>-Formal court processing, including reports and appearances in support of juvenile prosecution</i>												
<i>-Supervision and monitoring of juvenile offenders in the community</i>												
<i>-Supervision of community work service and restitution for youths on informal probation</i>												



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**Juvenile Justice (continued)**

**Probation Services (continued)**

FY2007 Public Safety and Security Through  
Offender Accountability (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*Since FY01, several positions within the division have been paid for with federal Juvenile Incentive Block Grant (JABG) funds. At that time, the yearly federal award amounts were well over \$1 million dollars (\$1.6 million in FY01; \$1.3 million in FY02; \$1.0 million in FY03). In FY03, the division learned that the funding for the JABG grant was going to be greatly reduced. The division began active and aggressive efforts to begin transferring the funding of these positions to general fund in order to avoid significant service reductions in the urban and rural locations where the JPOs were located.*

*Over the past few years, DJJ has relied on a variety of approaches to pay for the services of Juvenile Probation Officers due to historically not having sufficient operating funds to cover total costs in the probation services component. Specifically, in FY03, DJJ imposed an agency wide hiring freeze for 4.5 months, including in secure 24-hour facilities. This enabled us to charge some of these personal service costs to general fund dollars.*

*In FY04 the division received a full year's worth of funding for the new Kenai Peninsula Youth Facility. But due to construction delays, it did not open until mid-year. The operating funds that were available due to the delayed opening were used to pay for probation officers and corresponding costs to youths in communities in the probation services component.*

*In FY06, in order to avoid significant service reductions or disruptions we are requiring that all of the new positions the division received in the FY06 budget in all components be kept vacant until January 1. As an added precaution, all other vacancies within the RDU, including in 24-hour facilities, are required to be held open for a minimum period of one month prior to posting the position. We are projecting that these measures will allow sufficient funding to be available to avoid a budget shortfall for this current fiscal year although this will be evaluated mid year and adjustments made to keep positions open longer, should this prove necessary.*

*But, once these new positions are filled, DJJ will need additional general fund dollars to maintain them in FY07. We cannot continue to depend on excess funds available from building projects or hiring freezes to keep us from overspending our budget. Without this increment, we will certainly be forced to lay off several juvenile probation officers throughout the state. Layoffs will seriously hamper the division's progress in implementing the system improvement efforts of the past few years, all of which are geared toward increasing the agency's ability to make data-driven decisions that improve overall outcomes and performance. Additionally, the inability to maintain the existing number of JPOs due to layoffs will increase the caseloads of remaining JPOs to unacceptable levels, resulting in reduced levels of supervision of juveniles and the inability to hold offenders accountable in a timely manner. Although it is difficult to predict which communities will be impacted by layoffs, it is certain that there will be increases to caseloads in those areas where layoffs will be necessary.*

*If we receive the full amount of the increment, the division will be able to continue to provide critical public safety services to communities to fulfill the mission of the Division of Juvenile Justice to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.*

1004 Gen Fund (UGF)	933.3											
FY2007 Bring the Kids Home (BTKH) Care Coordination Project	Inc	120.0	103.8	0.0	16.2	0.0	0.0	0.0	0.0	1	0	0

*The Alaska Mental Health Trust initiated four work groups the end of FY04 to inform the Trust's FY06 Budget*

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**Juvenile Justice (continued)**

**Probation Services (continued)**

FY2007 Bring the Kids Home (BTKH) Care

Coordination Project (continued)

*Planning Process. One work group, comprised of multiple stakeholders across Alaska, was formed to address the significant problem of so many Alaskan youth being sent out-of-state to receive residential psychiatric services. This began the initiative now called "Bring The Kids Home" in which the Department of Health and Social Services is a major partner along with the Alaska planning boards, parent advocacy groups, behavioral health provider agencies and others.*

*The multi-year plan (FY06-FY12) has identified seven outcomes that are being tracked and monitored: They are:*

- 1. Client Shift. Reduction in the total number of seriously emotionally disturbed (SED) children/youth being sent out of state by 90% by FY12 (15% per year).*
- 2. Funding Shift. 90% reduction in Medicaid/GF match dollars from out of state services to SED children/youth with corresponding increase in Medicaid/GF match dollars in in-state services by FY12 (15% per year).*
- 3. Length of Stay. Reduction in the average length of stay in in-state and out-of-state institutions by 50% by FY12 (8% per year).*
- 4. Service Capacity. Increase in the number of beds/slots in home and community based services in communities or regions of meaningful ties by 60% by FY12 (10% per year).*
- 5. Effectiveness. Decrease in number of children/youth returning to residential care by 75% by FY12. Defined as youth/child returning within one year to the same (or higher) level of residential care (recidivism measure). This is to be reduced by 12.5 per year.*
- 6. Client Satisfaction. Via annual reporting, 85% of kids and families report satisfaction with services received.*
- 7. Functional Improvement. 85% of children and youth show functional improvement in one or more life domain areas at discharge and one year after discharge.*

*Through the Bring The Kids Home collaboration, a master-planning document was developed which identified a number of strategies to further build the continuum of care in Alaska for youth experiencing severe emotional disturbances and their families. One of the eight strategies outlined in this comprehensive plan is related to assessment and care coordination. Specifically Strategy #7 is to "develop gate-keeping policies and practices and implement regional networks to divert kids from psychiatric residential care". For FY06, the Trust agreed to add an additional 933.0 to fund this effort.*

*The Care Coordination subcommittee has proposed a statewide system or structure, which is designed to review and provide approval of (if appropriate) requests for placement of youth in Alaska-based residential centers or in out-of-state residential psychiatric treatment centers. This structure has been in place for many years for youth in the custody of the Department of Health and Social Services. With this current structure, very few youth who are in DHSS custody are placed in treatment out-of-state. Instead, this review and approval process results in "custody" youths being served as close to their home communities in Alaska as possible. The Care Coordination subcommittee's proposal expands the current system to include those youths who are not in the custody of DHSS and who instead remain in parental custody. Since "non-custody" youth make up the bulk of the youth placed out-of-state, it makes sense to build on a system that is already working by expanding it to include a process of review for these youth.*

*In order to expand the Department's current review structure, which includes four "Regional Placement Committees" and one statewide "Out-of-State Placement Committee", two additional positions must be added to the Division of Juvenile Justice (DJJ). As a partner in the current review processes for "custody" youth, it is*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2007 Bring the Kids Home (BTKH) Care												
Coordination Project (continued)												
<i>imperative that DJJ also be a partner in the review process for "non-custody" youth. Many of these youth are involved with DJJ services, even if they are not in DJJ custody. Further, with DJJ expertise, the expanded review structure may result in diversion from DJJ services. Working together through this review structure with provider agencies, parents, advocates and other DHSS agencies such as the Office of Children's Services, we may be able to help these youth and families access the most appropriate services as close to their home communities as possible.</i>												
<i>The positions needed within DJJ to facilitate this expanded system include an Associate Coordinator at the Range 18 level, and a Social Services Program Coordinator, Range 20. The Associate Coordinator will be tasked with participating at a statewide level for review of youth and families or guardians seeking in-state placement; the Social Services Program Coordinator's duties will be focused on participating in the review for youth seeking out-of-state placement. Again, given the extreme proportion and high number of youth in parental custody currently in out-of-state residential psychiatric treatment, these positions are necessary to expand this system for "custody" youth to "non-custody" youth. Both positions are critical to meeting Strategy #7 which is to implement networks or systems to divert youth from residential psychiatric treatment centers.</i>												
1002 Fed Rcpts (Fed)		60.0										
1037 GF/MH (UGF)		60.0										
FY2008 Increase SDPR authority for Juvenile Probation Officer position in Ketchikan	Inc	72.4	72.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment requests provides funding for the Juvenile Probation Officer that is located in Ketchikan. This position provides Juvenile Justice probation services to Ketchikan and students enrolled and attending school within the Ketchikan Gateway Borough School District (KGBSD). This position is located within Schoenbar Middle School and works directly with 7th and 8th grade students to hold juvenile offenders accountable for their behaviors, to promote the safety and restoration of victims and communities and to assist offenders and their families in developing skills to prevent crime.</i>												
1108 Stat Desig (Other)		72.4										
FY2008 AMD: Increase Federal Revenue Authority for Targeted Case Management Receipts	Inc	400.0	400.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Juvenile Justice needs to increase federal authority for Medicaid revenue that we will be collecting in FY08. The division will begin tracking time for Targeted Case Management, and will claim Medicaid funding for those probation clients that are Medicaid eligible.</i>												
1002 Fed Rcpts (Fed)		400.0										
FY2008 AMD: Reduce General Fund to Offset Targeted Case Management Revenue	Dec	-600.0	-600.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Juvenile Justice expects to begin receiving Federal Medicaid revenue for Targeted Case Management claims for case management work that Probation Officers are doing with Medicaid eligible youth during FY07. This revenue will continue into FY08. By claiming this revenue, the division is able to save general funds.</i>												
1004 Gen Fund (UGF)		-600.0										
FY2008 AMD: Delete Vacant Positions	Dec	-229.1	-229.1	0.0	0.0	0.0	0.0	0.0	0.0	-4	0	0
<i>Delete four positions that were added to the division's budget in FY06. Because of budget constraints within the division, these positions have not been filled.</i>												
1004 Gen Fund (UGF)		-229.1										

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<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2008 AMD: Quality Assurance Unit for the Division of Juvenile Justice	Inc	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0

*The Division of Juvenile Justice (DJJ) needs a Quality Assurance Unit to ensure that the recently implemented system initiatives are managed appropriately and are achieving the desired outcomes of improved offender outcomes and community safety. This increment request includes funding for one Research Analyst IV position (range 21). This position will be located in Juneau and will report to the single statewide DJJ Quality Assurance Program Coordinator.*

*The Division of Juvenile Justice (DJJ) has spent the past few years investing in significant system improvements. These changes have been focused on increasing our ability to use objective data to assist in making critical public safety decisions throughout all facets of the juvenile justice service system. Examples of initiatives that have been implemented in the past few years include:*

- Adoption of an objective, data-driven gate-keeping method to guide the use of costly, secure detention resources to ensure that these are reserved for juveniles posing a risk to the community.
- Adoption of an updated risk/need assessment and re-assessment tool to ensure the most appropriate use of probation and institutional resources as well as partner agency resources (i.e., Department of Law, court system, public defender agency, etc.)
- Implementation of a performance-based standards (PbS) approach to best practice for all eight juvenile justice facilities in the state.
- Implementation of Aggression Replacement Therapy (ART), which is a skills training class that produces positive outcomes for youth and reduces their rate of re-offense in the juvenile system.

*Basing policies and practices on data-driven and "proven" methods is the right thing to do. Research-based tools and approaches increase the likelihood that youths will succeed by planning interventions based on thorough assessments and data. Facility programming based on nationally developed and recognized performance standards (PbS) will increase our attention to any identified deficit areas and ensure that these are addressed in a timely and ongoing manner.*

*These improvements are investments in our state's future, with the desired long-term effect of improving outcomes for juveniles so that they do not commit new crimes, either as a young person or as an adult. This results in safer and healthier communities. Ultimately, reducing re-offense rates results in long-term savings to the state in many ways, including reduced crime and its accompanying costs and increased productivity from law-abiding and contributing young adults.*

*Implementation of research-based practices requires rigorous attention to details in order to ensure that the desired outcomes are achieved. The success of system improvements and initiatives relies on attention to ongoing quality assurance throughout the system.*

*Improvement processes typically involve a three-step process to produce verifiable results and continue the cycle of improvement: 1.) Measure; 2.) Review; and 3.) Improve. (And repeat.)*

*DJJ is incorporating this process into all facets of the changes it is making to the juvenile justice system; we are committed to sustainability of the initiatives and improvements we have implemented. However, we have significant concerns about the agency's ability to sustain these efforts without new resources that will focus exclusively on the issue of quality and oversight of operations.*

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**Agency: Department of Health and Social Services**

**Juvenile Justice (continued)**

**Probation Services (continued)**

FY2008 AMD: Quality Assurance Unit for the  
Division of Juvenile Justice (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*The majority of juvenile justice systems nationally have internal capacity for program and quality assurance review and improvement. Based on a recent inquiry, we found that Alaska is among the minority by not having this type of agency capability. Many juvenile justice jurisdictions implement system improvements based on a required mandate due to seriously deficient conditions of confinement in their facilities or lawsuits regarding various other system problems. Alaska's system has not had these "crises". Rather, the agency has approached the issue of improvement from a position of strength and ongoing attention to detail. This is a much more desirable approach to continuing to ensure that quality services are delivered and state liability is reduced, versus waiting for something to be identified by an external entity as "broken".*

*The increment will enhance public safety by investing in the ability to review ongoing information, both case specific and system wide, that will then be used to implement an agency-wide quality assurance process. DJJ will use this investment to ensure that communities and victims are safe and juvenile offenders are provided opportunities to succeed.*

*Performance Measures:*

*Department Measure E, Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.*

*Target 1: Reduce percentage of juveniles who re-offend following release from institutional treatment facilities to less than 40% of the total.*

*Target 2: Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than 20% of the total.*

*Division's Measure A, Outcome Statement #1: Improve the ability to hold juvenile offenders accountable for their behavior.*

1004 Gen Fund (UGF)	100.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-58.7	-58.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0
1002 Fed Rcpts (Fed)		-58.7									

FY2009 General Funds Required Due to Decrease in Fed Medical Assistance Percentage Rate for Targeted Case Management Billing	Inc	32.9	32.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0
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*Beginning in late FY07, the division began to bill Medicaid for the Targeted Case Management services our Juvenile Probation Officers are providing to Medicaid eligible youth. For the first quarter of FY08, we will be reimbursed 57.58% of the cost to provide these services. Beginning October 1, 2007, we will be reimbursed 52.48%. This will average out to 53.76% for FY2008; in FY09, it is anticipated that rate will change to 50.53% effective October 1, 2008, which will make the average for that year 51.02%.*

*The division expects to bill Medicaid approximately \$1.2 Million dollars in FY08. At the current Federal Medical Assistance Percentage (FMAP) rate and change for this fiscal year, we expect to be reimbursed about \$645.1 in FY08. Assuming we will bill approximately the same amount in FY09, we expect to be reimbursed approximately \$612.2. This will mean a decrease in Medicaid reimbursement of approximately \$32.9. This increment request will make the division whole for the portion of Medicaid we will no longer be reimbursed beginning in FY09.*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2009 General Funds Required Due to												
Decrease in Fed Medical Assistance												
Percentage Rate for Targeted Case												
Management Billing (continued)												
1004 Gen Fund (UGF)		32.9										
FY2009 Funding for Performance-based Standards	Inc	115.0	0.0	0.0	115.0	0.0	0.0	0.0	0.0	0	0	0

*The Council of Juvenile Correctional Administrators (CJCA) is no longer receiving federal funding to help support Performance-based Standards. Their lack of funding has forced them to raise the cost to their clients. In FY08, the increased cost to the division will be covered with federal funding. For FY09 and beyond, because the JABG funding is not guaranteed, this increment in general funds is needed to cover the increased cost to the division.*

*The Council of Juvenile Correctional Administrators (CJCA) is the only national organization focused exclusively on the improvement of juvenile justice services inside facilities (as opposed to adult corrections), promotion of best practices and adoption of Performance-based Standards (PbS) to promote these best practices in juvenile justice. CJCA developed PbS with the help and funding of the federal Office of Juvenile Justice and Delinquency Prevention and is the only agency that administers the PbS project in the nation.*

*CJCA provides the division with continued on-site training and implementation of PbS for all eight of Alaska's juvenile facilities and provides ongoing technical assistance to all sites as our facilities progress through the performance levels. CJCA will also visit each of Alaska's facilities to provide feedback and monitoring to ensure continued integration of these standards. PbS provides an ongoing quality assurance process that emphasizes performance and attainment of measurable goals within juvenile institutions. The performance standards focus on outcome measures in key areas of juvenile justice, including safety, order, security, health, programming, justice and reintegration. The PbS process is dynamic and is based upon sound data collection processes including information from records, reports and staff and resident interviews.*

*Participation in this national continuous self-improvement process allows for the PbS consultants and division staff to identify areas that need improvement and to use this as the basis for creation of an individualized Facility Improvement Plan (FIP). These FIPs focus on areas of service provision that are proven by data to need improvement, whether in the critical areas of safety and security or in treatment and rehabilitation program development. Or participation in PbS thus far has demonstrated the need for continued development and improvement of our facility programs, which is critical to the division's mission of holding kids accountable for their actions and providing competency development through assessment of need and specific program delivery.*

*The division has made the transition from the American Correctional Association (ACA) accreditation procedure to the adoption of PbS. PbS is focused solely on juvenile facilities and no other rival program exists which provides standards, improvement cycles and technical assistance. Unlike ACA accreditation, which is a static, once every three year visit and certification process, PbS is an ongoing, continuous quality improvement process. PbS allows for numerically based comparisons between Alaska facilities and other participating facility programs across the nation at a frequency of twice per year. This transition to PbS was timely as the division embarked on several system improvements which were closely related to the PbS standards of service. For future advancement and improvement of services to Alaska's incarcerated youth, the division's continued PbS membership is critical.*

*PbS provides an ongoing review of our state operated facilities that fulfills the State of Alaska Legislature's request of implementing performance measures for all state operated programs.*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2009 Funding for Performance-based Standards (continued)												
Performance Measures:												
<p><i>This increment request pertains to Department Measure E, Outcome State #5 (Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety). Targets 1 and 2 state: 1) Reduce percentage of juvenile who re-offend following release from institutional treatment facilities to less than the year before; and 2) Reduce percentage of juveniles who re-offend following completion of formal court-ordered probation supervision to less than the prior year.</i></p> <p><i>This increment request also pertains to the Division's Measure A, Outcome Statement #1 (Improve the ability to hold juvenile offenders accountable for the behavior).</i></p>												
1004 Gen Fund (UGF)		115.0										
FY2009 AMD: Fund Change from Federal to GF for Targeted Case Management	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The Department of Health and Social Services, Division of Juvenile Justice, is requesting a budget amendment in the amount of \$600,000 in general funds to replace federal revenues that won't be realized for Targeted Case Management billings. The Division has also requested an FY08 supplemental funding for this amount.</i></p> <p><i>The Division will not bill for Targeted Case Management services due to the recent federal ruling that disallows the ability to bill for these services. See Federal Register/Volume 72, No 232, dated December 4, 2007.</i></p> <p><i>In the Fall of 2006 (when the FY08 budget was developed), billing for Targeted Case Management was a viable option for the division. The division requested and received a decrement to general funds for the FY08 budget and beyond. During FY07, the division worked to get billing processes in place for these services. In November 2007, the division was made aware of the possible ruling and so did not bill for services beyond August 2007.</i></p> <p><b>BUDGETARY ISSUES:</b></p> <p><i>Because of the reduction to the division's FY08 general fund budget and the fact that we are not able to bill for these services, the division needs to replace the federal funding with general funds. If this amendment to the FY09 budget is not approved, the division will have to cut other programs, i.e., probation services, community programs or youth courts to fund this gap.</i></p> <p><i>This is an unanticipated need in that the division was fully expecting to bill Medicaid for the targeted case management services. Unless the ruling is reversed (which is not anticipated), the division will not be able to recoup these funds.</i></p>												
1002 Fed Rcpts (Fed)		-600.0										
1004 Gen Fund (UGF)		600.0										
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the Existing Bargaining Unit Agreements	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The Probation Services component is budgeting to fund only one position with Statutory Designated Program Receipts and already has more than enough authorization for that purpose, and anticipates submitting a decrement for the remaining SDPR authority in the component. Likewise there is already sufficient federal authority in the component to cover the projected increased costs for the several federally funded positions.</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the Existing Bargaining Unit Agreements (continued)												
<i>However, the majority of the component's positions are general funded, and therefore this \$19.9 increase will be of most use if provided as GF dollars.</i>												
1002 Fed Rcpts (Fed)		-16.4										
1004 Gen Fund (UGF)		19.9										
1108 Stat Desig (Other)		-3.5										
FY2010 Probation Services Aftercare, Mental Health and Support Needs	Inc	273.6	237.9	0.0	35.7	0.0	0.0	0.0	0.0	2	1	0

*The division is seeking funding for a Juvenile Probation Officer I/II (PCN 06-#518) position in the Bethel office, a Mental Health Clinician position (PCN 06-#519) in the Anchorage Probation office, and a part-time Social Services Associate I/II position (PCN 06-#517) in the Valdez office.*

*The Division of Juvenile Justice recognizes the critical importance of effective transition and aftercare services for youth who have been placed by the court in long-term institutional treatment programs. This program component is essential in our efforts to reduce recidivism by preparing youth to leave secure confinement and adapt successfully to their communities. To effectively carry out this effort, in each of our communities with long-term institutional treatment programs except Bethel, a Juvenile Probation Officer carries this specialized caseload. Two years ago, due to budget constraints, the Aftercare Probation Officer position in Bethel was eliminated. The remaining probation officers attempted to meet this need to the best of their ability, but there has been a marked decrease in our ability to meet the transition and aftercare needs of the region's most serious and/or repetitive offenders.*

*As part of a department-wide effort to improve services for families dealing with delinquency, the division is proposing the addition of a Mental Health Clinician for the Anchorage Region Probation Office. This clinician would be specifically trained on the Brief Strategic Family Therapy model and work with Juvenile Justice clients and their families to ensure that youth are returning to a healthy, functional family, thus reducing the possibility of recurring delinquent behavior.*

*The division currently spends between \$20,000-\$30,000 each year for mental health assessments in the Anchorage region. Having a mental health clinician on staff will reduce the amount of money the division is paying contractors for these services. Many benefits, including timeliness of receiving an assessment and case management with division staff, will be realized.*

*The division is also seeking funding to support a part-time Social Services Associate (SSA) I/II position at the Valdez Probation Office. The position that had previously been located at that office and provided administrative support to the Division of Juvenile Justice was funded by the Office of Children's Services. That position has been moved to another office. Currently, there is no administrative support being provided to Juvenile Justice in this office. The SSA position will provide both administrative and case management support for the juvenile probation office. The juvenile probation officer position in the Valdez office travels to both Glennallen and Cordova leaving the office vacant. This social service associate position will allow for continued interaction with clients by making contacts with the youth, parents and/or school or community agencies when the probation officer is traveling. The social services associate may also be called on to transport*

*juveniles.*



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		Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>													
<b>Probation Services (continued)</b>													
FY2010 Probation Services Aftercare, Mental Health and Support Needs (continued)													
<i>Performance Measures: This increment request pertains to Department Measure E, Outcome Statement #5, Targets 1 and 2.</i>													
	1004 Gen Fund (UGF)		172.6										
	1037 GF/MH (UGF)		101.0										
	FY2010 Remove Excess SDPR Authority in Probation Services Component	Dec	-100.0	-100.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>PCN 06-4949, Juvenile Probation Officer I in Ketchikan, was created to work with the school district by providing opportunity for a probation officer to be in the school. Since this position was created, the school district has decided to use the funding for other needs. This change record deletes the PCN in the budget and the SDPR authority that went with it.</i>													
	1108 Stat Desig (Other)		-100.0										
	FY2010 Base Funding for Guard Hires for Escorts, Travel for Juveniles Who Are Not Medicaid-Eligible and Other Services.	Inc	225.0	0.0	0.0	225.0	0.0	0.0	0.0	0.0	0	0	0
	1004 Gen Fund (UGF)		225.0										
L	FY2010 Contingent on passage of HB 141 Compact for Juveniles; Interstate Council, Sec 8(f), Ch 14, SLA09, P15, L30	Special	45.0	0.0	13.0	27.0	5.0	0.0	0.0	0.0	0	0	0
	1004 Gen Fund (UGF)		45.0										
	FY2011 Replace Statutorily Designated Program Receipts from Municipality of Anchorage	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Due to budget constraints, the Municipality of Anchorage is no longer able to continue to help fund two Division of Juvenile Justice positions that have been part of the "Making a Difference Program" in that area. The Intake Unit at Anchorage Juvenile Probation receives, investigates, and resolves approximately 2,000 law enforcement referrals each year. The majority of these cases are diverted successfully from deeper penetration into the juvenile justice system because of the work that has been done through this unit. The positions funded through the State/Municipality collaboration impacted this effort in the following ways:</i>													
<i>Before the addition of the three officers, the division was unable to respond to cases in a timely fashion. The Intake Unit was simply overwhelmed with referrals. The first-time offenders or those committing minor misdemeanors were often not handled for weeks or until they reoffended with a more serious crime. With the additional officers, juvenile offenders are usually seen at the Intake Unit within a week of their offense. In addition, no legally sufficient behaviors within our scope are overlooked; all offenders are being held accountable more rapidly than before.</i>													
<i>Anchorage is the only city in the state where juvenile probation officers (JPOs) are available seven days a week. Thanks to the addition of the three officers, parents can arrange appointments at more convenient times, which also increases the likelihood of providing a rapid response. The JPOs are also available to provide information to parents, guardians, agencies and the police seven days a week, which enables people to implement immediate interventions. Quicker interventions are preventative and reduce recidivism. The diversion staff also offers "courtesy visits" to parents with problem juveniles when requested. These meetings are strictly preventative, occurring before the juvenile does any delinquent acts. Without the three officers, we would not have the time to supply this service. With the advent of community policing, Anchorage Police Department officers also attend these meetings, which makes the visit even more effective in changing the juvenile's behavior.</i>													

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2011 Replace Statutorily Designated Program Receipts from Municipality of Anchorage (continued)												
<i>With the diversion officers, juveniles who are referred to diversion programs do not escape consequences if they are non-compliant. In other parts of the state, juveniles who do not comply with the youth court requirements/consequences may simply have their cases closed. Here in Anchorage, those juveniles return to the JPO and are still required to fulfill their consequences.</i>												
<i>If this program is not replaced with general fund receipts these services will no longer be provided in the Anchorage community. This has been a very successful preventative practice that the division has been involved in for several years.</i>												
1004 Gen Fund (UGF)		142.0										
1108 Stat Desig (Other)		-142.0										
FY2011 Reflect Reimbursable Service Agreement from Dept of Labor for the Workforce Investment Act Grant	Inc	150.0	45.0	8.0	45.0	12.0	0.0	40.0	0.0	0	0	0
<i>Reflect the reimbursable service agreement from the Department of Labor and Workforce Development for the Workforce Investment Act grant the division has received for the past several years. This authority will eliminate the need for an unbudgeted RSA each year.</i>												
<i>The Workforce Investment Act (WIA) reimbursable service agreement provides the division with resources to prepare youth in the juvenile justice system with job skills so once they leave secure facilities so that they have the tools to obtain and maintain employment. Currently, the funds are being used to support a culinary arts program at the Johnson Youth Center in Juneau which includes a job readiness section (job search, interview practice and resume writing). WIA funds also support the staff from the Nome Boys and Girls Club to visit the Nome Youth Facility to conduct three programs including Job Ready (youth also visit the Alaska Job Center Network office), Passport to Manhood, and Power Hour to assist youth in completing their education requirements.</i>												
<i>The expected outcome is to reduce recidivism of youth leaving our institutional treatment facilities.</i>												
1007 I/A Rcpts (Other)		150.0										
FY2011 Incorporate \$15 million of fuel trigger in FY11 base. Trigger start point moves from \$36 to \$51.	Inc	132.7	0.0	0.0	132.7	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		132.7										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-32.0	0.0	-32.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-31.5										
1037 GF/MH (UGF)		-0.5										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	3.2	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$3.2</i>												
1004 Gen Fund (UGF)		3.2										
FY2012 Reduce Federal Authority Due to Expiration of Re-Entry Grant and for Unrealized Revenue for the JABG Grant	Dec	-25.0	0.0	0.0	-25.0	0.0	0.0	0.0	0.0	0	0	0
<i>The High Risk Youth Offender grant expired on September 30, 2010. The \$5.0 federal authority for that grant will</i>												

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<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2012 Reduce Federal Authority Due to												
Expiration of Re-Entry Grant and for Unrealized												
Revenue for the JABG Grant (continued)												
<i>no longer be collected. The federal grant for the administration of the Juvenile Accountability Block Grant (JABG)</i>												
<i>has also been reduced by \$20.0.</i>												
1002 Fed Rcpts (Fed)		-25.0										
FY2012 Correct Unrealizable Fund Sources for Personal	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Services Increases												
<i>The FY12 budget for the Probation Services is 3.1% federal. That percentage multiplied by the \$561.2 salary</i>												
<i>adjustment is \$17.4. The division has one less staff that will claim federal expenditures beginning with the FY12</i>												
<i>budget as the position has been moved to work on policy and procedures as well as legislation. Therefore, division</i>												
<i>proposes to reduce the federal authority from \$23.7 to \$17.4 (a reduction of \$6.3) while increasing general funds</i>												
<i>by a comparable amount.</i>												
1002 Fed Rcpts (Fed)		-6.3										
1004 Gen Fund (UGF)		6.3										
FY2012 MH Trust: Dis Justice- Div Juvenile Justice Rural	IncM	110.9	94.3	16.6	0.0	0.0	0.0	0.0	0.0	0	0	0
Specialist												
<i>This project maintains a key component of the Disability Justice Focus Area by proactively engaging the local</i>												
<i>communities, treatment providers and natural supports in rural communities in a planning process to assist youth</i>												
<i>returning to their rural home communities. The project will assist rural communities in developing prevention</i>												
<i>and/or early intervention activities, make recommendations for training efforts, etc. to reduce the risk of local youth</i>												
<i>contact with the juvenile justice system, which in turn will decrease the risk of recidivism and the associated high</i>												
<i>costs of care within the juvenile justice system or out-of-home placement. The FY12 MHTAAR increment (\$110.9)</i>												
<i>is required for the aforementioned services.</i>												
1092 MHTAAR (Other)		110.9										
FY2012 Incorporate partial FY11 distribution of fuel trigger in	Inc	119.4	0.0	0.0	119.4	0.0	0.0	0.0	0.0	0	0	0
FY12 base. Trigger start point moves from \$51 to \$65.												
1004 Gen Fund (UGF)		119.4										
FY2013 MH Trust: Dis Justice- Mental Health Clinician	Inc	152.9	130.0	10.0	12.9	0.0	0.0	0.0	0.0	0	0	0
Oversight In Youth Facilities												
<i>The MH Trust: Dis Justice - Mental Health Clinician Oversight in DJJ Youth Facilities is a position to provide</i>												
<i>supervisory oversight to mental health clinicians (MHCs) in areas such as clinical service delivery, case</i>												
<i>consultation, development of training plans, and expertise related to confidentiality and ethical issues. In addition,</i>												
<i>this position will work with DJJ senior management to further the integration and development of statewide</i>												
<i>behavioral health services within the 24/7 secure facilities as well as the probation services of DJJ. Currently, DJJ</i>												
<i>mental health clinical staff is located in six locations and provides services in eight juvenile facilities and two</i>												
<i>probation offices statewide. The Division of Juvenile Justice does not have the capacity to provide adequate</i>												
<i>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</i>												
<i>health services available to Alaskan youth involved in the juvenile justice system statewide.</i>												
1092 MHTAAR (Other)		152.9										
FY2013 Authority for RSA with Division of Behavioral Health for	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Bring the Kids Home Individualized Services												
<i>Reflect inter-agency authority for reimbursable services between the Division of Juvenile Justice (DJJ) and the</i>												

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<b>Juvenile Justice (continued)</b>												
<b>Probation Services (continued)</b>												
FY2013 Authority for RSA with Division of Behavioral Health for Bring the Kids Home Individualized Services (continued)												
<i>Division of Behavioral Health. This is for Bring the Kids Home funds that are transferred to us through the 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>												
1007 I/A Rcpts (Other)		100.0										
FY2013 MH Trust: Dis Justice- Grant 3504.01 Div Juvenile Justice Rural Re-entry Specialist	IncM	110.9	95.7	15.2	0.0	0.0	0.0	0.0	0.0	0	0	0
<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>												
1092 MHTAAR (Other)		110.9										
<b>* Allocation Total *</b>		<b>3,229.8</b>	<b>1,699.9</b>	<b>135.8</b>	<b>954.1</b>	<b>50.0</b>	<b>25.0</b>	<b>365.0</b>	<b>0.0</b>	<b>10</b>	<b>1</b>	<b>0</b>
<b>Delinquency Prevention</b>												
FY2011 Delete Unrealizable Federal Revenue Authorization												
<i>Delete unrealizable federal revenue authority to more accurately reflect actual federal receipts.</i>												
1002 Fed Rcpts (Fed)	Dec	-500.0	0.0	0.0	-500.0	0.0	0.0	0.0	0.0	0	0	0
FY2012 Reduce Federal Authority Due to Expiration of Re-Entry Grant												
<i>The High Risk Youth Offender Re-Entry federal grant ended on September 30, 2010 and the federal receipt authority will no longer be collected.</i>												
1002 Fed Rcpts (Fed)	Dec	-50.0	0.0	0.0	-50.0	0.0	0.0	0.0	0.0	0	0	0
FY2013 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>												
1007 I/A Rcpts (Other)	Inc	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<b>* Allocation Total *</b>		<b>-475.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-475.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Youth Courts</b>												
FY2011 Reduce general fund travel line item by 10 percent.												
1004 Gen Fund (UGF)	Dec	-0.1	0.0	-0.1	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Funding to offset increased operating expenses and a decrease in federal funding												
1004 Gen Fund (UGF)	Inc	150.0	0.0	0.0	0.0	0.0	0.0	0.0	150.0	0	0	0

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Juvenile Justice (continued)</b>												
<b>Youth Courts (continued)</b>												
FY2012 Remove Federal Authority for Expired Earmark Grant	Dec	-568.5	0.0	-45.0	-30.2	0.0	0.0	-493.3	0.0	0	0	0
<i>The federal earmark grant for Alaska Youth Courts and Community Panel Programs ended August 31, 2010. No federal funding supports this component. This decrement removes the federal authority for the grant.</i>												
1002 Fed Rcpts (Fed)		-568.5										
FY2012 Support for Youth Courts	Inc	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0	0	0
1004 Gen Fund (UGF)		100.0										
<b>* Allocation Total *</b>		<b>-318.6</b>	<b>0.0</b>	<b>-45.1</b>	<b>-30.2</b>	<b>0.0</b>	<b>0.0</b>	<b>-493.3</b>	<b>250.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>9,051.6</b>	<b>6,988.6</b>	<b>91.2</b>	<b>1,236.4</b>	<b>97.0</b>	<b>25.0</b>	<b>363.4</b>	<b>250.0</b>	<b>42</b>	<b>2</b>	<b>-2</b>
<b>Public Assistance</b>												
<b>Alaska Temporary Assistance Program</b>												
FY2006 ATAP Formula Caseload Reduction	Dec	-2,500.0	0.0	0.0	0.0	0.0	0.0	-2,500.0	0.0	0	0	0
<i>In FY2004, the Temporary Assistance component caseload declined to 5,017 (a 8.9% reduction compared to FY2003). We expect ATAP caseloads will continue an overall annual decline interrupted only by the regular upswing during the winter months as a result of Alaska's seasonal economy. This FY06 decrement reduces ATAP component federal authority and inter-agency receipts for Permanent Fund Dividend Hold Harmless (PFDHH) reflecting the projected ATAP payments formula need.</i>												
<i>In FY06 DPA expects to implement a fourth Tribal Temporary Assistance to Native Families (TANF) program, Cook Inlet Tribal Council (CITC). The potential budget changes pending implementation of Native TANF by CITC will be reflected in fiscal note changes.</i>												
1002 Fed Rcpts (Fed)		-2,312.1										
1007 I/A Rcpts (Other)		-187.9										
FY2006 Ch. 22, SLA 2005 (SB 51) Public Assistance Programs	FisNot	-6,727.0	0.0	0.0	0.0	0.0	0.0	-6,727.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-563.2										
1003 G/F Match (UGF)		-5,755.8										
1007 I/A Rcpts (Other)		-408.0										
FY2007 Adjust Federal Funding: Transfer from Alaska	Dec	-1,500.0	0.0	0.0	0.0	0.0	0.0	-1,500.0	0.0	0	0	0
<b>Temporary Assistance Program to Child Care Benefits</b>												
<i>While Alaska's TANF caseload has been decreasing, the number of low-income families needing PASS II/III child care subsidy has increased. Child care assistance for families transitioning from public assistance can often make the difference between unemployment and a return to public assistance, and employment leading to self-sufficiency. This transfers a portion of the Alaska Temporary Assistance Program (ATAP) payments savings to Child Care Benefits to meet the demand for child care for low-income working families.</i>												
1002 Fed Rcpts (Fed)		-1,500.0										
FY2007 Formula Caseload Reduction to reflect federal authority	Dec	-1,033.5	0.0	0.0	0.0	0.0	0.0	-1,033.5	0.0	0	0	0
<b>and I/A receipts for Permanent Fund Dividend Hold Harmless</b>												
<i>In FY2005, the Temporary Assistance component caseload declined to 4,662 (a 7.1% reduction compared to FY2004). We expect ATAP caseloads will continue an overall annual decline interrupted only by the regular upswing during the winter months as a result of Alaska's seasonal economy. This FY07 decrement reduces the ATAP component federal authority and inter-agency receipts for Permanent Fund Dividend Hold Harmless (PFDHH) reflecting the projected ATAP payments formula need.</i>												
1002 Fed Rcpts (Fed)		-973.5										
1007 I/A Rcpts (Other)		-60.0										

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**Agency: Department of Health and Social Services**

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<b>Public Assistance (continued)</b>												
<b>Alaska Temporary Assistance Program (continued)</b>												
FY2008 AMD: TANF Maintenance of Effort Reduction	Dec	-312.0	0.0	0.0	0.0	0.0	0.0	-312.0	0.0	0	0	0
<p><i>The Alaska Temporary Assistance Program is funded by the federal Temporary Assistance for Needy Families (TANF) block grant. To obtain the annual grant, the state must meet a maintenance of effort (MOE) requirement based on the state's share of Aid to Families with Dependent Children (AFDC) expenditures in FFY1994. Federal law allows designated Alaska Native organizations to operate their own Tribal TANF programs and to receive Tribal TANF grants directly from the federal government. The federal grants for Tribal TANF reduce the state block grant amount dollar for dollar. In addition, the required state MOE is reduced.</i></p> <p><i>This proposal would decrease funding for the state's TANF MOE by the amount the state no longer needs to spend due to the implementation of a new Tribal TANF program by the Bristol Bay Native Association in October 2006.</i></p>												
1003 G/F Match (UGF)		-312.0										
FY2013 Additional Temporary Assistance for Needy Families (TANF) Federal Authority	IncM	3,150.0	0.0	0.0	0.0	0.0	0.0	3,150.0	0.0	0	0	0
<p><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></p> <p><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></p>												
1002 Fed Rcpts (Fed)		3,150.0										
<b>* Allocation Total *</b>		<b>-8,922.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-8,922.5</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Adult Public Assistance</b>												
FY2006 Formula APA Caseload growth trending at 2.5%	Inc	684.0	0.0	0.0	0.0	0.0	0.0	684.0	0.0	0	0	0
<p><i>The Adult Public Assistance Program was established with the mandate to provide income support for needy elderly, blind and disabled persons. APA benefits serve as a supplement to federal Supplementary Security Income (SSI) and allow the individual to meet basic needs and to remain independent in the community. APA also provides Interim Assistance (IA), a state funded cash benefit of \$280 per month for SSI applicants waiting for a disability determination. People who receive APA financial assistance are over 64 years of age or experience severe and long-term disabilities that impose mental or physical limitations on their day-to-day functioning. Certain income and asset eligibility standards apply.</i></p> <p><i>The FY2006 APA formula projection is 16,735 APA cases receiving cash assistance each month at an average supplemental payment of \$288 per case. The projected APA annual rate of caseload increase is 2.1% in FY2005 and 3.4% in FY2006.</i></p> <p><i>FY2004 and FY2005 actions that helped reduce the rate of APA expenditure growth include the following:</i></p> <p><i>1. Secondary medical review to the Interim Assistance (IA) application process. Implemented in FY04, this policy change resulted in the opening of fewer IA cases with only those applicants likely to be found disabled and eligible for SSI receiving IA. It reduced IA program expenditures by decreasing the number of persons on IA who subsequently do not qualify for SSI.</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Adult Public Assistance (continued)</b>												
FY2006 Formula APA Caseload growth trending at 2.5% (continued)												
2. New benefit start for APA cash benefits. This change aligned the APA benefit start date with the date an APA applicant is notified by the Social Security Administration that Social Security benefits have been approved, or the date the Division is notified by the DDS of a state-only disability determination. While applicants may still qualify for retroactive Medicaid back to the date of the initial APA application, they no longer qualify for a retroactive APA cash benefit.												
3. New APA payment level for APA recipients residing in assisted living homes. Individuals living in assisted living homes are paid up to \$100/month for their personal needs. Prior to FY05, APA recipients living in assisted living homes received the same APA payment as an individual living independently in their own home. This policy change resulted in general fund savings by reducing the maximum APA payment to a resident of an assisted living home to \$100, and billing the difference between their monthly income and their cost-of-care (less \$100 for personal needs) to Medicaid. Approximately 550 APA recipients were affected by this change and had their APA benefits adjusted.												
4. Eliminate the replacement of federal SSI benefits that are lost due to in-kind income. Prior to FY05, APA recipients who have their SSI benefits reduced because of in-kind income, received a higher APA payment to make-up for the reduction in SSI. This policy change eliminated the extra APA payment for the replacement of the lost SSI benefits. Approximately 450 APA recipients were affected by this change and had their APA benefits adjusted.												
1002 Fed Rcpts (Fed)		296.0										
1004 Gen Fund (UGF)		317.3										
1007 I/A Rcpts (Other)		70.7										
FY2008 AMD: Adult Public Assistance Revised Projection	Dec	-700.0	0.0	0.0	0.0	0.0	0.0	-700.0	0.0	0	0	0
Adult Public Assistance provides cash assistance to needy elderly and disabled Alaskans. While participation in this program has been steadily increasing, the average payment is decreasing as a result of recipients having higher incomes. This decrease in payment expenditures is expected to continue and is projected to result in a surplus of \$700.0 in FY08.												
1004 Gen Fund (UGF)		-700.0										
FY2010 General Fund Decrement for the Adult Public Assistance Program	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
The rate of increase in the number of individuals receiving Adult Public Assistance has slowed over recent years. The division expects the rate of change to begin increasing again in 2009 and that the growth will continue over the next 10 years. The division projects that the Adult Public Assistance Program will have sufficient general funds to offer a \$500.0 decrement in FY2010; however, the division also projects that the rate of growth will likely result in the need to request an increment in FY2012 of approximately \$1,589.4.												
Department Level Measures:												
End Result F: Outcome #6: Low income families and individuals become economically self-sufficient.												
Division Level Measures:												
End Result A: Low income families and individuals become economically self-sufficient.												
1004 Gen Fund (UGF)		-500.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Adult Public Assistance (continued)</b>												
FY2011 Adult Public Assistance Enrollment Growth	Inc	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<p><i>The projected Adult Public Assistance (APA) program expenditure growth represents a 0.3% increase from the FY10 authorized budget. This program cost growth is due to anticipated increases in the number of individuals served by the program. APA participation is projected to increase by 1.5 percent.</i></p> <p><i>Without this increase, the APA program will not be able to provide benefits to the full population meeting the eligibility requirements for the program.</i></p> <p><i>The APA program was established with the mandate to provide income support for needy elderly, blind and disabled persons. APA benefits serve as a supplement to federal Supplementary Security Income (SSI) and allow the individual to meet basic needs and to remain independent in the community. APA also provides Interim Assistance (IA), a state funded cash benefit of \$280 per month for SSI applicants waiting for a disability determination. People who receive APA financial assistance are over 64 years of age or experience severe and long-term disabilities that impose mental or physical limitations on their day-to-day functioning. Certain income and asset eligibility standards apply.</i></p>												
1004 Gen Fund (UGF)		150.0										
FY2011 AMD: Adult Public Assistance Enrollment Growth	Inc	1,500.0	0.0	0.0	0.0	0.0	0.0	1,500.0	0.0	0	0	0
<p><i>The projected Adult Public Assistance (APA) program expenditure growth represents a 2.3% increase from the FY10 authorized budget. This program cost growth is due to anticipated increases in the number of individuals served by the program as APA participation is projected to increase by the same 2.3%.</i></p> <p><i>Without this additional funding, the APA program will not be able to provide benefits to the full population meeting the eligibility requirements for the program.</i></p> <p><i>The APA program was established with the mandate to provide income support for needy elderly, blind and disabled persons. APA benefits serve as a supplement to federal Supplementary Security Income (SSI) and allow the individual to meet basic needs and to remain independent in the community. APA also provides Interim Assistance (IA), a state funded cash benefit of \$280 per month for SSI applicants waiting for a disability determination. People who receive APA financial assistance are over 64 years of age or experience severe and long-term disabilities that impose mental or physical limitations on their day-to-day functioning. Certain income and asset eligibility standards apply.</i></p> <p><i>There is currently a change record in the FY11 Governor's scenario for Adult Public Assistance (APA) program growth. Since the submission of the FY11 Governor's scenario the division has revised its projections for this program. This increment is for the need above what was already requested.</i></p>												
1004 Gen Fund (UGF)		1,500.0										
FY2012 Formula Program Funding Increase Due to Caseload Growth	IncM	2,250.0	0.0	0.0	0.0	0.0	0.0	2,250.0	0.0	0	0	0
<p><i>In FY12 expenditures are expected to be approximately \$2,250.0 above our authorized budget amount. In FY10, Division of Public Assistance (DPA) included a decrement of \$500.0, with mention that we would possibly be coming forward with an increment request in forthcoming years.</i></p> <p><i>If this increment is not funded the Adult Public Assistance Program (APA) will not be able to provide benefits at the current level to the increasing population meeting the eligibility requirements for the program. In order to pay</i></p>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Adult Public Assistance (continued)</b>												
FY2012 Formula Program Funding Increase												
Due to Caseload Growth (continued)												
<i>benefits to the increase in APA recipients, individual benefit payments would be adjusted as needed to stay within the budget authority and the required total expenditure amount. Depending on when this change is implemented, the reduction in benefit payment could be larger for the portion of the calendar year remaining after the change is made. The payment amount would then be adjusted again for the subsequent calendar year. Another option if this increment is not funded is to eliminate or reduce interim assistance benefits which individuals with chronic medical conditions who apply for Adult Public Assistance may receive while waiting for a decision to be made on their application for federal Supplemental Security Income (SSI) disability benefits.</i>												
1002 Fed Rcpts (Fed)		1,000.0										
1004 Gen Fund (UGF)		1,250.0										
FY2012 Ch. 6, SLA 2011 (HB 16) EXTEND SENIOR BENEFITS PAYMENT PROGRAM	FisNot	105.0	0.0	0.0	0.0	0.0	0.0	105.0	0.0	0	0	0
<i>In addition to reauthorizing the Senior Benefits Payment Program, this legislation also requires the department to increase the amount of monthly income that nursing home residents are allowed to keep for their personal needs from \$75 to \$200 a month if the resident is a Medicaid recipient and 65 years of age or older. It also requires the department to increase the monthly amount it pays to nursing home residents who are age 65 or older and have no other income from \$75 to \$200 a month.</i>												
1004 Gen Fund (UGF)		105.0										
FY2013 Formula Program Funding Increase Due to Caseload Growth	IncM	6,075.0	0.0	0.0	0.0	0.0	0.0	6,075.0	0.0	0	0	0
<i>Enrollment in the Adult Public Assistance (APA) Program is increasing, particularly in the Aid to the Disabled &amp; 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>												
<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>												
1004 Gen Fund (UGF)		5,665.5										
1007 I/A Rcpts (Other)		409.5										
<b>* Allocation Total *</b>		<b>9,564.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>9,564.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Child Care Benefits</b>												
FY2006 Ch. 22, SLA 2005 (SB 51) Public Assistance Programs	FisNot	-931.5	0.0	0.0	0.0	0.0	0.0	-931.5	0.0	0	0	0
1002 Fed Rcpts (Fed)		-931.5										
FY2007 Adjust Federal Funding: Transfer from Alaska	Inc	1,500.0	0.0	0.0	0.0	0.0	0.0	1,500.0	0.0	0	0	0
Temporary Assistance Program To Child Care Benefits												
<i>While Alaska's TANF caseload has been decreasing, the number of low-income families needing PASS II/III child care subsidy has increased. Child care assistance for families transitioning from public assistance can often make the difference between unemployment and a return to public assistance, and employment leading to</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Child Care Benefits (continued)</b>												
FY2007 Adjust Federal Funding: Transfer from Alaska Temporary Assistance Program To Child Care Benefits (continued)												
<i>self-sufficiency. This transfers a portion of the Alaska Temporary Assistance Program (ATAP) payments savings to Child Care Benefits to meet the demand for child care for low-income working families.</i>												
1002 Fed Rcpts (Fed)		1,500.0										
FY2007 Delete Inter Agency Receipts	Dec	-110.8	0.0	0.0	0.0	0.0	0.0	-110.8	0.0	0	0	0
<i>Delete Inter Agency receipts that are no longer needed.</i>												
1007 I/A Rcpts (Other)		-110.8										
FY2008 Child Care Program Caseload Growth	Inc	1,547.7	0.0	0.0	0.0	0.0	0.0	1,547.7	0.0	0	0	0
<i>The number of low-income families who need help in paying for child care so they can keep working continues to grow. Child care assistance can often make the difference between obtaining and maintaining employment or being at risk of needing public assistance. While Alaska's temporary assistance (TANF) caseload decreased significantly in past years, the rate of decline has leveled off. It is especially important to adequately fund child care in order to keep families working and off TANF. This increment fully funds the projected formula growth and should prevent creation of wait lists for child care assistance.</i>												
<i>Mission and Measures: Adequate funding for the Child Care Assistance Program makes low income working families more self-sufficient by providing help in paying for child care and reduces the risk of returning to public assistance.</i>												
<i>End Result: The percent of low income Alaskans that become self-sufficient will increase.</i>												
<i>Department Level End Result F: Low income families and individuals become economically self-sufficient.</i>												
1004 Gen Fund (UGF)		1,547.7										
FY2008 AMD: Child Care Program Revised Projection	Dec	-1,547.7	0.0	0.0	0.0	0.0	0.0	-1,547.7	0.0	0	0	0
<i>This change eliminates the FY08 increment request that we believed to be necessary to fully fund the Child Care Assistance Program.</i>												
<i>As a result of the Department's implementation of several cost containment strategies (policy and regulation changes and improved monitoring of Child Care Assistance payments), we have seen a reduction in the Child Care Assistance Program expenditures. The Department now has six months of expenditure history and projects that the current level of funding is adequate to sustain the expected growth.</i>												
<i>There will be no constituent groups impacted by this decrement.</i>												
1004 Gen Fund (UGF)		-1,547.7										
FY2008 AMD: Child Care Assistance Program - Eligibility Services Grants	Inc	248.1	0.0	0.0	0.0	0.0	0.0	248.1	0.0	0	0	0
<i>Eligibility determinations for the Child Care Assistance Program are provided throughout the state by local community grantees. The current funding methodology used to fund grantees for this service is inconsistent. The department plans to implement a uniform method to equalize funding inconsistencies, by establishing unit cost rates for this service. Implementation of the unit cost method will occur over three years and be fully implemented in fiscal year 2010, to minimize the negative fiscal impact on grantees that are currently funded at a higher than average rate.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Child Care Benefits (continued)</b>												
FY2008 AMD: Child Care Assistance Program - Eligibility Services Grants (continued)												
<i>In fiscal year 2008 this increment increases grants to grantees that are funded below the targeted unit cost. In fiscal year 2009 the department will decrease grants to grantees funded above the targeted unit cost. By fiscal year 2010 all grantees will be brought to a uniform level using the unit cost method and applying geographical differential where appropriate. The estimated net cost of this initiative over three years is \$477,946.</i>												
<i>Mission and Measures: A unit cost method for the Child Care Assistance Program's eligibility determination services increases the Child Care Assistance Program's quality and performance which leads to better access for low income working families and promotes transition to self sufficiency.</i>												
<i>End Result: The percent of low income Alaskans that become self-sufficient will increase.</i>												
<i>Department Level End Result F: Low income families and individuals become economically self-sufficient.</i>												
1004 Gen Fund (UGF)		248.1										
FY2009 Eligibility Services Grants for Child Care Assistance Programs, Phase 2 of 3	Inc	185.7	0.0	0.0	0.0	0.0	0.0	185.7	0.0	0	0	0
<i>This request includes funding to support eligibility determinations for the Child Care Assistance Program, provided throughout the state by local community grantees. Historically, the methodology used to support this community-based service was inequitable and inconsistent, and the department is in the second year of a three-year plan to standardize funding for this service.</i>												
<i>In year one of the plan (FY08) an increment of \$248.1 was authorized to increase grants to grantees that were funded below the targeted unit cost. In year two (FY09) an increment of \$185.7 is needed to increase the average unit cost by \$60, from \$520 to \$580. This increment will also be used to minimize the negative fiscal impact on grantees that have experienced a decrease in the number of children served, by sustaining funding at the FY08 levels.</i>												
<i>MISSION AND MEASURES REFERENCE:</i>												
<i>Division End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A6: Increase the percentage of subsidy children in licensed care.</i>												
1002 Fed Rcpts (Fed)		185.7										
FY2009 Reduce excess federal authorization for child care programs	Dec	-5,000.0	0.0	0.0	0.0	0.0	0.0	-5,000.0	0.0	0	0	0
<i>Reducing excess federal authority.</i>												
<i>MISSION AND MEASURES REFERENCE:</i>												
<i>Division End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A6: Increase the percentage of subsidy children in licensed care.</i>												
1002 Fed Rcpts (Fed)		-5,000.0										
FY2009 AMD: Child Care Assistance Rate Increase	Inc	2,700.0	0.0	0.0	0.0	0.0	0.0	2,700.0	0.0	0	0	0
<i>FY09 proposed budget increment to increase child care rates is \$2.7 million.</i>												
<i>State rates for child care assistance have not been raised since July 2001, with the exception of the Fairbanks area, where rates were raised in 2006 to match those of Anchorage and Southeast.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Child Care Benefits (continued)</b>												
FY2009 AMD: Child Care Assistance Rate												
Increase (continued)												
<i>As the rates decline in relation to the market, low income families on Child Care Assistance are faced with an increased financial burden to pay the difference between the state rate and the Child Care provider's rate (in addition to their co-payment) or are choosing lower priced and usually lower quality care. This has caused a drop in the number of children/families receiving subsidies.</i>												
<i>The 2007 Child Care Market Rate Survey showed that the majority of children in licensed child care are charged more than the child care assistance rate. The most dramatic is the difference in rates for infants and school-age children: 84% of the infants and school age children in licensed centers are being charged more than the full-time monthly rate allowed for care.</i>												
<i>The FY 09 proposed increment will bring licensed child care rates in line with the 50th percentile of the market rate. While some rates may go up as much as \$178 per month, others will be less. The increase in licensed child care rates will cost an average of \$67.50 a month per child.</i>												
<i>The federal government suggests that states set rates at the 75th percentile of market rates to ensure equal access to child care for families receiving child care assistance.</i>												
Cost assumptions:												
*In FY 09 we expect 4003 children will receive a rate increase of \$67.5 per month												
*The increase in rates will take effect on Sept. 1, 2008, allowing two months for implementation, needed for automated system changes, and promulgating regulations												
*4003 kids x \$67.5 = \$270.2 x 10 months = \$2,702.0												
1002 Fed Rcpts (Fed)		1,350.0										
1004 Gen Fund (UGF)		1,350.0										
FY2009 AMD: Technical Adjustment to Federal Authority	Inc	1,295.1	0.0	0.0	0.0	0.0	0.0	1,295.1	0.0	0	0	0
<i>The FY09 Governor's Request for the Child Care Benefits component contained a federal decrement for &lt;\$5,000.0&gt; in excess federal authority. This request for a federal increment of \$1,295.1 for the component is a technical adjustment to align authority levels with the spending plans in the Office of Children's Services.</i>												
1002 Fed Rcpts (Fed)		1,295.1										
FY2010 Child Care Grantee Increase to Provide a	Inc	305.4	0.0	0.0	0.0	0.0	0.0	305.4	0.0	0	0	0
Cost-Of-Operating Adjustment to Offset Inflation-Related Costs												
<i>Eligibility determinations for the Child Care Assistance Program, Child Care Resource and Referral services, and Child Care Licensing services for the Anchorage bowl are all provided through community grantees. Costs of doing business are inflating and affecting the ability of grantees to meet service expectations and performance outcomes. This request provides a cost-of-operating adjustment for grantees to offset inflation-related costs of doing business so that they can maintain service levels and avoid service reductions. The inflation adjustment for grantee services is tied to the Consumer Price Index (CPI), estimated to be 4.6% in FY2010.</i>												
Department Level Measures:												
End Result F: Outcome #6: Low income families and individuals become economically self-sufficient.												
Strategy F4: Improve timeliness of benefit delivery.												
Strategy F5: Improve accuracy of benefit delivery.												
Strategy F6: Increase the percentage of subsidy children in licensed care.												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Child Care Benefits (continued)</b>												
FY2010 Child Care Grantee Increase to Provide a Cost-Of-Operating Adjustment to Offset Inflation-Related Costs (continued)												
<i>Division Level Measures:</i>												
<i>End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery.</i>												
<i>Strategy A5: Improve accuracy of benefit delivery.</i>												
<i>Strategy A6: Increase the percentage of subsidy children in licensed care.</i>												
1004 Gen Fund (UGF)		305.4										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.7	0.0	-1.7	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-1.2										
1004 Gen Fund (UGF)		-0.5										
<b>* Allocation Total *</b>		<b>190.3</b>	<b>0.0</b>	<b>-1.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>192.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>General Relief Assistance</b>												
FY2006 Transfer to Public Assistance Field Services for Quality Workforce and Integrated Service Enhancements	Dec	-143.6	0.0	0.0	0.0	0.0	0.0	-143.6	0.0	0	0	0
<i>This change record transfers \$143.6 GF from GRA to the Public Assistance Field Services component to fund initiatives to increase the quality of our workforce and efficiency in delivery of integrated services.</i>												
<i>This adjustment to the GRA component reduces the component budget to projected formula need of \$1,355.4.</i>												
1004 Gen Fund (UGF)		-143.6										
FY2009 Senior Benefits Program HCS CSSB 4(FIN) (Reg Chg)	Inc	20,345.4	460.2	9.7	169.7	43.5	0.0	19,662.3	0.0	0	0	0
<i>This increment provides funding for the new Senior Benefits Payment Program, authorized by the Legislature, which provides financial assistance to Alaska's needy seniors. In FY09, we estimate nearly 11,000 seniors will qualify for assistance under the Senior Benefits Payment Program for an annual cost of \$20,345.4. This request includes \$19,662.3 for cash payments to seniors and \$683.1 for the administrative costs of operating the program, which includes six positions (added in Management Plan) needed to support the initial and ongoing determination of eligibility.</i>												
<i>In FY08, the department temporarily transferred funds from the Adult Public Assistance program to the General Relief Assistance program to pay for the benefit and administrative costs of the new Senior Benefits Payment Program.</i>												
<b>MISSION AND MEASURES REFERENCE:</b>												
<i>Division End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery. Strategy A5: Improve accuracy of benefit delivery.</i>												
1004 Gen Fund (UGF)		20,345.4										
L FY2009 Alaska Resource Rebate Special Session - Resource Rebate Hold Harmless	Special	1,500.0	100.7	13.3	68.4	26.6	0.0	1,291.0	0.0	0	0	2
<i>HB 4001 - 4th Special Session - to implement provisions of the AK Resource Rebate Program relating to continued eligibility for certain assistance programs and Veterans' benefits and to pay for related administrative costs for the fiscal year ending June 30, 2009.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>General Relief Assistance (continued)</b>												
FY2009 Alaska Resource Rebate Special Session - Resource Rebate Hold Harmless (continued)												
1004 Gen Fund (UGF)		1,500.0										
FY2011 Increased Burial Costs for Indigent Alaskans												
	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>The General Relief Assistance (GRA) program has experienced significant cost increases due to increased demand for services and increases in the cost of burials. Currently about 87% of GRA program expenditures are used to pay for funeral and burial expenses of indigent deceased persons. The remainder is used primarily to assist low income individuals and families who are facing eviction. The Division of Public Assistance projects almost 4% expenditure growth for the GRA program in FY11.</i>												
<i>Without this increase the General Relief Assistance Program will not be able to provide benefits to the full population meeting the eligibility requirements for the program.</i>												
<i>Alaska's General Relief Assistance (GRA) program was developed in Territorial days (1950's) as a safety net program for very low income individuals who are not eligible for other state or federal assistance. It is used as a last resort program to meet the emergency needs of low income Alaskans who have no other resources available to meet those needs.</i>												
1004 Gen Fund (UGF)		100.0										
FY2012 Program Funding Increase Due to Caseload Growth												
	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>The Division of Public Assistance projects a 4.0% expenditure growth for the General Relief Assistance Program in FY12, which results in a shortfall of \$250.0 for this program. The cost of the General Relief Assistance Program has grown due to a significant increase in the number of burials paid for by the program. There has also been more demand for assistance to individuals and families who need emergency services as the result of economic changes. The actual number of funeral and burial expenses of indigent deceased persons increased over 18% in FY10. Currently, 90% of program expenditures are used to pay for funeral and burial expenses. Current funding levels are inadequate to meet projected expenditures.</i>												
<i>If this increment is not funded the General Relief Assistance Program will have to be changed to reduce the amount of benefits paid or change the eligibility requirements for the program. This will require changes to statute and regulation. If this is not done, current benefits will be provided until funds are expended and then further assistance will not be provided. These are very low-income individuals who lack needed resources and are not eligible for other state or federal assistance.</i>												
1004 Gen Fund (UGF)		250.0										
<b>* Allocation Total *</b>		<b>22,051.8</b>	<b>560.9</b>	<b>23.0</b>	<b>238.1</b>	<b>70.1</b>	<b>0.0</b>	<b>21,159.7</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Tribal Assistance Programs</b>												
FY2006 Ch. 22, SLA 2005 (SB 51) Public Assistance Programs	FisNot	4,093.8	0.0	0.0	0.0	0.0	0.0	4,093.8	0.0	0	0	0
1003 G/F Match (UGF)		3,685.8										
1007 I/A Rcpts (Other)		408.0										
<b>* Allocation Total *</b>		<b>4,093.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>4,093.8</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Senior Benefits Payment Program</b>												
FY2006 Ch. 89, SLA 2005 (HB 106) Senior Care Program	FisNot	6,614.4	184.9	3.5	109.0	29.0	0.0	6,288.0	0.0	4	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Senior Benefits Payment Program (continued)</b>												
FY2006 Ch. 89, SLA 2005 (HB 106) Senior Care Program (continued)												
1189 SeniorCare (DGF)		6,614.4										
FY2007 Reduce Senior Care operations and grants to align with fiscal note	Dec	-1,326.1	0.0	0.0	-48.0	0.0	0.0	-1,278.1	0.0	0	0	0
1189 SeniorCare (DGF)		-1,326.1										
FY2007 Replace FY07 capitalization of the Senior Care Fund with a direct appropriation of GF	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Senior Care fund was established as a bridge to Medicaid part D and was scheduled to vanish at the end of FY06. The fund was extended a year and the purpose changed by the legislature last year. Because the fund will be terminated at the end of FY07, there is little reason to run money through the fund rather than fund the program with a direct appropriation of GF. This action allows the balance of the Senior care fund to be used in FY07, in combination with GF at the Gov request level</i>												
1004 Gen Fund (UGF)		10,636.5										
1189 SeniorCare (DGF)		-10,636.5										
FY2008 Defer Senior Care Funding to fiscal note	Dec	-13,053.8	-307.0	-6.5	-76.5	-29.0	0.0	-12,634.8	0.0	-4	0	0
1004 Gen Fund (UGF)		-10,636.5										
1189 SeniorCare (DGF)		-2,417.3										
FY2010 General Fund Decrement for Senior Benefits Payment Program	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
<i>The division projects that the Senior Benefits Payment Program will have sufficient general funds to offer a \$500.0 decrement in FY2010.</i>												
<i>The number of seniors enrolled in the Senior Benefits Payment Program is lower than projected when the program began in August 2008.</i>												
<i>In FY2010, the division estimates 10,221 seniors will qualify for Senior Benefits with an estimated cost of \$18,926.4 in grant expenditures which is lower then the original \$19,917.9 projected with HCS CSSB4(FIN) Fiscal Note.</i>												
<i>Department Level Measures:</i>												
<i>End Result F: Outcome #6: Low income families and individuals become economically self-sufficient.</i>												
<i>Division Level Measures:</i>												
<i>End Result A: Low income families and individuals become economically self-sufficient.</i>												
1004 Gen Fund (UGF)		-500.0										
FY2010 Additional reductions based on reduced caseload projections in FY2010	Dec	-933.0	0.0	0.0	0.0	0.0	0.0	-933.0	0.0	0	0	0
1004 Gen Fund (UGF)		-933.0										
FY2010 Increase funding based on new caseload projections in FY2010	Inc	697.1	0.0	0.0	0.0	0.0	0.0	697.1	0.0	0	0	0
1004 Gen Fund (UGF)		697.1										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Senior Benefits Payment Program (continued)</b>												
FY2011 Restore Funding to Meet Original Senior Benefits Enrollment Projections	Inc	850.0	0.0	0.0	0.0	0.0	0.0	850.0	0.0	0	0	0
<p><i>The Division of Public Assistance (DPA) projects a 4% caseload growth for the Senior Benefits Payment program in FY11, which results in a shortfall of \$850.0 in this component. These projections fall in line with those submitted with the original fiscal notes for the start up of the program. The program has grown significantly as outreach efforts have made more seniors aware of these benefits. Additional growth is expected as the population ages and the proportion of those 65 years old and older continues to increase.</i></p> <p><i>Without this increase the Senior Benefits Program will not be able to provide benefits to the full population meeting the eligibility requirements for the program.</i></p> <p><i>During a special session in late June 2007, the Alaska Legislature passed legislation to create a new Senior Benefits Payment program to benefit low-income seniors, which followed the sunset of the SeniorCare program. DPA successfully transitioned almost 7,000 seniors from the former SeniorCare Program to the new Senior Benefits Payment Program. DPA continues to process applications for individuals newly eligible under the income limits and during FY09 the program reached a caseload high of 9,886.</i></p>												
1004 Gen Fund (UGF)		850.0										
FY2012 AMD: Senior Benefits Caseload Growth	Inc	1,968.1	0.0	0.0	0.0	0.0	0.0	1,968.1	0.0	0	0	0
<p><i>The Alaska Senior Benefits Payment Program was established on August 1, 2007 and pays cash benefits to Alaskans who are age 65 or older and have low to moderate income. Cash payments are \$125.00, \$175.00, or \$250.00 each month depending on income. As of December 2010 there were 10,093 seniors in this program.</i></p> <p><i>Number and percent of seniors at each payment level in December 2010:</i></p> <p><i>\$250.00 - 1,071 (10.6%)</i></p> <p><i>\$175.00 - 3,872 (38.4%)</i></p> <p><i>\$125.00 - 5,150 (51.0%)</i></p> <p><i>Additional funds are needed to meet a projected shortfall in FY2012 due to caseload growth from outreach efforts.</i></p> <p><i>This amendment provides FY2012 funding based on a FY2011 supplemental request. The increase for FY2012 is also included in the fiscal note to legislation extending the Senior Benefit program.</i></p>												
1004 Gen Fund (UGF)		1,968.1										
FY2013 Extend Senior Benefits Payment Pgm CH6 SLA2011 (HB16) FN year 2	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										
<b>* Allocation Total *</b>		<b>-5,078.5</b>	<b>-105.1</b>	<b>-3.0</b>	<b>-15.5</b>	<b>0.0</b>	<b>0.0</b>	<b>-4,954.9</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>



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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Permanent Fund Dividend Hold Harmless</b>												
FY2006 Reduction Due to Federal Policy Change	Dec	-3,065.2	0.0	0.0	0.0	0.0	0.0	-3,065.2	0.0	0	0	0
<i>This FY2006 decrement adjusts PFD Hold Harmless (PFDHH) component funding to projected formula need. The PFD Hold Harmless provides replacement funding for the loss of benefits due to client ineligibility or benefit reduction in the Alaska Temporary Assistance Program (ATAP), Food Stamps, Supplementary Security Income (SSI), or Medicaid programs due to the receipt of the Alaska Permanent Fund Dividend.</i>												
<i>The PFD Hold Harmless program is established in law as AS 43.34.075. The language establishing the hold harmless program was part of the legislation that enabled the initial 1982 dividend distribution, and continues as the statutory basis of the dividend and hold harmless programs.</i>												
<i>The decrease in PFDHH represents the net reduction in public assistance formula caseloads. It also reflects a policy change in the way PFD is counted in the federal food stamp program. This change results in fewer households losing eligibility for food stamps. The cost of PFDHH for food stamps decreases by about \$3.0 million.</i>												
1050 PFD Fund (DGF)		-3,065.2										
FY2009 AMD: Increase in PFD Hold Harmless Receipts	Inc	700.0	0.0	0.0	0.0	0.0	0.0	700.0	0.0	0	0	0
<i>With a slight increase in the Food Stamp Program as a whole and the ever increasing PFD checks, the department estimates that the authorization for this component will be short approximately \$700.0 in PFD Hold Harmless.</i>												
<i>This amendment increases the authorization in anticipation of this increased need.</i>												
1050 PFD Fund (DGF)		700.0										
L FY2009 Alaska Resource Rebate Special Session - Resource Rebate Hold Harmless	Special	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
<i>HB 4001 - 4th Special Session - to implement provisions of the AK Resource Rebate Program relating to continued eligibility for certain assistance programs and Veterans' benefits and to pay for related administrative costs for the fiscal year ending June 30, 2009.</i>												
1004 Gen Fund (UGF)		400.0										
FY2012 Program Funding Increase Due to Caseload Growth	IncM	2,700.0	0.0	0.0	0.0	0.0	0.0	2,700.0	0.0	0	0	0
<i>As the public assistance caseload increases, there is increased need for Permanent Fund Dividend (PFD) Hold Harmless payments required by state law. The law provides that recipients of public assistance programs not lose benefits due to receipt of the PFD. 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 Adult Public Assistance (APA) programs. The SSI and APA programs have grown by over 3% in recent years, and this trend is expected to continue. The Food Stamp program caseload grew over 20% between FY09 and FY10 and we expect the program to continue to grow at a rate of 10% in FY11.</i>												
<i>If funding is not increased, there will not be sufficient funds to meet the requirements of state law to replace lost benefits due to the receipt of the PFD.</i>												
1050 PFD Fund (DGF)		2,700.0										
FY2013 Hold Harmless Program Authority Increase Due to Public Assistance Caseload Growth	IncM	540.0	0.0	0.0	204.0	0.0	0.0	336.0	0.0	0	0	0
<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</i>												

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**Agency: Department of Health and Social Services**

		Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>													
<b>Permanent Fund Dividend Hold Harmless (continued)</b>													
FY2013 Hold Harmless Program Authority													
Increase Due to Public Assistance Caseload													
Growth (continued)													
<i>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>													
<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>													
	1050 PFD Fund (DGF)		540.0										
<b>* Allocation Total *</b>				1,274.8	0.0	0.0	204.0	0.0	1,070.8	0.0	0	0	0
<b>Energy Assistance Program</b>													
L	FY2009 Add funding for heating assistance for low income households	Special	10,000.0	0.0	0.0	0.0	0.0	0.0	0.0	10,000.0	0	0	0
	1004 Gen Fund (UGF)		10,000.0										
	FY2010 Maintain Services for the Alaska Heating Assistance Program	Inc	5,000.0	163.7	0.0	135.0	25.0	0.0	4,676.3	0.0	0	0	0
<i>The Alaska Heating Assistance Program was established during the 2008 legislative session, and the Legislature authorized first-year funding for the program (FY2009) in Section 64 CH20 SLA2008 P223 L12 (SB221). This increment establishes funding in the operating budget to maintain services for this program beyond FY2009.</i>													
<i>The Alaska Heating Assistance Program makes home heating assistance available to households with incomes between 150% and 225% of the federal poverty guidelines for Alaska. Based on current demographic information, the Division estimates that up to 11,000 households could apply for the new program and that as many as 8,800 households could qualify for the this new program in the coming year.</i>													
<i>Department Level Measures:</i>													
<i>End Result F: Outcome #6: Low income families and individuals become economically self-sufficient.</i>													
<i>Strategy F4: Improve timeliness of benefit delivery.</i>													
<i>Strategy F5: Improve accuracy of benefit delivery.</i>													
<i>Division Level Measures:</i>													
<i>End Result A: Low income families and individuals become economically self-sufficient.</i>													
<i>Strategy A4: Improve timeliness of benefit delivery.</i>													
<i>Strategy A5: Improve accuracy of benefit delivery.</i>													
	1004 Gen Fund (UGF)		5,000.0										
	FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.9	0.0	-0.9	0.0	0.0	0.0	0.0	0.0	0	0	0
	1004 Gen Fund (UGF)		-0.9										
	FY2012 AMD: Low Income Home Energy Assistance Program (LIHEAP) Federal Authority	Inc	3,500.0	0.0	0.0	0.0	0.0	0.0	3,500.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Energy Assistance Program (continued)</b>												
FY2012 AMD: Low Income Home Energy Assistance Program (LIHEAP) Federal Authority (continued)												
<i>As of FY2010, the federal government is operating on a continuing resolution for the Low Income Home Energy Assistance Program (LIHEAP) program. DPA is required by law to pay \$140 per heating point. The final points are multiplied by the dollar per point value that is to be paid as outlined in SB 220 which was signed into law as Chapter 83 SLA 10 on June 16, 2010. The statute is AS 47.25.621-626.</i>												
<i>DPA has seen an increase in applications and awards in the past few seasons due to the addition of the Alaska Affordable Heating Assistance Program, which brought with it an intensified outreach campaign. In 2008, the Energy Assistance Program and the tribes served just over 14,000 households. In 2009 and 2010, approximately 20,000 households were served.</i>												
<i>Additional federal authority of \$3.5 million is needed to receive the full amount of federal funds anticipated to be available in FY2012.</i>												
<i>This amendment provides FY2012 funding based on a FY2011 supplemental request.</i>												
	1002 Fed Rcpts (Fed)	3,500.0										
L	FY2012 Sec 28(b), SB 46 - Up to \$3,373.0 of GF if LIHEAP fed funds are less in FY12 than tribes received in FY11	Cntngt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>(b) An amount equal to federal receipts received directly by tribes for the Low Income Home Energy Assistance Program during the fiscal year ending June 30, 2011, less federal receipts received directly by tribes for the Low Income Home Energy Assistance Program during the fiscal year ending June 30, 2012, not to exceed \$3,373,000, is appropriated from the general fund to the Department of Health and Social Services, public assistance, energy assistance program, for grants to tribes for energy assistance under AS 47.25.626 for the fiscal year ending June 30, 2012.</i>												
L	FY2012 Sec 28(c), SB 46 - Up to \$4,627.0 of GF if LIHEAP FF are not available for the FY12 Energy Assistance Program	Special	4,627.0	0.0	0.0	0.0	0.0	0.0	4,627.0	0	0	0
<i>This appropriation was intended to be contingent but references federal receipts appropriated in THIS ACT (not HB 108 where the operating appropriation for the energy assistance program occurs). As a result, the contingency is met and, unless the Executive restricts the funding, the general funds are appropriated.</i>												
<i>(c) If federal receipts appropriated in sec. 1 of this Act to the Department of Health and Social Services, public assistance, energy assistance program, for the fiscal year ending June 30, 2012, are not available to the state in the amount appropriated, the appropriation of federal receipts is reduced by the unavailable amount, and the difference between the amount of federal receipts appropriated in sec. 1 of this Act and the amount received, not to exceed \$4,627,000, is appropriated from the general fund to the Department of Health and Social Services, public assistance, for the energy assistance program for the fiscal year ending June 30, 2012.</i>												
	1004 Gen Fund (UGF)	4,627.0										
L	FY2013 Sec. 15(a), Ch. 15, SLA 2012 (HB 284) - 4/15 Estimate: Energy Assistance funding in excess of the Section 1 payments	Lang	10,620.3	0.0	0.0	0.0	0.0	10,620.3	0.0	0	0	0
	1004 Gen Fund (UGF)	10,620.3										

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Energy Assistance Program (continued)</b>												
L	FY2013 Sec. 15(a), Ch. 15, SLA 2012 (HB 284) - 5/14	Lang	11,150.3	0.0	0.0	0.0	0.0	11,150.3	0.0	0	0	0
Estimate: Energy Assistance funding in excess of the Section 1 payments												
Per Nancy Rolfzen email on 5/14/12:												
Attached are budget documents related to the Energy Assistance Program appropriations, the grand total of which equals \$36,746,200.												
The three numbers appearing in the legislation are:												
e	\$21,125,900 in DPA's numbers section under Energy Assistance Program (\$5,036,500 GF, \$16,089,000 FF)											
e	\$10,620,300 in Language Section 15(a), (all GF)											
e	\$ 5,000,000 in Language Section 15(b), (all GF)											
Total by Fund Source:												
e	\$20,656,800 GF											
e	\$16,089,400 FF											
DPA currently estimates the program may need an additional \$11,150,300 in GF for a total need of \$47,896,500 for FY2013.												
Nancy Rolfzen												
Assistant Commissioner												
Department of Health and Social Services												
907.465.1630												
	1004 Gen Fund (UGF)	11,150.3										
L	FY2013 Sec 15(b), Ch 15, SLA 2012 (HB 284)- Energy Assistance funding in excess of the formula to program recipients	Lang	5,000.0	0.0	0.0	0.0	0.0	5,000.0	0.0	0	0	0
	1004 Gen Fund (UGF)	5,000.0										
<b>* Allocation Total *</b>			49,896.7	163.7	-0.9	135.0	25.0	0.0	34,946.9	14,627.0	0	0

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Administration</b>												
FY2006 ADN 06-5-0001 Public Assistance and Subpoena Powers CH 97 SLA 04 (SB 376)(CH 158 SLA 04 Sec 2 P 42 L 13)	Inc	5.5	5.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>To record the fiscal note appropriation associated with CH 97, SLA 2004, (SB 376), Public Assistance and Subpoena Powers.</i>												
1156 Rcpt Svcs (DGF)		5.5										
FY2006 Federal TANF High Performance Bonus Funded Projects	Inc	3,180.0	0.0	0.0	3,180.0	0.0	0.0	0.0	0.0	0	0	0
<i>In October 2004, the Dept. of Health &amp; Social Services, Division of Public Assistance (DPA) was awarded a federal TANF High Performance Bonus of \$3.18 million. DPA received this bonus payment for its exceptional performance in federal fiscal year 2003 in moving welfare recipients from public assistance to the workforce. Alaska received the maximum bonus allowed for ranking highly in the nation in 2003 for the "job entry" category - the percent of people placed in jobs. Alaska also received bonus funds for offering services to families so they can have affordable, quality child care.</i>												
<i>The following represents the Department's proposed spending plan for investing the federal TANF performance bonus funds:</i>												
<i>Public Health RDU                      Women Children and Family Health component</i>												
<i>Statutory Rape Reduction Project</i>												
<i>The Division of Public Health undertook a statewide campaign to reduce the incidence of sexual assault of young girls through a campaign funded in part by Division of Public Assistance, Temporary Assistance to Needy Families (TANF) in FY02 and FY03. These requested funds will continue upon that campaign. TANF share of project financing is \$480.0.</i>												
<i>Behavioral Health RDU                      Behavioral Health Grants component</i>												
<i>Substance Abuse Prevention/Intervention - Statewide Multi-media Education Campaign</i>												
<i>This project is to develop broad, diverse and comprehensive multi-media campaign aimed at children, youth and parents and the public to involve all Alaskans in recognizing the damage alcohol causes. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Reach Out Now</i>												
<i>Utilizing materials developed for this national model, will provide community grants to agencies working with their community's school programs. Program will focus on a school-based educational approach, with trained agency staff providing information, and then developing an ongoing dialogue with 11-12 year olds about alcohol and drugs. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>Training and leadership for young people who might be experiencing peer pressure to drink. Community grants to youth organizations who would like to partner with the state to increase public awareness of this issue and mobilize action to decrease early on-set drinking and utilize youth as leaders/mentors among their peers. TANF share of project financing is \$500.0.</i>												
<i>Behavioral Health RDU      AK Fetal Alcohol Syndrome Program component</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>The TANF funded part of this project will fund Community Based Prevention and Service Improvement. This</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Administration (continued)</b>												
FY2006 Federal TANF High Performance												
Bonus Funded Projects (continued)												
<i>project will fund community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD. TANF share of project financing is \$500.0.</i>												
<i>Boards and Commissions RDU Gov's Advisory Council on Faith-Based and Community Initiatives component</i>												
<i>Creation of Faith Based and Community Initiative Council</i>												
<i>Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives and the Office of Faith Based and Community Initiatives in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems. TANF share of project financing is \$105.0.</i>												
<i>Public Assistance RDU PA Administration component</i>												
<i>Other Federal TANF funded services and initiatives promoting self-sufficiency and client services within the parameters eligible for TANF funding. While Alaska's TANF caseload has been decreasing the number of extremely low-income working families needing Child Care Assistance, PASS II/III has increased. The TANF share of project financing for additional Child Care Assistance is \$595.0.</i>												
1002 Fed Rcpts (Fed)		3,180.0										
FY2006 Reduce expenditures for Federal TANF High Performance Bonus Funded Projects	Dec	-1,180.0	0.0	0.0	-1,180.0	0.0	0.0	0.0	0.0	0	0	0
<i>In October 2004, the Dept. of Health &amp; Social Services, Division of Public Assistance (DPA) was awarded a federal TANF High Performance Bonus of \$3.18 million. DPA received this bonus payment for its exceptional performance in federal fiscal year 2003 in moving welfare recipients from public assistance to the workforce. Alaska received the maximum bonus allowed for ranking highly in the nation in 2003 for the "job entry" category - the percent of people placed in jobs. Alaska also received bonus funds for offering services to families so they can have affordable, quality child care.</i>												
<i>The following represents the Department's proposed spending plan for investing the federal TANF performance bonus funds:</i>												
<i>Public Health RDU Women Children and Family Health component</i>												
<i>Statutory Rape Reduction Project</i>												
<i>The Division of Public Health undertook a statewide campaign to reduce the incidence of sexual assault of young girls through a campaign funded in part by Division of Public Assistance, Temporary Assistance to Needy Families (TANF) in FY02 and FY03. These requested funds will continue upon that campaign. TANF share of project financing is \$480.0.</i>												
<i>Behavioral Health RDU Behavioral Health Grants component</i>												
<i>Substance Abuse Prevention/Intervention - Statewide Multi-media Education Campaign</i>												
<i>This project is to develop broad, diverse and comprehensive multi-media campaign aimed at children, youth and parents and the public to involve all Alaskans in recognizing the damage alcohol causes. TANF share of project financing is \$500.0.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Administration (continued)</b>												
FY2006 Reduce expenditures for Federal TANF												
High Performance Bonus Funded Projects												
(continued)												
<i>Substance Abuse Prevention/Intervention - Reach Out Now</i>												
<i>Utilizing materials developed for this national model, will provide community grants to agencies working with their community's school programs. Program will focus on a school-based educational approach, with trained agency staff providing information, and then developing an ongoing dialogue with 11-12 year olds about alcohol and drugs. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>Training and leadership for young people who might be experiencing peer pressure to drink. Community grants to youth organizations who would like to partner with the state to increase public awareness of this issue and mobilize action to decrease early on-set drinking and utilize youth as leaders/mentors among their peers. TANF share of project financing is \$500.0.</i>												
<i>Behavioral Health RDU AK Fetal Alcohol Syndrome Program component</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>The TANF funded part of this project will fund Community Based Prevention and Service Improvement. This project will fund community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD. TANF share of project financing is \$500.0.</i>												
<i>Boards and Commissions RDU Gov's Advisory Council on Faith-Based and Community Initiatives component</i>												
<i>Creation of Faith Based and Community Initiative Council</i>												
<i>Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives and the Office of Faith Based and Community Initiatives in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems. TANF share of project financing is \$105.0.</i>												
<i>Public Assistance RDU PA Administration component</i>												
<i>Other Federal TANF funded services and initiatives promoting self-sufficiency and client services within the parameters eligible for TANF funding. While Alaska's TANF caseload has been decreasing the number of extremely low-income working families needing Child Care Assistance, PASS II/III has increased. The TANF share of project financing for additional Child Care Assistance is \$595.0.</i>												
1002 Fed Rcpts (Fed)		-1,180.0										
FY2006 CC: Reduce expenditures for Federal TANF High Performance Bonus Funded Projects	Dec	-2,000.0	0.0	0.0	-2,000.0	0.0	0.0	0.0	0.0	0	0	0
<i>In October 2004, the Dept. of Health &amp; Social Services, Division of Public Assistance (DPA) was awarded a federal TANF High Performance Bonus of \$3.18 million. DPA received this bonus payment for its exceptional performance in federal fiscal year 2003 in moving welfare recipients from public assistance to the workforce. Alaska received the maximum bonus allowed for ranking highly in the nation in 2003 for the "job entry" category - the percent of people placed in jobs. Alaska also received bonus funds for offering services to families so they can have affordable, quality child care.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Administration (continued)</b>												
FY2006 CC: Reduce expenditures for Federal TANF High Performance Bonus Funded Projects (continued)												
<i>The following represents the Department's proposed spending plan for investing the federal TANF performance bonus funds:</i>												
<i>Public Health RDU                      Women Children and Family Health component</i>												
<i>Statutory Rape Reduction Project</i>												
<i>The Division of Public Health undertook a statewide campaign to reduce the incidence of sexual assault of young girls through a campaign funded in part by Division of Public Assistance, Temporary Assistance to Needy Families (TANF) in FY02 and FY03. These requested funds will continue upon that campaign. TANF share of project financing is \$480.0.</i>												
<i>Behavioral Health RDU                      Behavioral Health Grants component</i>												
<i>Substance Abuse Prevention/Intervention - Statewide Multi-media Education Campaign</i>												
<i>This project is to develop broad, diverse and comprehensive multi-media campaign aimed at children, youth and parents and the public to involve all Alaskans in recognizing the damage alcohol causes. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Reach Out Now</i>												
<i>Utilizing materials developed for this national model, will provide community grants to agencies working with their community's school programs. Program will focus on a school-based educational approach, with trained agency staff providing information, and then developing an ongoing dialogue with 11-12 year olds about alcohol and drugs. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>Training and leadership for young people who might be experiencing peer pressure to drink. Community grants to youth organizations who would like to partner with the state to increase public awareness of this issue and mobilize action to decrease early on-set drinking and utilize youth as leaders/mentors among their peers. TANF share of project financing is \$500.0.</i>												
<i>Behavioral Health RDU      AK Fetal Alcohol Syndrome Program component</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>The TANF funded part of this project will fund Community Based Prevention and Service Improvement. This project will fund community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD. TANF share of project financing is \$500.0.</i>												
<i>Boards and Commissions RDU      Gov's Advisory Council on Faith-Based and Community Initiatives component</i>												
<i>Creation of Faith Based and Community Initiative Council</i>												
<i>Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives and the Office of Faith Based and Community Initiatives in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems. TANF share of project financing is \$105.0.</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Administration (continued)</b>												
FY2006 CC: Reduce expenditures for Federal TANF High Performance Bonus Funded Projects (continued)												
<i>Public Assistance RDU PA Administration component</i> <i>Other Federal TANF funded services and initiatives promoting self-sufficiency and client services within the parameters eligible for TANF funding. While Alaska's TANF caseload has been decreasing the number of extremely low-income working families needing Child Care Assistance, PASS II/III has increased. The TANF share of project financing for additional Child Care Assistance is \$595.0.</i>												
1002 Fed Rcpts (Fed)		-2,000.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	13.3	13.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		9.7										
1003 G/F Match (UGF)		3.4										
1004 Gen Fund (UGF)		0.2										
FY2007 TANF Healthy Marriage initiative "happy couples" grants reduction	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
<i>100% federal Temporary Assistance to Needy Families (TANF) funds in services promoting self-sufficiency and family stability includes funding to help fund substance abuse and suicide prevention initiatives and programs. In addition, funds will be used for one-time support to the Council on Domestic Violence and Sexual Assault.</i>												
<i>1. Youth Success Initiative - \$1,000.0</i> <i>2. Prevention Plans-Behavioral Health Grants - \$1,000.0</i> <i>3. Council on Domestic Violence and Sexual Assault - \$1,000.0 one-time funding</i>												
1002 Fed Rcpts (Fed)		-500.0										
FY2008 Increase in Receipt Supported Services for Increased Collections of Benefit Overpayments	Inc	120.0	0.0	0.0	0.0	0.0	0.0	120.0	0.0	0	0	0
<i>Increment of \$120.0 needed in additional authority for collections of established overpayment claims owed to the state due to benefit overpayments.</i>												
1156 Rcpt Svcs (DGF)		120.0										
FY2009 Eligibility Information System Alternatives, phase II operating costs	Inc	264.0	175.1	25.0	57.7	6.2	0.0	0.0	0.0	2	0	0
<i>This increment provides the CIP Receipt authorization for FY09 estimated operating costs for the initial project team supporting the capital Eligibility Information System Alternatives project. Phase I of the capital project was funded in FY08, with project team hires planned for February 2008. FY08 project operating costs will be handled via an unbudgeted RSA, with budgeted continuing operating costs represented by this increment.</i>												
1061 CIP Rcpts (Other)		264.0										
FY2010 Provide Funding for Television Advertising for Denali KidCare.	IncOTI	25.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		25.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Administration (continued)</b>												
FY2011 Budget Clarification Project, fund change to reflect the State's share of federal food stamp overpayments	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		168.2										
1156 Rcpt Svcs (DGF)		-168.2										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-2.2	0.0	-2.2	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-1.5										
1004 Gen Fund (UGF)		-0.5										
1005 GF/Prgm (DGF)		-0.2										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	6.6	6.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase												
: \$6.6												
1002 Fed Rcpts (Fed)		1.6										
1003 G/F Match (UGF)		1.3										
1004 Gen Fund (UGF)		0.1										
1061 CIP Rcpts (Other)		3.6										
<b>* Allocation Total *</b>		<b>-67.8</b>	<b>200.5</b>	<b>22.8</b>	<b>82.7</b>	<b>6.2</b>	<b>0.0</b>	<b>-380.0</b>	<b>0.0</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Public Assistance Field Services**

FY2006 Transfer from General Relief Assistance for Quality Workforce and Integrated Service Enhancements	Inc	143.6	118.6	0.0	25.0	0.0	0.0	0.0	0.0	0	0	0
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*Quality Workforce: On-going formula Medicaid casework requires adjusting allocations of GF Match to leverage available federal funding (\$118.6 GFM). FY05 funding transfers to directly finance Medicaid eligibility casework in the division did not include sufficient GF match to fund maintenance level work.*

*Integrated Services Enhancements: The Tanana Chiefs Conference (TCC) operates the "Athabascan Self-Sufficiency Assistance Partnership" (ASAP), a Tribal Temporary Assistance for Needy Families (TANF) program. ASAP serves approximately 450 TANF-eligible families with cash benefits and employment assistance. Food Stamp participation by ASAP clients fluctuates between 51% and 64%, well below the average of 80% participation by recipients of the Alaska Temporary Assistance Program (ATAP). A significant factor in this disparity is the absence of a single-point of access to both Tribal TANF and Food Stamp services. While TCC serves TANF-eligible families with cash assistance and work services, the state of Alaska Division of Public Assistance (DPA) must provide eligibility determination and certification for food stamp benefits. Families are required to interface with two offices and eligibility systems, two caseworkers and must marshal double the effort to receive the nutrition supports for which they are eligible. DPA staff in turn carry large caseloads that include families served by the ASAP program. As such, these dual systems provide duplicative services at significant cost to the state and to needy families.*

*To address these barriers to food stamp participation experienced by ASAP families, DPA and TCC have proposed a four-year Food Stamp Demonstration Project in which TCC will administer a Tribal Food Stamp program for those families served by the ASAP program. While plans for the project have not been finalized, the federal Food and Nutrition Service (FNS), which administers the Food Stamp program, has expressed a strong interest in our project proposal. As a condition of authorizing the Food Stamp Demonstration Project, FNS is requiring that the project include an evaluation component. At a minimum, the evaluation must measure timeliness and accuracy of eligibility determinations, as well as administrative costs and program services*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Field Services (continued)</b>												
FY2006 Transfer from General Relief Assistance for Quality Workforce and Integrated Service Enhancements (continued) <i>compared to the existing system.</i>												
<i>FNS has stipulated that the evaluation must be performed by an entity independent from DPA and must be approved by FNS. This will require that DPA pursue contracted evaluation services at a cost of \$25.0.</i>												
1003 G/F Match (UGF)		143.6										
FY2006 Electronic Benefit Transfer U.S. Call Center	Inc	123.0	0.0	0.0	123.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment responds to the intent of Administrative Order No. 216 to ensure that State of Alaska contracted services are performed in the U.S.</i>												
<i>Our Electronic Benenefit Transfer (EBT) contractor for ATAP and Food Stamps, JP Morgan, subcontracts a portion of their call center functions off-shore. This contract was in existence before the adoption of Administrative Order No. 216. However, this change would provide for off-shore functions to be performed within the U.S.</i>												
<i>A GF increment is needed to pay the increased cost of performing this work within the U.S. during FY 2006.</i>												
1004 Gen Fund (UGF)		123.0										
FY2006 Alaska Native Medical Center staff to improve processing Medicaid	Inc	110.0	0.0	0.0	0.0	0.0	0.0	0.0	110.0	2	0	0
1108 Stat Desig (Other)		110.0										
FY2007 Ch. 96, SLA 2006 (HB 426) Medical Assistance/INS Cooperation	FisNot	51.7	40.6	0.0	4.3	6.8	0.0	0.0	0.0	2	1	0
1002 Fed Rcpts (Fed)		25.9										
1003 G/F Match (UGF)		25.8										
FY2008 HB 426, Eligibility workload increase, Medical Assistance Eligibility & Coverage	Inc	132.7	121.8	0.0	12.7	-1.8	0.0	0.0	0.0	0	0	0
<i>HB 426-This bill contains provisions that change medical assistance eligibility in AS 47.07.020, which will increase the workload of Eligibility Technicians. These provisions increase workload by requiring Eligibility Technicians to spend more time with applicants searching for legal guardians or parents of minors, and assisting eligible persons to enroll in Medicare.</i>												
1002 Fed Rcpts (Fed)		66.3										
1003 G/F Match (UGF)		66.4										
FY2008 AMD: Field Services Vacant Position Deletion	Dec	-350.0	-350.0	0.0	0.0	0.0	0.0	0.0	0.0	-5	-1	0
<i>Savings are generated by attrition, as well as maintaining specific vacancies, and will affect approximately 11 positions. A total of 6 positions out of the 11 positions affected will be deleted.</i>												
1004 Gen Fund (UGF)		-350.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-98.3	-98.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-85.5										
1108 Stat Desig (Other)		-12.8										
FY2008 Ch. 48, SLA 2007 (SB 27) - Medical Assistance Eligibility	FisNot	40.2	33.6	0.0	4.4	2.2	0.0	0.0	0.0	1	0	0
1002 Fed Rcpts (Fed)		18.7										
1003 G/F Match (UGF)		16.5										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Field Services (continued)</b>												
FY2008 Ch. 48, SLA 2007 (SB 27) - Medical Assistance Eligibility (continued)												
1004 Gen Fund (UGF)		4.4										
1007 I/A Rcpts (Other)		0.6										
 FY2009 Denali KidCare Performance Improvement	Inc	395.7	329.7	0.0	0.0	66.0	0.0	0.0	0.0	6	0	0
<i>The effective and efficient delivery of services provided by the Denali KidCare (DKC) office is central to the department's mission to promote and protect the health and well-being of Alaskans. Each month, the DKC office provides essential medical coverage for approximately 30,000 children and 3,000 pregnant women.</i>												
<i>Recent changes in federal eligibility requirements, such as the verification of citizenship, have greatly increased the complexity and processing time for each case handled by the office. For the preceding six months processing timeframes have greatly exceeded the 30 day standard for processing applications and, as a result, children have not received timely medical care, and payments to vendors and medical providers can be delayed. The implementation of the federal Payment Error Rate Measurement (PERM) requirements further impacts the processing timeframes by establishing higher expectations for program accountability and payment accuracy.</i>												
<i>The DKC office, which relies on distance delivery to meet the needs of applicants and recipients across the state, handles a high volume of applications, phone calls and other contacts. While growth in Medicaid enrollment for children is expected to be slow in the coming years; even modest growth in a workload exceeding 21,000 cases is significant and could further impact the office's ability to provide quality, timely and accurate service.</i>												
<i>Initially, it was assumed that each position in the DKC office could manage approximately 1,000 cases. However, the impact of changes affecting processing indicates that caseloads in the range of 850-900 per worker are needed to ensure effective and efficient service delivery. Delays in processing applications greatly increase the volume of calls into the office diverting clerical support staff from other important tasks. While, the DKC office was not originally intended to provide face-to face customer service, over 100 people come to the office each week to submit applications or to inquire on the status of their case. The advent of rigorous federal quality control reviews of Medicaid programs necessitates additional supervisory staff to conduct internal case reviews and to provide training and policy support for workers. Additional administrative supervision and support is also needed to maintain quality customer service.</i>												
<i>Funding in this request will provide resources for adequate staff to sustain effective services in the Denali KidCare office. A total of 6 FTEs are needed to support this request: 1 Eligibility Technician III; 2 Eligibility Technician I's; 1 Administrative Supervisor; and 2 Administrative Clerk II's.</i>												
<b>MISSION AND MEASURES REFERENCE:</b>												
<i>Division End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery. A5: Improve accuracy of benefit delivery.</i>												
1002 Fed Rcpts (Fed)		197.8										
1003 G/F Match (UGF)		197.9										
FY2009 Medical Assistance Eligibility (SB 212)	FisNot	73.8	62.8	0.0	8.8	0.0	2.2	0.0	0.0	1	0	0
1002 Fed Rcpts (Fed)		34.4										
1003 G/F Match (UGF)		30.3										
1004 Gen Fund (UGF)		8.1										
1007 I/A Rcpts (Other)		1.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Public Assistance Field Services (continued)</b>												
FY2009 DID NOT PASS: Medical Assistance Eligibility (SB 212)	FisNot	-73.8	-62.8	0.0	-8.8	0.0	-2.2	0.0	0.0	-1	0	0
1002 Fed Rcpts (Fed)		-34.4										
1003 G/F Match (UGF)		-30.3										
1004 Gen Fund (UGF)		-8.1										
1007 I/A Rcpts (Other)		-1.0										
FY2011 Discontinuation of the Family Self Sufficiency Program	Dec	-90.5	-90.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Discontinuation of the Alaska Housing Finance Corporation (AHFC) reimbursable service agreement for the Family Self-Sufficiency Program.</i>												
1007 I/A Rcpts (Other)		-90.5										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-14.3	0.0	-14.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-12.0										
1004 Gen Fund (UGF)		-2.3										
FY2011 MEDICAL ASSISTANCE ELIGIBILITY (SB 13)	FisNot	167.4	134.4	0.0	17.6	1.0	14.4	0.0	0.0	2	0	0
1002 Fed Rcpts (Fed)		109.2										
1003 G/F Match (UGF)		58.2										
FY2011 VETO: MEDICAL ASSISTANCE ELIGIBILITY (SB 13)	Veto	-167.4	-134.4	0.0	-17.6	-1.0	-14.4	0.0	0.0	-2	0	0
1002 Fed Rcpts (Fed)		-109.2										
1003 G/F Match (UGF)		-58.2										
FY2012 Funding Increase Due to Eligibility Technician Salary Study	IncM	700.0	700.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Increased funding is requested to fully implement the salary changes resulting from the recently completed Eligibility Technician class study. The salary analysis based on the study has resulted in range and step increases for approximately 60 positions. Current personal service allocations are insufficient to cover the salary changes which are needed to fully implement the study.</i>												
<i>Without additional funding, the division would have to maintain higher vacancy rates and face possible lay-offs or the need to furlough staff in order to cover the increased salary costs. Staff morale would be adversely impacted with severe ramifications to recruitment and retention efforts, and increased likelihood of union grievances. These consequences would ultimately result in a reduced work force at a time when caseloads are increasing and, ultimately, negative impacts for families served by the division as well as difficulty meeting both federal and state performance expectations.</i>												
1002 Fed Rcpts (Fed)		350.0										
1004 Gen Fund (UGF)		350.0										
<b>* Allocation Total *</b>		<b>1,143.8</b>	<b>805.5</b>	<b>-14.3</b>	<b>169.4</b>	<b>73.2</b>	<b>0.0</b>	<b>0.0</b>	<b>110.0</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>Fraud Investigation</b>												
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.3	0.0	-0.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.3										
<b>* Allocation Total *</b>		<b>-0.3</b>	<b>0.0</b>	<b>-0.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Quality Control</b>												
FY2006 Implement New Federal Mandate "Payment Error Rate Measurement" (PERM)	Inc	563.8	451.3	7.7	51.6	53.2	0.0	0.0	0.0	7	0	0
<i>This increment is needed to implement new Medicaid case eligibility and medical service review requirements mandated by federal "Payment Error Rate Measurement" (PERM) regulations.</i>												
<i>Centers for Medicare and Medicaid Services (CMS) issued proposed regulations that require states to sample payments on Medicaid claims. CMS issued these regulations to meet requirements in the Improper Payments Act (IMPA) passed by Congress. CMS makes these regulations effective October 1, 2005. The regulations mandate a quality control review of payments to medical providers, including a review of the eligibility criteria, medical necessity, and correctness of the payment. The proposed requirements assume a 50% error rate for all states, and CMS wrote the sampling requirements to ensure each state would draw approximately the same number of claims in an annual sample. This creates a statistically valid National Sample, and an inordinately large sample size for Alaska.</i>												
<i>To meet the requirements described in the regulation, Alaska's Division of Public Assistance will need to increase Quality Control staff to complete the case reviews by 7 PFT at an estimated cost of \$563.8 in FY06.</i>												
1002 Fed Rcpts (Fed)		281.9										
1003 G/F Match (UGF)		281.9										
FY2009 Child Care Program Performance Measures	Inc	91.6	80.6	0.0	0.0	11.0	0.0	0.0	0.0	1	0	0
<i>The Administration for Children and Families (ACF), Child Care and Development Fund (CCDF), issued proposed regulations that require states to review a random sample of cases to provide for the reporting of error rates in the expenditure of CCDF grant funds.</i>												
<i>ACF issued these regulations to meet requirements in the Improper Payments Information Act (IPIA) passed by Congress. The regulations mandate a quality control review of cases estimated to achieve the calculation of annual improper authorizations for payment. ACF anticipates publishing a final rule with an effective date of October 1, 2007. According to the proposed rule, states are required to conduct reviews once in every 3 years, with Alaska scheduled for federal fiscal year 2008. However ACF encourages states to measure the impact of their corrective actions more frequently. The costs of conducting case reviews and preparing error rate reports are considered a part of service delivery and excluded from administrative costs subject to the five percent administrative cap.</i>												
<i>To meet the requirements described in the regulation and incorporate regular on-going case reviews of CCDF grant funds, Alaska's Division of Public Assistance will need to increase Quality Control staff by 1 PFT at an estimated cost of \$91.6 in FY09.</i>												
<b>MISSION AND MEASURES REFERENCE:</b>												
<i>Division End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A5: Improve accuracy of benefit delivery.</i>												
1002 Fed Rcpts (Fed)		45.8										
1003 G/F Match (UGF)		45.8										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.5	0.0	-1.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-1.5										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Quality Control (continued)</b>												
<b>* Allocation Total *</b>												
		653.9	531.9	6.2	51.6	64.2	0.0	0.0	0.0	8	0	0
<b>Work Services</b>												
FY2006 Ch. 22, SLA 2005 (SB 51) Public Assistance Programs	FisNot	-1,346.4	0.0	0.0	0.0	0.0	0.0	-1,346.4	0.0	0	0	0
1002 Fed Rcpts (Fed)		-1,346.4										
FY2007 Expand Family Centered Services Phase II based on results/evaluation underway in Phase I	Inc	880.0	528.5	0.0	351.5	0.0	0.0	0.0	0.0	7	0	0
<p><i>Phase I of Public Assistance's Family Centered Services (FCS) uses a "Customized Employment" (CE) model to serve 15 families in both Fairbanks and the Mat-Su Valley. DPA's Phase II proposal will expand FCS based on the results and evaluation currently underway for Phase I. We expect that project outcomes will improve the following Division outcome measures:</i></p> <p><i>A1. Increase the percentage of Temporary Assistance families who leave the program with earnings and do not return for 6 months</i></p> <p><i>A2. Increase the percentage of Temporary Assistance families with earnings</i></p> <p><i>A3. Increase the percentage of Temporary Assistance families meeting the federal participation rates.</i></p> <p><i>Phase II will also introduce national best practices to improve service delivery and outcomes for families with complex issues and multiple barriers to self-sufficiency. Phase II builds on Phase I by adding the following elements:</i></p> <p><i>Client Identification - Development and use of a universal screening tool for rapid identification of families appropriate for FCS.</i></p> <p><i>FCS Expansion - In addition to Fairbanks &amp; MatSu, Phase II extends FCS to Juneau, Kenai and the Muldoon Job Center. These sites directly correspond to where the CE model has been in place and proven effective in servicing seriously disabled clients.</i></p> <p><i>Employer Partnership - Provide increased resources for Job Carving / Job Development and employer outreach in each community where FCS is implemented. Experience indicates that the work with employers is beyond both the current capacity and skill of the local teams, yet employer partnerships are critical links to successful long-term placements.</i></p> <p><i>Dedicated FCS Team - Establish a dedicated multi-disciplinary, cross-agency team for the provision of FCS in the Anchorage service area, a community with high numbers of complex cases. This team would compromise of 3 Project Coordinators and 4 Project Assistants. This allows for a comparison of a dedicated work team versus the 'service coordination' approach in the current FCS model. Partners will include experienced staff or providers from Division of Public Assistance, Division of Behavioral Health, Division of Juvenile Justice, and Office of Children's Services, as well as Department of Education and Early Development, Department of Labor and Workforce Development (DOLWD) and community partners.</i></p> <p><i>Budget:</i></p> <p><i>Client Identification            25.0</i></p> <p><i>FCS Expansion                163.3</i></p> <p><i>Employer Partnership        163.2</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Work Services (continued)</b>												
FY2007 Expand Family Centered Services												
Phase II based on results/evaluation underway												
in Phase I (continued)												
Dedicated FCS Team		528.5										
TOTAL PHASE II		\$880.0										
1002 Fed Rcpts (Fed)		880.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.6	0.0	-0.6	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.4										
1004 Gen Fund (UGF)		-0.2										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered	FisNot	3.3	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Employees Salary Increase												
FY2011 Noncovered Employees Year 1 increase												
: \$3.3												
1002 Fed Rcpts (Fed)		3.3										
<b>* Allocation Total *</b>		<b>-463.7</b>	<b>531.8</b>	<b>-0.6</b>	<b>351.5</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,346.4</b>	<b>0.0</b>	<b>7</b>	<b>0</b>	<b>0</b>
<b>Women, Infants and Children</b>												
FY2006 Increase Fed Authorization for WIC Food Program	Inc	1,200.0	0.0	0.0	0.0	1,200.0	0.0	0.0	0.0	0	0	0
<i>The Office of Children's Services requests an increment of \$1,200.0 federal authority for Women, Infants and Children's (WIC) program of the division's Family Nutrition Services component. The additional federal authority is necessary to cover an increase in the number of clients who benefit from the division's food program as well as an increase in the cost of the food and supplying the food packages.</i>												
 <i>Currently the WIC food program provides nutritious foods to approximately 26,400 low income pregnant and breastfeeding women, and children each month. The division has seen a steady increase in the number of clients served over the past two fiscal years, and projects to serve over 27,500 clients per month in FY06. The increase in the number of women and children served with WIC food packets each month along with a revision to the food prescriptions available to clients have increased program costs. Over the past year, the division has seen a 12.9% increase in food packet costs. This increase is due in part to rising costs for dairy products, packing supplies, postage and fuel oil.</i>												
 <i>The division projects that it will meet FY06 participant and program needs including the rising cost of food and supplying the food packet with the increase in federal authority. The OCS anticipants WIC food expenditures will remain within the funding level of the US Department of Agriculture, Food and Nutrition Services WIC Food Grant that supports this program.</i>												
1002 Fed Rcpts (Fed)		1,200.0										
FY2006 Delete Excess I/A Authorization	Dec	-236.5	-236.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This will delete unrealizable I/A authorization.</i>												
1007 I/A Rcpts (Other)		-236.5										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee	FisNot	0.9	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Salary and Benefit												
1002 Fed Rcpts (Fed)		0.9										
FY2007 Women, Infants and Children (WIC) Information	Inc	287.0	187.0	0.0	15.0	70.0	15.0	0.0	0.0	3	0	0
System Replacement												



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<b>Public Assistance (continued)</b>												
<b>Women, Infants and Children (continued)</b>												
FY2007 Women, Infants and Children (WIC)												
Information System Replacement (continued)												
<i>The Women, Infants, and Children (WIC) Program requests an increment of \$287.0 Capital Improvement Project receipt authority to support the development and implementation of the new federally-funded Management Information System. This comprehensive information system supports the department's commitment to provide nutrition education and supplemental foods to income-qualified WIC participants. The system will automate the following functions related to serving WIC participants: certification, nutrition risk assessment and issuance of supplemental food vouchers.</i>												
<i>This request includes the addition of three positions, one Project Coordinator and two Project Assistants. These positions are critical to the success of the project and will ensure that the contractor's deliverables are reviewed and approved in a timely manner. These positions will coordinate with the programming staff and the implementation contractor, participate in both the development and implementation of the system, and serve as part of the management team to complete the plan. These positions are also necessary to analyze, design, code, test, debug, document, and modify the WIC Information System, and to support and install workstations and servers.</i>												
1061 CIP Rcpts (Other)		287.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-23.8	-23.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1061 CIP Rcpts (Other)		-23.8										
FY2009 Increase of SDPR due to increased Manufacturer's rebates received for specific infant formula products.	Inc	650.0	0.0	0.0	0.0	0.0	0.0	650.0	0.0	0	0	0
<i>Request an increase in Statutory Designated Program Receipts (SDPR) authority in order to allow for higher collections of manufacturer's rebates received for specific infant formula products in Women, Infant and Children (WIC) food packages. Federal Regulations require that infant formula rebate revenues be expended on WIC foods only.</i>												
<i>The current Statutory Designated Program Receipts authority is inadequate to receive the anticipated level of rebates in FY09. Increases are the result of new contract terms that increase the percentage of rebate levels and change the size and form of several infant formula packages eligible for rebate. Simply, this translates into us receiving a higher rebate per item, as well as more items now being eligible to earn those rebates.</i>												
<i>Without increased Statutory Designated Program Receipts, WIC will be unable to receive earnable levels of rebates and will still be bound by federal law to provide the same level of services; therefore, requiring general fund expenditures.</i>												
<b>MISSION AND MEASURES REFERENCE:</b>												
<i>Division End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery.</i>												
1108 Stat Desig (Other)		650.0										
FY2010 Women, Infants and Children Formula Funding Implementation	Inc	70.8	0.0	0.0	0.0	0.0	0.0	70.8	0.0	0	0	0
<i>This request includes funding to support grantees who administer the WIC Program, which is 100% federally funded. WIC grantees perform eligibility, nutrition education and risk assessments, and other WIC-related</i>												

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<b>Public Assistance (continued)</b>												
<b>Women, Infants and Children (continued)</b>												
FY2010 Women, Infants and Children Formula												
Funding Implementation (continued)												
<i>services. Historically, the methodology used for these community-based grants has been inequitable and inconsistent. In FY2009, the division implemented a new funding formula upon which to base funding for grantees and equalize the method of payment for this service. Implementation of the new funding formula is scheduled to be phased-in over three years, and during this implementation period some agencies will continue to be underfunded. In FY2010, seven agencies will not be funded at the \$200 per family average cost allocation, and seven other grantees will not receive adequate travel allocations to pay for transportation costs needed to provide services to eligible families in remote areas. This request would provide 100% funding to grantees that have historically met or exceeded program participation expectations and have been underfunded.</i>												
 <i>Department Level Measures:</i>												
<i>End Result F: Outcome #6: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy F4: Improve timeliness of benefit delivery.</i>												
<i>Strategy F5: Improve accuracy of benefit delivery.</i>												
 <i>Division Level Measures:</i>												
<i>End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery.</i>												
<i>Strategy A5: Improve accuracy of benefit delivery.</i>												
1004 Gen Fund (UGF)		70.8										
FY2010 Women, Infants and Children Local Administrator Support	Inc	247.1	0.0	0.0	0.0	0.0	0.0	247.1	0.0	0	0	0
<i>Eligibility determinations for the WIC Program are provided throughout the state by local community grantees. Costs of doing business are inflating and affecting the ability of grantees to meet service expectations and performance outcomes. This request provides a cost-of-operating adjustment for grantees to offset inflation-related costs of doing business so that they can maintain service levels and avoid service reductions. The inflation adjustment for grantee services is tied to the Consumer Price Index (CPI), estimated to be 4.6% in FY2010.</i>												
 <i>Department Level Measures:</i>												
<i>End Result F: Outcome #6: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy F4: Improve timeliness of benefit delivery.</i>												
<i>Strategy F5: Improve accuracy of benefit delivery.</i>												
 <i>Division Level Measures:</i>												
<i>End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery.</i>												
<i>Strategy A5: Improve accuracy of benefit delivery.</i>												
1004 Gen Fund (UGF)		247.1										
FY2011 ARRA Funding for State Agency Model (SAM) Management Information System	IncOTI	961.2	0.0	24.0	937.2	0.0	0.0	0.0	0.0	0	0	0
<i>Anticipated continuation funding needed for the grant received under the American Recovery and Reinvestment Act from the U.S. Department of Agriculture, Food Nutrition Services and approved for FY2010 by the Legislative Budget and Audit Committee at their November 6, 2009 meeting (ADN 06-0-0146).</i>												

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<b>Public Assistance (continued)</b>												
<b>Women, Infants and Children (continued)</b>												
FY2011 ARRA Funding for State Agency Model (SAM) Management Information System (continued)												
<i>Software configuration and installation, training, pilot testing and statewide rollout of the new information system, is expected to begin in February 2010 and end in April 2011; with a warranty period following rollout and an optional extra period of system support, the contract could potentially extend to January 2012.</i>												
<i>The planned quality assurance contract will assist with review of the software contractor's deliverables, provide recommendations on project management activities, and evaluate the pilot test of the system before statewide rollout is expected to begin in February 2010 and end in February 2011.</i>												
<i>The ARRA travel funds will be needed in FY11 for project staff to participate in training, pilot testing and statewide rollout, and for IT staff to travel to local clinics to install computer equipment.</i>												
<i>Department Level Measures:</i>												
<i>End Result F: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy F4: Improve timeliness of benefit delivery.</i>												
<i>Strategy F5: Improve accuracy of benefit delivery.</i>												
<i>Division Level Measures:</i>												
<i>End Result A: Low income families and individuals become economically self-sufficient.</i>												
<i>Strategy A4: Improve timeliness of benefit delivery.</i>												
<i>Strategy A5: Improve accuracy of benefit delivery.</i>												
1212 Stimulus09 (Fed)		961.2										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	4.3	4.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$4.3												
1061 CIP Rcpts (Other)		4.3										
FY2012 Formula Program Funding Increase Due to Rebate Growth	IncM	400.0	0.0	0.0	0.0	400.0	0.0	0.0	0.0	0	0	0
<i>Additional authority is requested to receive the anticipated level of earnable rebates. Increased Statutory Designated Program Receipts (SDPR) authority will allow maximum collection of manufacturer rebates to remain compliant with Women, Infants and Children (WIC) grant terms and conditions within the commodities line of the WIC component. Current authority is not sufficient for the anticipated revenue that can be collected by the Women, Infants, and Children (WIC) Federal Supplemental Nutrition Program for manufacturer's rebates received for specific infant formula products in WIC food packages. The collection of these rebate funds fits into long-term plans, missions and measures of the WIC Program and is required under grant terms and conditions.</i>												
<i>If increased Statutory Designated Program Receipts is not funded, increased general funds will be needed to stay in compliance with federal law.</i>												
1108 Stat Desig (Other)		400.0										
* Allocation Total *		3,561.0	-68.1	24.0	952.2	1,670.0	15.0	967.9	0.0	3	0	0
** Appropriation Total **		77,897.3	2,621.1	55.2	2,169.0	1,908.7	15.0	56,391.3	14,737.0	26	0	2

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health</b>												
<b>Health Planning and Systems Development</b>												
FY2006 Adjustment of Alaska Mental Health Trust Funding	Dec	-0.4	0.0	0.0	-0.4	0.0	0.0	0.0	0.0	0	0	0
<i>This decrement decreases funding allowed by the Mental Health Trust Authority for the Comprehensive Integrated Mental Health Plan.</i>												
1092 MHTAAR (Other)		-0.4										
FY2006 Correction for Integration Transfer	Dec	-129.1	-129.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This decrement deletes Interagency funds that were transferred incorrectly during the integration process. This transaction corrects that action.</i>												
1007 I/A Rcpts (Other)		-129.1										
FY2006 AMD: Increment for the Certificate of Need Program	Inc	99.7	75.7	10.0	11.0	2.0	1.0	0.0	0.0	1	0	0
<i>With the passage of HB 511 in 2004 and the proposed changes in regulation, there are additional responsibilities that will require one new full-time staff position in the Health Planning and Infrastructure component along with support costs.</i>												
<i>It is expected that more applications will be submitted than in prior years due to two new categories of service being required to submit Certificate of Need (CON) applications. They are: residential psychiatric treatment facilities and independent diagnostic and testing facilities.</i>												
<i>The funds will be Receipt Support Services and will come from Certificate of Need review fees. These fees are based on receipts which are collectable under AS 18.07.035.</i>												
<i>The estimated receipts are based on the following:</i>												
<i>CON program revenues are based on the three-year average cost of CON projects submitted from FY02-FY04. Though not all projects are approved, all would be required to submit the fee. Program receipts are \$2,500 for projects \$2.5 million and below and 0.1% of projects over \$2.5 million. The three-year average estimates of program receipts was used to project FY2005 to FY2009 fees applying a 5% annual increase. The low project costs for FY2003 were abnormally low and are not expected to drop to that level in the near future.</i>												
1156 Rcpt Svcs (DGF)		99.7										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee	FisNot	3.9	3.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Salary and Benefit</i>												
1002 Fed Rcpts (Fed)		3.9										
FY2007 Decrement of Interagency Receipts & MHTAAR	Dec	-52.6	0.0	0.0	-52.6	0.0	0.0	0.0	0.0	0	0	0
<i>This is to delete interagency receipts and MHTAAR funds that are no longer available.</i>												
1007 I/A Rcpts (Other)		-52.4										
1092 MHTAAR (Other)		-0.2										
FY2008 Delete Uncollectable Interagency Receipts and Statutory Designated Program Receipts	Dec	-51.1	0.0	0.0	-51.1	0.0	0.0	0.0	0.0	0	0	0
<i>Delete uncollectable Interagency Receipts and Statutory Designated Program Receipts resulting from transfers in FY07.</i>												
1007 I/A Rcpts (Other)		-2.6										
1108 Stat Desig (Other)		-48.5										
FY2008 AMD: Delete Position	Dec	-107.2	-107.2	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>This decrement is to delete a position for streamlining and efficiencies.</i>												
1002 Fed Rcpts (Fed)		-107.2										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2008 Add Mental Health Trust recommendations to increase funding for the Comprehensive Integrated Mental Health Plan. 1092 MHTAAR (Other)	Inc	30.0	0.0	0.0	0.0	0.0	0.0	0.0	30.0	0	0	0
		30.0										
FY2009 Mental Health Trust: Cont - Comprehensive Integrated Mental Health Plan <i>Grant 120.04</i> <i>The Comprehensive Integrated Mental Health Program Plan (Comprehensive Plan) is the outcome of a legislatively mandated planning process between the Department of Health and Social Services, The Trust and the four beneficiary advisory boards. The Mental Health 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, guide program evolution and service delivery and 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> 1092 MHTAAR (Other)	IncOTI	80.0	70.0	10.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2009 316 grant to the Anchorage Project Access to Provide Specialty Medical Care to Eligible Recipients 1004 Gen Fund (UGF)	IncOTI	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
		250.0										
FY2010 MH Trust: Cont - Grant 120.05 Comprehensive Integrated Mental Health Plan <i>The Comprehensive Integrated Mental Health Program Plan (Comprehensive Plan) is the outcome of a 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, guide program evolution and service delivery and 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> 1092 MHTAAR (Other)	IncOTI	106.0	100.0	5.0	0.0	1.0	0.0	0.0	0.0	0	0	0
FY2010 Provide Loan Forgiveness, Scholarships, and Other Incentives 1092 MHTAAR (Other)	Inc	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
		200.0										
FY2011 Replace Unrealizable Federal Receipts for Core Services <i>The department is requesting GF to fund core services. A previous federal grant request for \$1,207.0 was not funded. Sixty percent of the grant amount has been identified from other departmental resources, but this fund source change is needed to cover the remainder. Funding enables the Section of Health Planning and Infrastructure (HPI) to provide core department and state government services and provision and dissemination of data and policy analysis related to access to health care, health insurance coverage, utilization of services, health workforce and industry analysis that the department and other state entities must address. The component also provides state planning to advise the Commissioner on the need for new or remodeled health care facilities as required by the certificate of need statute (AS18.07). HPI responds to requests for information and analysis from the Governor's office, legislative offices, federal entities and congressional offices. HPI is tasked with managing</i>	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2011 Replace Unrealizable Federal Receipts for Core Services (continued)												
<i>the statutorily required Comprehensive Integrated Mental Health Plan on behalf of the department and the Alaska Mental Health Trust Authority.</i>												
<i>Advising the Commissioner requires accomplishing due diligence with regard to both certificates of need and requests from health care providers for determinations of need, and with regard to exchange visitor primary applicant (J-1) visa waiver requests for physician placements. Collaboration with state and federal agencies as well as communities to gain efficiencies and effectiveness of data collection and analysis expedites program improvement, and allows for evaluation of government efforts to protect and improve the health of the public.</i>												
<i>Benefits of HPI activities are the improved quality and length of life of Alaskans through better access to health care, and improved quality and availability of health care facilities and workforce. Decision-makers have increasingly been expecting the expertise of HPI to help inform policies, programs, and needs assessments, but additional GF funds are critical to support the staff time and travel required for such activity.</i>												
<i>Lack of funding will mean being unable to respond to requests for data, which would be a detriment to the department and to the state as a whole. In addition, HPI will not be able to provide technical assistance to health care providers, who may thus not receive funding or other resources that are available to them, resulting in less availability of care for Alaskans.</i>												
1002 Fed Rcpts (Fed)		-475.1										
1004 Gen Fund (UGF)		475.1										
FY2011 Decrease Federal Receipt Authority from Expired Grants	Dec	-1,000.0	0.0	0.0	-500.0	0.0	0.0	-500.0	0.0	0	0	0
<i>Reduce excess federal authority from expired grants.</i>												
1002 Fed Rcpts (Fed)		-1,000.0										
FY2011 MH Trust: Cont - Grant 120.06 Comprehensive Integrated Mental Health Plan	IncOTI	117.0	112.7	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 legislatively mandated planning process between the Department of Health and Social Services (DHSS), the Alaska Mental Health Trust Authority (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 the status of beneficiary-related indicators, guide program evolution and service delivery, and contribute significantly to the establishment of funding priorities. The Comprehensive Plan was developed within a results-based framework that will assist policymakers in identifying beneficiary needs and determining service effectiveness.</i>												
1092 MHTAAR (Other)		117.0										
FY2011 MH Trust Workforce - Grant 1383.03 Loan Repayment	IncOTI	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
<i>This 200.0 MHTAAR will match 200.0 federal funds from the National Health Service Corps state loan repayment program. This project provides for tax-exempt loan repayment for health professionals who serve Alaska Mental Health Trust Authority beneficiaries.</i>												
1092 MHTAAR (Other)		200.0										
FY2011 ARRA Funding for State Primary Care Offices	IncOTI	36.1	28.4	0.0	7.5	0.2	0.0	0.0	0.0	0	0	0
<i>The Alaska Department of Health and Social Services received a notice of grant award from the Department of Health and Human Services, Health Resources and Services Administration (HRSA), on September 14, 2009. The grant award was issued on September 10, 2009. Funding is available at this time and the division has signed</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2011 ARRA Funding for State Primary Care												
Offices (continued)												
<i>documentation to support the availability of funding. Funding from HRSA is for \$36,135 each year for a total of 3 years (CFDA 93.414). The budget period for these funds is from September 30, 2009 through September 29, 2010. The project period of these funds is from September 30, 2009 through September 29, 2012.</i>												
<i>The Legislative Budget and Audit Committee approved the FY10 RPL at their November 6, 2009 meeting (ADN 06-0-0204).</i>												
1212 Stimulus09 (Fed)		36.1										
FY2011 Budget Clarification Project, fund change to reflect fees collected for CON certificates	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		128.9										
1156 Rcpt Svcs (DGF)		-128.9										
FY2011 AMD: Statutory Designated Program Receipts for Federal Match for Student Loan Repayment Program	Inc	700.0	0.0	0.0	700.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaska State Loan Repayment Program (SLRP) is a Health Resources and Services Administration (HRSA) sponsored effort to help encourage selected healthcare practitioners to work in Alaska. This is done by making loan repayments on behalf of practitioners while they provide healthcare services in high-need areas. The Department of Health and Social Services has received an HRSA grant award for \$1,284.3 for FFY10.</i>												
<i>States must agree to make available (directly or through donations from public or private entities) non-federal contributions in cash toward SLRP contracts in an amount not less than \$1 for each \$1 of federal funds provided in the grant. A state may not use any federal funds or in-kind contributions to satisfy the non-federal match requirement. A state must verify that contributions from sources other than state appropriated funds are non-federal.</i>												
<i>The non-federal matching funds will be provided by the following four committed partners:</i>												
<i>(1) the Alaska Mental Health Trust Authority (AMHTA),</i>												
<i>(2) the Anchorage Neighborhood Health Center,</i>												
<i>(3) the Kodiak Community Health Center, and</i>												
<i>(4) the Interior Neighborhood Health Center.</i>												
<i>Each of these four entities has made explicit contribution commitments. The non-federal matching funds collected from the Anchorage Neighborhood Health Center, the Kodiak Community Health Center, and the Interior Community Health Center are SDPR. In FY11, Health Care Services anticipates non-federal matching funds from these entities to be \$700.0.</i>												
1108 Stat Desig (Other)		700.0										
FY2011 AMD: MH Trust Workforce - Grant 1383.03 Loan Repayment Extension	IncOTI	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<i>Brief Overview of the State Loan Repayment Program</i>												
<i>The Alaska State Loan Repayment Program (SLRP) is a Health Resources and Services Administration (HRSA) sponsored effort to help encourage selected healthcare practitioners to work in Alaska. This is done by making loan repayments on behalf of practitioners while they provide healthcare services in high-need areas. The current budget for practitioner LRPs is \$1,200,000, with 50% from HRSA, and the other 50% from "non-federal match,"</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2011 AMD: MH Trust Workforce - Grant												
1383.03 Loan Repayment Extension												
(continued)												
<i>the later composed of \$400,000 from AMHTA, and \$200,000 from three community health centers.</i>												
<i>Need for the Project</i>												
<i>Considerable evidence nationwide indicates that healthcare practitioners are finishing their training programs with substantial educational debt. Further, many of these providers are quite willing to work in high-need areas and/or with high-need populations if state &amp;/or federal agencies can help relieve this debt in return. Nationally, this workforce support-for-service strategy has been repeatedly shown to increase both recruitment and retention. The Alaska SLRP program startup was in September 2009, and is scheduled for one year. Of modest size, it will field 23 practitioners, across a broad spectrum of primary care occupations, with each practitioner working on a two-year service contract.</i>												
<i>Reason for the Extension Request</i>												
<i>The Department of Health and Social Services (DHSS) received approval for a September 2009 start-up of the program from HRSA, well into FY10, and the program has proven complex to begin. DHSS now anticipates that practitioner applications will be accepted starting in February 2010, with placement decisions soon thereafter. This means that DHSS will not be able to spend any more than \$50,000 of the \$200,000 that AMHTA has allocated for its FY10 portion of the program's "non-federal matching funds."</i>												
<i>DHSS has identified 23 practitioner slots for the SLRP, and plans to fill all of the slots. Therefore, all federal and non-federal LRP funds will eventually be expended. The carry-over of AMTHA funding in the amount of \$150,000 into FY11 would allow the Alaska SLRP program to fully use the HRSA-provided federal funds, and to actually place all 23 practitioners for their full two-year contracts.</i>												
1092 MHTAAR (Other)		150.0										
FY2011 AMD: Statutory Designated Program Receipts for Children's Health Improvement Program Reinvestment Act (CHIPRA)	Inc	1,110.0	250.0	10.0	300.0	20.0	0.0	530.0	0.0	0	0	0
<i>This project will allow the Department of Health &amp; Social Services to participate in a tri-state collaborative effort with Oregon and West Virginia to work on the following categories of the program:</i>												
<i>(A) test federal government proposed measures of quality of children's care;</i>												
<i>(B) promote the use of Health Information Technology (HIT) in reporting on and improving children's health care delivery; and</i>												
<i>(C) demonstrate effectiveness of practice based models for improved care for children.</i>												
<i>The federal grant provides for State Medicaid and Child Health Insurance Programs to work with health care providers and other partners in their states to carry out the activities proposed in the grant guidance.</i>												
<i>Alaska is collaborating with Oregon and West Virginia to apply for funds through CHIPRA Quality Improvement Request for Proposals (RFP). The three states point out that testing measures of quality of care, demonstrating patient care models, and implementing electronic health records should be accomplished in rural states (all three are designated as rural by the federal government). CHIPRA targets children and youth 0-18. While the federal</i>												



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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2011 AMD: Statutory Designated Program												
Receipts for Children's Health Improvement												
Program Reinvestment Act (CHIPRA)												
(continued)												
<i>government provides funding for children's health care in the form of Medicaid and CHIPRA, the Centers for Medicare and Medicaid Services (CMS) is asking states to assist in testing more comprehensive measures of quality and effectiveness of medical services for children, and in turn is providing support for infrastructure for support of quality measures, HIT, and patient centered medical home practice models. This project will result in improved health care for Alaska's children.</i>												
<i>The project is 100% federally funded. Oregon has been designated to be the primary grant recipient. Alaska will be a subgrantee. Funds received by the state will be categorized as statutory designated program receipts (SDPR). The project is anticipated to have a duration of 5 years: FY11 through FY15. The division is requesting authorization to collect and to expend these funds.</i>												
<i>The federal grant could be awarded to Oregon as early as February 1, 2010. The department anticipates expenditures of approximately \$75.0 for FY10, and is confident that there is sufficient SDPR authorization in FY10 to accommodate this.</i>												
1108 Stat Desig (Other)		1,110.0										
FY2011 Improve Access to Medicare for Alaska Seniors by	Inc	51.0	0.0	0.0	0.0	0.0	0.0	51.0	0.0	0	0	0
Off-Setting the Cost of Low Medicare Reimbursement Rates												
<i>The amendment is offered to help off-set the cost of an increasing number of seniors accessing Community Health Centers because they cannot get care from providers due to low Medicare reimbursement rates.</i>												
<i>2/24/10: Adopted in the H&amp;SS House Finance Subcommittee.</i>												
1004 Gen Fund (UGF)		51.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-2.0	0.0	-2.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.2										
1004 Gen Fund (UGF)		-1.0										
1005 GF/Prgm (DGF)		-0.2										
1037 GF/MH (UGF)		-0.6										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		2.6										
1156 Rcpt Svcs (DGF)		-2.6										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered	FisNot	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Employees Salary Increase												
<i>FY2011 Noncovered Employees Year 1 increase</i>												
<i>: \$1.4</i>												
1002 Fed Rcpts (Fed)		1.4										
FY2012 MH Trust: Workforce Dev - Grant 1383.04 Loan	IncM	200.0	0.0	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 FY12, this proposed continuation of SHARP will field another estimated 16-22 program practitioners, via the following resources: DHSS \$200.0; AMHTA \$200.0; and federal HRSA, \$400.0, with resulting total of \$800.0. The entire \$800.0 is for practitioner loan repayments, with none requested for administration.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2012 MH Trust: Workforce Dev - Grant												
1383.04 Loan Repayment (continued)												
1092 MHTAAR (Other)		200.0										
FY2012 MH Trust: Cont - Grant 120.07 Comprehensive Integrated Mental Health Plan	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 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>												
1092 MHTAAR (Other)		120.0										
FY2012 Increase CIP Authorization to Fund DOT RSA's	Inc	115.0	0.0	0.0	115.0	0.0	0.0	0.0	0.0	0	0	0
<i>Health Planning and Infrastructure has insufficient CIP receipts authority. To appropriately accomplish the tasks of the DOT RSA, increased funding is needed in the operating budget. In order to do this most efficiently, it needs CIP receipts authority.</i>												
<i>If this CIP receipts authority request is not approved, the division will have to establish unbudgeted RSA's. This creates administrative inefficiencies and delays work on the projects because of the need to seek and get approval at many different levels. The division did research other strategies for not requesting this increment, but came to the conclusion that, for audit purposes, an authorization request is the most appropriate financial strategy.</i>												
1061 CIP Rcpts (Other)		115.0										
FY2012 AMD: State Match for Student Loan Repayment Program	Inc	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
<i>State match to continue the Student Loan Repayment Program for Alaska under the federal Supporting Healthcare Access Loan Repayment Program (SHARP). The federal Health Resources and Services Administration (HRSA) will provide \$400.0 in federal funding if a \$400.0 non-federal match is provided. \$200.0 of the match is being provided by the Alaska Mental Health Trust Authority and an additional \$200.0 of state match is needed.</i>												
<i>This program makes loan repayments on behalf of practitioners while they provide healthcare services in high-need areas. For FY2012, the proposed continuation of SHARP will support loan repayments for an estimated 16 to 22 health care practitioners, with none requested for administration. These practitioners include primary care clinicians, dentists, and behavioral health practitioners who are working and providing services in Alaska.</i>												
<i>The department brought additional information forward for consideration in the FY2012 Governor's Amended budget.</i>												
1003 G/F Match (UGF)		200.0										
FY2013 MH Trust: Cont - Grant 120.08 Comprehensive Integrated Mental Health Plan	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 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</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Health Planning and Systems Development (continued)</b>												
FY2013 MH Trust: Cont - Grant 120.08												
Comprehensive Integrated Mental Health Plan												
(continued)												
<i>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>												
1092 MHTAAR (Other)		120.0										
FY2013 MH Trust Workforce Dev - Grant 1383.05 Loan	IncM	200.0	0.0	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>												
1092 MHTAAR (Other)		200.0										
FY2013 MH Trust Workforce Dev - Grant 1383.05 Loan	Inc	200.0	0.0	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>												
1037 GF/MH (UGF)		200.0										
FY2013 MH Trust Workforce Dev - Grant 1383.05 Loan	Dec	-20.0	0.0	0.0	0.0	0.0	0.0	-20.0	0.0	0	0	0
Repayment Program Expansion (Fund 90% of request)												
<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>												
1037 GF/MH (UGF)		-20.0										
FY2013 Ch. 25, SLA 2012 (HB 78) INCENTIVES FOR	FisNot	2,842.9	102.8	6.0	2,724.5	9.6	0.0	0.0	0.0	1	0	0
CERTAIN MEDICAL PROVIDERS												
<i>This fiscal note reflects CSHB078(FIN) version "27-LS014710". The CS moves advanced nurse practitioners (ANPs) from the eligible list of practitioner types in Tier II to Tier I after the Board of Nursing adopts a regulation that requires ANPs to complete a degree of doctor of nursing practice. As of March 13, 2012, the Alaska Board of Nursing has not made a decision to require doctoral education. It is assumed then that the doctoral requirement would not occur within the time frame of this fiscal note; therefore, there is no change in the fiscal note amounts. However, when the requirement does change it should be noted that there will be an increased cost. Using the existing assumptions of the fiscal note on page 3, moving a practitioner type from Tier II (\$222.0) to Tier I (\$387.0) will increase the total cost by \$165.0 (\$387.0 - \$222.0), with \$123.8 GF and \$41.2 in matching funds from the employing site. No changes were made to pages 2-3.</i>												
1004 Gen Fund (UGF)		2,164.2										
1005 GF/Prgm (DGF)		678.7										
<b>* Allocation Total *</b>		<b>5,770.6</b>	<b>740.0</b>	<b>42.0</b>	<b>3,857.8</b>	<b>38.8</b>	<b>1.0</b>	<b>1,061.0</b>	<b>30.0</b>	<b>1</b>	<b>0</b>	<b>0</b>

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Injury Prevention/Emergency Medical Services</b>												
FY2006 Sustain Poison Control Services for Alaska	Inc	70.0	0.0	0.0	70.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>On September 1, 2001, Alaska gained access to the nationwide toll-free number for poison control center services. Callers in Alaska are connected with the Oregon Poison Center (OPC), answering phone calls from both the public and healthcare providers and providing medical assistance and training to healthcare providers. OPC is a certified poison center with medical toxicologists available 24/7. Alaska has neither a certified poison center nor medical toxicologists. Without this service Alaska would be the only state in the nation without access to a certified poison center.</i></p> <p><i>At this point the incremental costs for the Alaska cases is \$140,000. OPC is currently being reimbursed \$60,000 from federal funds for this service. Beginning October 1, 2004, it will be necessary for Oregon to charge Alaska \$70,000 to make up this difference (they have indicated they will absorb the \$10,000 difference), or discontinue services.</i></p> <p><i>The collaborative efforts of the Oregon Poison Center (OPC) and the Section of Community Health and Emergency Medical Services (CHEMS) for the State of Alaska, have resulted in comprehensive service to Alaska. The implementation of this service is widely recognized as a model for successful program development of a public health service. Since the initiation of the toll-free poison center number in Alaska in September 2001, the utilization of this resource has been phenomenal. During 2003, the OPC received 9,590 Alaska calls with 6,933 human exposures.</i></p> <p><i>The high call volume has provided significant workload for the OPC staff. OPC is only compensated at a cost of \$8.65 per call, which is significantly lower than the national average of \$45 per exposure call. The average cost per human exposure call for the Oregon Poison Center is \$30. Using economies of scale, the OPC has attempted to keep expenses low; however, they cannot subsidize the cost of Alaska calls to the extent of the funding shortfall.</i></p> <p><i>The savings attributed to the use of poison centers is well documented. For every \$1 spent on poison centers, an estimated \$7 is saved in medical care costs. Each call to a poison center prevents \$175.00 in other medical spending. The average cost per poison exposure managed by a poison center is \$28.00; the average hospital cost for a poison exposure is \$245.00.</i></p>												
1004 Gen Fund (UGF)		70.0										
FY2006 Increase Interagency receipts for Rural Hospitals Grant	Inc	61.5	0.0	0.0	61.5	0.0	0.0	0.0	0.0	0	0	0
<p><i>CHEMS will support the Rural Hospital Flexibility grant to assess and support emergency service capabilities. This increment will allow the RSA from DSS/Health Planning and Infrastructure component to be budgeted.</i></p>												
1007 I/A Rcpts (Other)		61.5										
FY2006 Reduce federal authorization due to reduction in BioTerrorism Grant funding	Dec	-1,000.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0.0	0	0	0
<p><i>A decrement of federal authorization in the Community Health/Emergency Medical Services component is necessary due to the federal reallocation of BioTerrorism funds to other states. Thus, Alaska funding for BioTerrorism preparedness has been reduced.</i></p>												
1002 Fed Rcpts (Fed)		-1,000.0										
FY2007 Increase Rural EMS (emergency medical services) grants	Inc	103.7	0.0	0.0	0.0	0.0	0.0	103.7	0.0	0	0	0
1004 Gen Fund (UGF)		103.7										

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<b>Public Health (continued)</b>												
<b>Injury Prevention/Emergency Medical Services (continued)</b>												
FY2009 Incremental Funding for Interagency Receipt Authority to Facilitate Budgeted Reimbursable Services Agreements	Inc	843.5	0.0	0.0	843.5	0.0	0.0	0.0	0.0	0	0	0
<p><i>The Section of Injury Prevention and Emergency Medical Services (IPEMS) is receiving pass-through funding from the National Highway Transportation Safety Administration via the Alaska Highway Safety Office (AHSO) within the Department of Transportation and Public Facilities.</i></p> <p><i>\$562.5, Optimization of EMS Data Systems: This Reimbursable Services Agreement (RSA) is for IPEMS to capture ambulance run data from the largest Emergency Medical Services (EMS) providers as well as small rural providers, and enter the data into a web-based reporting feature. The data system also shares and links information with the Alaska Trauma Registry, the Fatal Accident Reporting System, and the Highway Analysis System traffic crash data.</i></p> <p><i>\$125.0, Child Passenger Safety (CPS) Coordinator: This RSA funds the IPEMS State Child Passenger Safety Technician Education Project and provides for CPS training and continuing education among all collaborating organizations and agencies allowing the state coordinator to identify training opportunities and to maintain the skills and knowledge of persons involved with CPS programs throughout Alaska.</i></p> <p><i>\$16.0, Help Along the Way: This RSA funds the brochure that has been printed and distributed for over 16 years using AHSO funding. This brochure serves Alaska's road travelers providing contact information for weather and road reports, and the state's 511 information system.</i></p> <p><i>\$85.0, American College of Surgeons: These pass-through funds will support contracting with a technical team to review the entire Alaska Trauma System to obtain recommendations and goals to further develop and improve the Alaska Trauma System for hospital and pre-hospital care that includes emergency room care, and rehabilitations for trauma-related injuries.</i></p> <p><i>\$55.0, Alaska State Hospital and Nursing Home Association (ASHNA): For capturing trauma-related injury data from ASHNA relating to emergency room discharge and hospital discharge data to enhance the Alaska Trauma Data collection efforts.</i></p>												
1007 I/A Rcpts (Other)		843.5										
FY2010 Funding Source Change of I/A Authority to CIP Authority	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>Department of Transportation and Public Facilities (DOT/PF) provided the Public Health Injury Prevention Emergency Medical Services (IPEMS) Section with \$562,500 in FY08. These funds will be allocated over a period of five years. Interagency Receipt Authorization was established in FY09. However, \$500,000 of these funds are actually capital funds for DOT/PF, so CIP authority needs to be established in IPEMS to properly account for these funds.</i></p>												
1007 I/A Rcpts (Other)		-100.0										
1061 CIP Rcpts (Other)		100.0										
FY2011 Budget Clarification Project, fund change to reflect EMT certification fees	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		75.9										
1156 Rcpt Svcs (DGF)		-75.9										

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<b>Public Health (continued)</b>												
<b>Injury Prevention/Emergency Medical Services (continued)</b>												
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-5.0	0.0	-5.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.9										
1004 Gen Fund (UGF)		-3.8										
1005 GF/Prgm (DGF)		-0.3										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-24.7										
1004 Gen Fund (UGF)		24.7										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		12.4										
1004 Gen Fund (UGF)		-12.4										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-6.3										
1004 Gen Fund (UGF)		6.3										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-3.2										
1004 Gen Fund (UGF)		3.2										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		1.7										
1156 Rcpt Svcs (DGF)		-1.7										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	0.7	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$0.7												
1004 Gen Fund (UGF)		0.7										
<b>* Allocation Total *</b>		<b>74.4</b>	<b>0.7</b>	<b>-5.0</b>	<b>975.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-896.3</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Nursing</b>												
FY2006 Increase interagency receipts to fully budget Nursing Medicaid RSA	Inc	700.0	0.0	0.0	700.0	0.0	0.0	0.0	0.0	0	0	0
<i>We are requesting an increment of \$700.0 in I/A receipt authority. Approval of this increment will allow the Nursing Medicaid RSA to be fully budgeted.</i>												
1007 I/A Rcpts (Other)		700.0										
FY2006 Assistance for Increased Fuel Costs	Inc	4.3	0.0	0.0	4.3	0.0	0.0	0.0	0.0	0	0	0
<i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i>												
1004 Gen Fund (UGF)		4.3										
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness	Inc	750.0	564.1	30.0	35.9	33.5	0.0	86.5	0.0	5	0	0

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<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<p><i>The control of infectious diseases has become increasingly complex and challenging. Over the past 30 years more than 30 new infectious diseases have been discovered; recent examples are SARS and the H5N1 strain of avian influenza. To truly protect the health of Alaskans, the Division of Public Health must sustain well-established core public health programs such as tuberculosis control and immunizations, while taking on new challenges, such as pandemic influenza planning and bioterrorism preparedness. This \$1,500.0 (\$960.0 GF plus \$540.0 federal) request will modernize and strengthen an aging and under-funded infectious disease control system to keep Alaskans safe and secure from old and new infectious disease threats and public health emergencies. Associated requests for infectious disease control are found in the Epidemiology and Public Health Laboratories components.</i></p> <p><i>Strengthening our surveillance capacity and outbreak response will assure that communicable diseases are detected earlier and that fewer Alaskans become ill. A stronger public health presence in each community will ensure completion of treatment for those with tuberculosis and other communicable diseases, and will provide each contact with a timely health evaluation, education and preventive treatment. A strengthened immunization program will assure that each child is protected from devastating vaccine-preventable diseases. A strong public health laboratory system will mean that infectious diseases are diagnosed rapidly and will hasten appropriate treatment to prevent further spread. These are core public health activities. When each of these building blocks are in place, we will then also have a strong foundation to respond to public health emergencies, to track the situation, to mount mass vaccination and prophylaxis clinics, to rapidly diagnose cases and to quarantine and isolate to contain disease. These are formidable tasks, but absolutely necessary if the health of Alaskans is to be protected.</i></p> <p><i>New challenges that threaten to shift attention away from core activities have resulted in resurgence of diseases that have previously been contained. We saw this happen at a national level with measles in the 1980s, tuberculosis in the 1990s, and syphilis more recently. Even today, the Division must work hard to keep long-time public health threats under control.</i></p> <p><i>' During the first 9 months of 2005, 82 cases of pertussis have been identified, more than in 2003 and 2004 combined. Pertussis (whooping cough), an ancient disease, is becoming more common in Alaska, in spite of an effective childhood vaccine. This is due, in part, to a new more sensitive laboratory test and providers are ordering this test more frequently, but there is evidence that there is more disease as well.</i></p> <p><i>' In 2000, Alaska reported the highest rate of tuberculosis in the country because of several large outbreaks. There have been no large outbreaks since 2000, but Alaska continues to be among the top five states with the highest TB rates in the U.S. Each case of TB requires a huge amount of work, and requires each dose of medication (up to 20 pills per day) be observed - 6 or more months of treatment are required. For each TB patient, there are up to 16 contacts that must be located, tested two times 12 weeks apart, and often treated with preventive therapy.</i></p> <p><i>' In 2003 Alaska had the highest rate of chlamydia disease in the U.S. - 3,900 cases for a rate of 606 cases per 100,000 population. An improved testing method and more thorough investigations were successful in uncovering disease that would not have been diagnosed otherwise. Each of these cases requires treatment and partner notification.</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<p><i>' In 2004, Alaska ranked 45 of 50 states with only 75.3% of 0-3 year old children fully immunized. This was a decline from a ranking of 27th the previous year, and well below the Healthy Alaskans 2010 goal of 90%. In 1985, children needed immunizations against 7 vaccine preventable diseases; while today in 2005 they need immunizations against 14 diseases. While this is an exciting and unprecedented opportunity to prevent disease, it means that 26 immunizations must be given to each child by the age of 6.</i></p> <p><i>' The Division responds to outbreaks related to tourism almost every summer. In 1997 and 1998 large summer influenza outbreaks strained laboratory, epidemiology and public health nursing resources. Norovirus outbreaks on cruise ships frequently overflow into coastal communities. Cases of tuberculosis, typhoid and malaria are cared for in Alaska hospitals because many employees of cruise ships come from countries where these diseases are common.</i></p> <p><i>Of the emerging public health threats, a new deadly strain of avian influenza (H5N1) is most concerning. This virus has only been found in Asia, and to date has had limited impact on humans, with 125 human cases and 64 deaths reported worldwide as of 11/9/05. There has not been well-documented person-to-person spread yet, however the death rate from avian influenza is over 50%, much higher than the 1-2% death rate seen with classic influenza pandemics (H1N1 and H3N1). International public health agencies are monitoring this situation with great unease because the influenza virus mutates frequently, and avian influenza may acquire characteristics of classic influenza that will allow efficient human transmission. With such a high death rate, no vaccine readily available, and limited antiviral drugs, a human epidemic of avian influenza would be devastating. Alaska has many direct air and shipping links to Asia through business, industry, education, and recreational travel, and is a major hub for international air cargo shipping. In addition, Asian birds migrate to Alaska each summer and share nesting grounds with North and South American migratory birds; in theory avian influenza could be introduced to a new continent through Alaska.</i></p> <p><i>Public Health must have the capacity to sustain core ongoing activities, while simultaneously developing an agile and flexible posture to address new, unknown threats. The Division has become integrally involved in emergency and disaster preparedness planning at the national, state and community levels. This has required additional resources to participate in preparedness planning activities and exercises, but will serve us well in the event of a disaster.</i></p> <p><i>To control old infectious disease challenges, and detect and respond to new agents, the Division must have a multi-pronged approach. The Sections of Epidemiology, Public Health Nursing, and Public Health Laboratories are each integral and interdependent when it comes to disease control - working together in a continuous cycle of discovery, investigation, intervention, monitoring and reporting.</i></p> <p><i>In order to effectively conduct disease surveillance and outbreak response, the Section of Public Health Nursing must be the public health presence at the local level assuring that communicable diseases are treated, contacts and partners of persons with communicable diseases are examined, tested, and treated, and important health education is delivered. PHNs assure that local providers report infectious diseases appropriately. They are able to initiate a response to an outbreak, assist the epidemiology outbreak investigation team when it travels to a community for a large-scale investigation, and provide ongoing management of infectious disease in the community. PHNs are critical in an outbreak or public health emergency response. By developing a cross-trained</i></p>												



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<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<i>and well-staffed public health nursing presence in each region, PHNs can be deployed to other areas of the state when needed to enhance an emergency public health response.</i>												
<i>Public Health Nurses also are a critical contributor to disease control by supporting community vaccination efforts to assure all young children are protected. Nearly 15% of all Alaska children, and nearly 25% of children 0 - 3 years of age, are under- or unimmunized. PHNs provide community education and outreach, organize community immunization clinics, and provide immunizations for children who otherwise would not have access to this service. In Alaska, 50% of all childhood vaccines are delivered by Public Health Nurses who have had to shift other public health activities to maintain this core public health service. Both the number of children in Alaska, and the number of diseases against which vaccines are required, have doubled since 1980. Additional PHNs are required to initiate, support, and participate in community vaccination efforts.</i>												
<b>CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:</b>												
<i>This increment request is a long-term investment in the health of Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the number of cases of disease investigated and the number of emergency exercises sponsored), 2) interim impact goals (e.g., increased immunization rates), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to infectious diseases). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for reduction of tuberculosis and chlamydia incidence rates.</i>												
<i>This \$1,500.0 request (\$960.0 GF; \$ 540.0 I/A) will support activities in the Division of Public Health's Section of Nursing, as follows:</i>												
<i>Personal Services - \$1,128.2</i>												
<i>Eight Public Health Nurses located in communities throughout Alaska will address rising demands of infectious disease prevention, control, intervention and treatment for Alaskans across the state. These additional personnel will also provide needed surge capacity to respond to infectious disease outbreaks or other public health emergencies. Four of these PHN positions are new positions (06-#019, 06-#021, 06-#022, 06-#024), and four are existing (currently unfunded) positions. Five Health Program Associate positions (four new (06-#020, 06-#023, 06-#025, 06-#027) and one existing which will be increased from part time to full time (06-1239)) will provide community outreach and STD and TB contract tracing services in regions of the state with high volumes of infectious disease. One new Nurse Consultant (06-#026) specializing in nursing informatics will facilitate upgrade and expand the use of information technologies for maintenance of patient electronic health records and translation of pertinent medical data into public health information.</i>												
<i>Travel - \$60.0</i>												
<i>These funds will support Public Health Nurse and the Nurse Consultant travel to villages and communities across the state to assure immediate response and ongoing management of outbreaks of infectious disease, treat infected individuals, deliver immunizations and conduct health screening and education for individuals and families at risk.</i>												
<i>Contractual - \$71.8</i>												

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<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<i>These funds will support administrative overhead costs associated with personnel maintenance, such as space lease, computer and HR support, risk management, and communication costs.</i>												
<i>Supplies - \$67.0</i>												
<i>These funds will support the purchase of pharmaceuticals and medical supplies for detection and treatment of infectious diseases; computer and general office supplies; and office equipment.</i>												
<i>Grants - \$173.0</i>												
<i>These funds will provide for a proportional increase for the four public health nursing grantee organizations: Municipality of Anchorage Department of Health &amp; Human Services, Maniilaq Association, Norton Sound Health Corporation, and North Slope Borough Department of Health &amp; Social Services.</i>												
1004 Gen Fund (UGF)		480.0										
1007 I/A Rcpts (Other)		270.0										
FY2008 AMD: Delete Long-Term Vacant Position	Dec	-115.6	-115.6	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Delete one position. The position has been vacant for an extended period and the direct service impact will not be noticeable to the public.</i>												
1004 Gen Fund (UGF)		-69.4										
1007 I/A Rcpts (Other)		-46.2										
FY2008 PERS adjustment of unrealizable receipts	Dec	-472.8	-472.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-472.8										
FY2009 Public Health Nursing Grant Program	Inc	120.7	0.0	0.0	0.0	0.0	0.0	120.7	0.0	0	0	0
<i>This investment will provide the four public health nursing grant program recipients (Maniilaq Association, Norton Sound Health Corporation, North Slope Borough, and the Municipality of Anchorage) with a 5% increase in their state grant funding. These entities provide public health nursing services to the residents of these four geographical areas of the state not served by State Public Health Nursing. This investment will allow these entities to continue to provide basic public health nursing services such as infectious disease prevention and control services including immunizations, and screening, treatment and contact investigation for infectious diseases such as tuberculosis, sexually transmitted diseases, and other public health threats. In FY 07 state public health nursing grant funding allowed these four entities to provide over 28,000 client visits to more than 17,000 clients, and to provide almost 25,000 immunizations to prevent potential disease. This investment will allow our grantees to continue to provide these critical services themselves rather than pass the responsibilities back to the state and subsequently cost the state more.</i>												
1004 Gen Fund (UGF)		120.7										
FY2010 AMD: PH Nursing RSA and Medicaid Claim Reduced	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Medicaid claim generated by Public Health Nursing's RSA was overstated because the approved cost allocation methodology wasn't followed. The claim is based on a random moment time study of Field Nurses. The cost allocation methodology has two stages: time spent on Medicaid allowable activities and proportion of Medicaid eligible population or MER. The cost allocation only used the first stage and ignored the second (MER). Therefore, the claim may be overstated approximately 25%.</i>												

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<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2010 AMD: PH Nursing RSA and Medicaid												
Claim Reduced (continued)												
<i>Because the RSA was overbilled, the Nursing component has budgeted too much interagency receipts funding.</i>												
<i>To maintain level of service, Nursing needs to replace the interagency receipt funding with general funds.</i>												
1004 Gen Fund (UGF)		4,000.0										
1007 I/A Rcpts (Other)		-4,000.0										
FY2011 Maintaining Local Control of Essential Public Health	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
Services: Stabilize Funding to Public Health Nursing Grantees												
<i>Four public health nursing grant recipients (the Municipality of Anchorage, Norton Sound Health Corporation, North Slope Borough and Maniilaq Association) assure that parts of the state served by grantees receive essential public health nursing services. These services include prevention, treatment and control of infectious diseases, including low cost, readily accessible immunizations to protect against preventable infectious diseases. The three northern region grantees serve 23,439 people living in 31 villages over 216,000 square miles. The Municipality of Anchorage serves 42% of the state's population.</i>												
<i>Local costs and grantee contributions have gone up significantly over the past several years while State funding support has remained stagnant. Grantee public health nursing salaries have not been consistent with state employee salaries and the rural areas suffer from chronic staff shortages due to the inability to attract nurses. Travel costs have increased along with facility and supply costs. This places a significant burden on all of the grantees. As a result, nursing positions among the four grantees have decreased from 48.5 in 2003 to 29 in 2010. A 5% increment was awarded to the grantees for FY09 and maintained for FY10, but this made little impact on the financial gap that has resulted from many years with essentially unchanged grant funding. For example, the State grant funded 38% of the Municipality's public health nursing budget in 2001 and will be funding 25% in 2010. In FY10, the Norton Sound Health Corporation projected total public health nursing services cost of \$1,427.6 while the State grant was \$749.8.</i>												
<i>The grantees are part of the essential public health safety net for the State and their inability to meet basic public health needs affects the health of all Alaskans. Basic public health services provided by the grantees have dwindled over the past ten years, while public health concerns are on the rise. The Anchorage tuberculosis rate doubled from 2005 to 2006 with 14.7 cases per 100,000 (U.S. rate was 4.6). The 2008 tuberculosis rate for the Northern Region is 25.4 per 100,000. The 2007 Chlamydia case rate for the Northern Region is 2093 per 100,000 (U.S. rate was 370.2). The challenges and cost of providing immunizations has increased, and more stringent requirements for vaccine handling and distribution have increased staff time spent on that portion of the program. The mean two-year-old rate for childhood immunizations for the Northern Region decreased from 77% in 2000 to 70% in 2009. Due to inadequate funding, the Municipality discontinued its well child and home visiting programs in 2004, removing child rearing education and support for young high risk and high needs families. The North Slope Borough public health nurses no longer can provide prenatal or parenting education, nor offer other health education classes.</i>												
<i>In the three northern regions these increased grant monies will primarily be used to stabilize existing operations through support for recruitment and retention of qualified nursing staff and for travel to provide services in 31 northern villages. Well-child care and health promotion/education would be reinstated in the North Slope Borough. Maniilaq public health nurses will foster capacity of their community health aides, expand health promotion in the villages and reinforce their community partnering activities. The Municipality will be able to keep existing nursing positions fully staffed and will enable more support staff to free nurses to focus on tuberculosis and other</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2011 Maintaining Local Control of Essential Public Health Services: Stabilize Funding to Public Health Nursing Grantees (continued) communicable disease activities.												
<p><i>This proposal assures that parts of the state served by grantees continue to receive essential public health nursing services. The public benefit includes prevention, treatment and control of infectious diseases and low cost, readily accessible immunizations to protect against preventable infectious diseases. This increment will support efforts to increase the two year old immunization rate to the 80% goal, and timely treatment and reduction in rates of tuberculosis and sexually transmitted diseases. All children need to have a medical home and to obtain well child care. This desired outcome is addressed by the local public health nurse who facilitates access to care and links families to needed services when it is available in the community, or provides the service directly when it is otherwise not available. The need for public health emergency preparedness and response activities has increased. It is important that all local public health staff be available and prepared to carry out their roles in the case of a natural disaster, pandemic flu or other public health emergency. The work currently underway for preparation and response to the threat of the H1N1 Pandemic Influenza is an excellent example of this. Finally, PHNs are critical to the community health assessment, planning and intervention processes needed to address health issues at their root causes. Outcomes of these efforts are measured by identification of key community issues, success in stakeholder coalition-building to address needs, and heightened awareness and responsibility for health outcomes by citizens in their communities.</i></p> <p><i>If this increment is not funded, services will continue to decrease and in some cases the grantees will discontinue the work and the state will need to resume direct responsibility for providing public health nursing services in those areas. In recent years each of these agencies has expressed some consideration of discontinuing provision of public health nursing services. One of them, Norton Sound Health Corporation, has now given written intent to discontinue acceptance of the public health nursing grant in order to decrease the financial drain on their agency. This would result in elimination of local oversight and contributions to the cost of services and a significant increase in cost to the state. It would cost the state approximately \$1,200.0 to take over operation of these public health nursing services in FY10. In comparison, the proposed 40% increase in grant funding would cost approximately \$1,050.0 and maintain the local role for public health nursing services.</i></p>												
1004 Gen Fund (UGF)		1,000.0										
FY2011 Discontinue Medicaid Administrative Claims Reimbursable Service Agreement	Dec	-4,000.0	-2,000.0	-250.0	-1,150.0	-200.0	0.0	-400.0	0.0	0	0	0
<p><i>The reimbursable service agreement (RSA) with Health Care Services/Medicaid Services for the Medical administrative claim has been discontinued and the claim will be made directly. Medicaid Services is transferring the federal and G/F match to Nursing for this to Nursing. Nursing provides outreach, referral, education to Medicaid eligible children and adults, which supports administration of the Medicaid State Plan. Medicaid Services has traditionally made the Medicaid administrative claim on behalf of Nursing through an RSA; however, all other sections in the department that have Medicaid administrative claims make their claim directly. Transferring the federal and general fund match to section responsible for making the match payment is a more effective, efficient, and transparent process. The amount of the transfer is based on the budgeted RSA amount.</i></p>												
1007 I/A Rcpts (Other)		-4,000.0										
FY2011 Budget Clarification Project, fund change to reflect fees for PH nursing services provided at health centers	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		333.7										
1156 Rcpt Svcs (DGF)		-333.7										

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**Agency: Department of Health and Social Services**

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<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2011 Incorporate \$15 million of fuel trigger in FY11 base. Trigger start point moves from \$36 to \$51.	Inc	29.5	0.0	0.0	29.5	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		29.5										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-38.5	0.0	-38.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-3.7										
1004 Gen Fund (UGF)		-34.2										
1005 GF/Prgm (DGF)		-0.5										
1037 GF/MH (UGF)		-0.1										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-71.9										
1004 Gen Fund (UGF)		71.9										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		26.7										
1007 I/A Rcpts (Other)		-26.7										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		36.0										
1004 Gen Fund (UGF)		-36.0										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-4.9										
1004 Gen Fund (UGF)		4.9										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		1.8										
1005 GF/Prgm (DGF)		16.2										
1007 I/A Rcpts (Other)		-1.8										
1156 Rcpt Svcs (DGF)		-16.2										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		2.5										
1004 Gen Fund (UGF)		-2.5										
FY2012 Correct Unrealizable Fund Sources for Personal Services Increases	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This component receives approximately 15% federal reimbursement for costs allocated to Medicaid. Other federal and interagency receipts in this component are "static" so increases in those fund sources represents "empty" authorization with no possibility to collect receipts.</i>												
1002 Fed Rcpts (Fed)		-150.5										
1004 Gen Fund (UGF)		153.5										
1007 I/A Rcpts (Other)		-3.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2012 CC: Transfer Public Health Nursing Services from Norton Sound Health Corp to Div of Public Health	Inc	420.0	310.6	25.0	44.4	40.0	0.0	0.0	0.0	7	0	0
<p><i>This request is one of two that will provide the funding necessary for the Division of Public Health to assume provision of all public health services for the inhabitants of the Nome/Bering Strait region on July 1, 2011. The total cost to transfer public health services from Norton Sound Health Corporation (NSHC) to the State will be \$1,452.4 GF in FY12. These costs will be offset by the \$1,002.4 grant monies NSHC receives from the Section of Public Health Nursing (in a separate change record). This increment will supply the remaining \$450.0 GF needed to maintain services for the inhabitants of the Bering Strait area. No new services will be added. Staffing levels will be slightly decreased from the ten current NSHC positions to seven. The NSHC provided essential public health nursing services to the region as one of four grantees of the Section of Public Health Nursing. NSHC gave the Department final formal written notice in April 2010 that they will return responsibility for public health nursing services to the State of Alaska on June 30, 2011 despite a \$250,000 increase to their grant funding for FY11. Assuming direct provision of these services comes at a significant cost to the state, the most significant being that salaries and benefits for state public health nurses are higher than what NSHC pays. Funds will support hiring staff, leasing clinic and office space, traveling to the villages to provide itinerant public health nursing services, purchasing supplies and equipment, and paying overhead costs such as utilities, phone, etc. This includes a one-time \$30.0 purchase of computers, office supplies and medical equipment for the facility. Staffing levels will be slightly decreased from the ten current NSHC positions to seven: 3 PFT Public Health Nurse III, 2 PFT Public Health Nurse II, and 2 PFT Office Assistant II. This is one fewer nurse and two fewer office assistants than NHSC employed. The state has a constitutional mandate to provide for the public health and must take over provision of public health nursing services for the inhabitants of this area to assure the integrity of Alaskas public health safety net. The NSHC public health nursing region covers 88,000 square miles. The service area has a total population of approximately 9,275 inhabitants. Nome (pop. 3,502) is the hub community from which itinerant public health nurses serve 15 villages with 5,773 additional inhabitants. Services provided included tuberculosis (TB) screening for school children; treatment and follow-up of persons with tuberculosis; child health exams; pregnancy testing; prenatal education and counseling; sexually transmitted disease prevention, control and treatment; response and investigation of disease outbreaks that may be caused by food, water, or other environmental problems; public health emergency preparedness and response activities; development of community partnerships to address local public health problems such as injury, obesity, and family violence; and immunizations, among many others. This increment will assist in strengthening families and maintaining the local economy. Public health nurses support and strengthen families by screening for domestic / family violence, linking families to needed health and social services, and providing child health and parenting education and support. They help people get and stay employed by providing job required TB and other infectious disease screening and treatment, and by helping people stay healthy enough to work. In the longer term the child health screening and parent support services they provide detect health conditions early and help keep children in school, thus giving the child the best opportunity to grow into a productive member of the community. In addition, this increment will assure the seven jobs that are responsible for performing this work stay in Nome and keeps the income from these jobs in the local Nome economy. If this proposal is not implemented public health services, for both the inhabitants of the Bering Strait area and across the state, will be severely compromised. There will be eight jobs lost in Nome, six of which are high paying public health nurses. Existing resources in the rest of the state will have to be stretched to provide necessary services to this area. Public health nurses will need to travel from Anchorage and other parts of the state to Nome and the Bering Strait villages to provide services; other services will no longer be available at all. A hole will be opened in our public health safety net, weakening our ability to assure access to care for the vulnerable and to prepare and respond to public health threats such as pandemics, and natural and manmade disasters.</i></p>												
1004 Gen Fund (UGF)		420.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2012 Equipment costs incurred due to transfer of PH Nursing Services from Norton Sound Health Corp to Div of Public Health	IncOTI	30.0	0.0	0.0	0.0	30.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		30.0										
FY2012 Stabilize Funding to Public Health Nursing Grantees-Phase II	Inc	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0

*This funding would provide for the second phase in an effort to stabilize funding for the public health nursing grantees. Current grants are inadequate to support services at a level consistent with the rest of the state. Even with increased funding, FY2011 (Phase I) grantees still must subsidize operations with local funding. The remainder of the state receives services without the requirement of locally subsidized funding.*

*The Division of Public Health 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.*

*Stabilizing grantee funding and maintaining public health nursing services in these areas of the state will both help to strengthen families and maintain local economies. Public health nurses support and strengthen families by screening for domestic/family violence, linking families to needed health and social services, and providing child health and parenting education and support. They help people get and stay employed by providing job-required tuberculosis and other infectious disease screening and treatment, and by helping people stay healthy enough to work. In the longer term the child health screening and parent support services they provide detect health conditions early and help keep children in school, thus giving the child the best opportunity to grow into a productive member of the community. In addition, supporting the grantees in 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.*

*Basic public health services in areas served by the grantees have dwindled over the past ten years. 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. 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 been unable to provide adequate basic public health nursing services to the people in that area. A fourth grantee, Norton Sound Health Corporation, will return public health nursing services to the State beginning in FY2012.*

*The grantees have gone decades with little or no increased funding for public health nursing services to these areas while local costs and grantee contributions have risen significantly over the years. For example, the State funded 38% of the Municipality's public health nursing services' budget in 2001, which dropped to 25% in 2010. Costs for travel, facility operations, and supplies have increased significantly, burdening the grantees with additional expenses. Grantee public health nurse salaries have not kept pace with State salaries and the rural areas suffer from chronic public health nurse shortages.*

*If this proposal is not funded, public health nursing services to these areas will continue to decrease. The grantees' inability to meet basic public health needs impacts the health of all Alaskans. If not funded trends are*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2012 Stabilize Funding to Public Health												
Nursing Grantees-Phase II (continued)												
<i>expected to continue in reduced public health service delivery in these regions accompanied by a rise in public health problems. Furthermore, at least two if not all of the grantees may eventually discontinue provision of these services altogether. Despite an increase for FY2011, the Norton Sound Health Corporation returned responsibility for provision of public health nursing services to the State beginning in FY2012. Another grantee has likewise expressed an interest in discontinuing these services.</i>												
1004 Gen Fund (UGF)		750.0										
FY2012 AMD: Stabilize Funding to Public Health Nursing	IncM	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
Grantees - Phase II												
<i>Provide funding for the second phase of an effort to stabilize funding for the public health nursing grantees. Current grants are inadequate to support services at a level consistent with the rest of the state. Even with increased funding, FY2011 (Phase I) grantees still must subsidize operations with local funding. The remainder of the state receives services without the requirement of locally subsidized funding. The division now projects a total need of \$1,750.0 for FY2012.</i>												
<i>The Division of Public Health 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.</i>												
<i>Stabilizing grantee funding and maintaining public health nursing services in these areas of the state will both help to strengthen families and maintain local economies. Public health nurses support and strengthen families by screening for domestic/family violence, linking families to needed health and social services, and providing child health and parenting education and support. They help people get and stay employed by providing job-required tuberculosis and other infectious disease screening and treatment, and by helping people stay healthy enough to work. In the longer term the child health screening and parent support services they provide detect health conditions early and help keep children in school, thus giving the child the best opportunity to grow into a productive member of the community. In addition, supporting the grantees in 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>												
<i>Basic public health services in areas served by the grantees have dwindled over the past ten years. 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. 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 been unable to provide adequate basic public health nursing services to the people in that area. A fourth grantee, Norton Sound Health Corporation, will return public health nursing services to the State beginning in FY2012.</i>												
<i>The FY2012 Governor's Budget included an increase of \$750.0. The division now projects a total need of \$1,750.0 for FY2012. This request is based on further consideration of the need to stabilize the public health nursing grant funding.</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2012 AMD: Stabilize Funding to Public Health Nursing Grantees - Phase II (continued)												
1004 Gen Fund (UGF)		1,000.0										
FY2012 Reduce vacancy factor to increase the number of authorized positions that can be filled	Inc	1,000.0	1,000.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

*This request will stabilize the Public Health Nursing budget and allow them to provide essential public health services. In FY11 Public Health Nursing reduced services and is maintaining an 11.5% vacancy factor, yet projects a GF shortfall of \$1,750.0. It has only been possible to remain within budget during recent years because of difficulty recruiting nurses which has resulted in a high vacancy factor. A recent effort to strengthen recruitment of public health nurses has resulted in a decrease in vacancy factor from 16% in July of 2006 to 11% in May of 2010. Use of generic drugs, purchasing pools and increased fee collections have helped but cannot make up the deficit. Layoffs and a 17% vacancy factor would be required to stay within budget. There is sufficient personal services authority in this component; however, the federal funds that support these positions are unrealizable. The requested increment will reduce the vacancy factor to 6.8%. Excess federal authorization will be decreased in a future budget cycle.*

*Public health nurses serve all Alaskans through 23 state-operated public health centers located around the state. Public health nurses travel to reach over 250 communities in Alaska; support and strengthen families by screening for domestic/family violence, linking families to needed health and social services, and providing child health and parenting education and support; help people get and stay employed by providing job required tuberculosis (TB) and other infectious disease screening and treatment, and by helping people stay healthy enough to work; detect health conditions early and help keep children in school through child health screenings and parent support services, thus giving the child the best opportunity to grow into a productive member of the community; optimize the physical health of Alaskans through direct clinical services and community-based prevention and health education activities; prevent, control, and treat infectious diseases such as tuberculosis, sexually transmitted and vaccine-preventable diseases; prepare for and respond to public health disasters such as pandemic flu, floods, fires, and new emerging infectious diseases; perform health screenings and injury prevention activities; reduce chronic diseases due to obesity and tobacco use by promoting healthy lifestyles; improve oral health through education; and provide clinical services for children and vulnerable adults without access to other health care providers.*

*This increment would allow Public Health to restore services that have been reduced or eliminated.*

- Restore approximately 35 trips to communities and villages;
- Mass vaccination and emergency shelter exercises for communities;
- Family planning services and birth control options;
- Pediatric Tylenol when children receive immunizations;
- Head lice treatment;
- Health prevention and promotion activities; and
- Dissemination of public health information to communities.

*If this request is denied public health centers may need to be closed, public health staff positions may have to be cut, and core public health services further reduced or eliminated. This will result in direct public health impacts including decreased immunization rates, increases in rates of tuberculosis and sexually transmitted infections, and other preventable diseases could also increase. For example, Alaska is currently in the midst of a gonorrhea*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2012 Reduce vacancy factor to increase the number of authorized positions that can be filled (continued)												
<i>outbreak and consistently has one of the highest chlamydia rates in the nation; however, funds are stretched too thin to respond adequately to the demand.</i>												
1004 Gen Fund (UGF)		1,000.0										
FY2012 AMD: Stabilize Funding to Maintain Public Health Nursing Services	IncM	750.0	0.0	200.0	350.0	200.0	0.0	0.0	0.0	0	0	0
Revenue projections for the Section of Public Health Nursing have decreased since December 2010 when the Governor's Budget for FY2012 was prepared. There is sufficient personal services authority in this component; however, the federal funds that support these positions are not collectible. The section now projects a general fund need of \$1,750.0 in FY2012 to replace the uncollectible federal receipts to pay for these positions.												
There are 202 budgeted positions for public health centers and offices in 23 communities. Itinerant nurses provide services to approximately 230 communities and villages. There is a total budgeted personal services cost of \$20,843.9. Of the \$5,276.4 in federal funds authorized, \$3,400.0 is anticipated to be received, a difference of \$1,876.4.												
If this request is not approved, the division will need to have a 17% vacancy rate, which will require layoffs, closing of health centers, and reduced visits to villages. It has only been possible to continue to meet budget within recent years due to difficulty recruiting nurses which resulted in a high vacancy factor. A recent effort to strengthen recruitment of public health nurses has resulted in a decrease in vacancy factor from 16% in July of 2006 to 11% in May of 2010. The requested amount will reduce the current vacancy rate of 13.3% to approximately 10%.												
The requested funds will allow Public Health Nursing to maintain and/or restore services that otherwise must be reduced or eliminated:												
<ul style="list-style-type: none"> <li>- Restore approximately 35 trips to communities and villages</li> <li>- Immunizations to children and adults</li> <li>- Child health exams to children age 0-5 who have no primary care provider</li> <li>- Home visits for high risk newborns and young families at social and economic risk</li> <li>- Follow-up on persons who have been exposed to sexually transmitted diseases and who may not be aware of their exposure</li> <li>- Mass vaccination and emergency shelter exercises for communities</li> </ul>												
It has been possible to remain within budget during recent years because of difficulty recruiting nurses which has resulted in a high vacancy rate. If this request is not approved, the division will need to have a 17% vacancy factor, which will require layoffs, closing of health centers, and reduced visits to villages.												
The FY2012 Governor's Budget included an increase of \$1,000.0. This amendment provides the additional \$750.0 based on a \$1,750.0 request in the FY2011 supplemental request.												
1004 Gen Fund (UGF)		750.0										
FY2012 Incorporate partial FY11 distribution of fuel trigger in FY12 base. Trigger start point moves from \$51 to \$65.	Inc	26.5	0.0	0.0	26.5	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		26.5										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Public Health (continued)  
Nursing (continued)**

FY2013 Stabilize Funding for Public Health Nursing Grantees Phase 3	Inc	1,100.0	0.0	0.0	0.0	0.0	0.0	1,100.0	0.0	0	0	0
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*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.*

*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.*

*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.*

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**Agency: Department of Health and Social Services**

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<b>Public Health (continued)</b>												
<b>Nursing (continued)</b>												
FY2013 Stabilize Funding for Public Health												
Nursing Grantees Phase 3 (continued)												
<p><i>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.</i></p> <p><i>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 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></p>												
1002 Fed Rcpts (Fed)		110.0										
1004 Gen Fund (UGF)		990.0										
<b>* Allocation Total *</b>		<b>3,054.1</b>	<b>-713.7</b>	<b>-33.5</b>	<b>40.6</b>	<b>103.5</b>	<b>0.0</b>	<b>3,657.2</b>	<b>0.0</b>	<b>11</b>	<b>0</b>	<b>0</b>
<b>Women, Children and Family Health</b>												
FY2006 Reduce federal funding from Centers for Disease Control (CDC) for Breast and Cervical Healthcare	Dec	-500.0	0.0	0.0	-500.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-500.0										
FY2006 One-time Increase service level--Breast and Cervical Healthcare.	IncOTI	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funding will not be included in FY07 base</i>												
1004 Gen Fund (UGF)		500.0										
FY2006 Add PCN and Federal Receipt Authorization for Childrens' Mental Health and Development Grant	Inc	87.0	82.0	0.0	0.0	5.0	0.0	0.0	0.0	1	0	0
<i>The grant will provide data analysis and evaluation expertise to assess how the risk factors of child abuse, poor mental health and development affect mental health and developmental outcomes of children. A variety of already established databases will be used including PROBER, Medicaid MMIS, the Infant Learning data and WIC data bases as well as others in the community as is appropriate.</i>												
<i>PCN 06-#111 Public Health Specialist II</i>												
1002 Fed Rcpts (Fed)		87.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	9.6	9.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		9.6										
FY2007 Continue increase service level for breast/cervical healthcare. In FY06 was increment/one-time item (IncOTI)	Inc	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2007 Continue increase service level for breast/cervical healthcare. In FY06 was increment/one-time item (IncOTI) (continued)												
1004 Gen Fund (UGF)		500.0										
FY2007 CC: Reduce service level for breast/cervical healthcare.	Dec	-250.0	0.0	0.0	-250.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-250.0										
FY2007 Ch. 43, SLA 2006 (HB 109) Screening Newborns for Hearing/Audiologist	FisNot	39.4	0.0	0.0	0.0	0.0	0.0	39.4	0.0	0	0	0
1004 Gen Fund (UGF)		39.4										
FY2008 2nd year Fiscal Note, HB 109, Newborn Hearing Screening	Inc	8.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0	0	0
<i>HB 109: The intent of this bill is to ensure all newborns are provided with hearing screening within 30 days of birth, and that those identified with a positive screen or high risk factors receive a second screen or diagnostic work-up, are enrolled in early intervention, and receive treatment as needed.</i>												
1002 Fed Rcpts (Fed)		-29.7										
1004 Gen Fund (UGF)		37.7										
FY2008 AMHTA Recommendations for Disabilities Council on Autism	Inc	500.0	0.0	0.0	0.0	0.0	0.0	0.0	500.0	0	0	0
1037 GF/MH (UGF)		250.0										
1092 MHTAAR (Other)		250.0										
FY2009 MH Trust: AB-Gov Cncl - Multidisciplinary diagnostic team and comprehensive referral for autistic spectrum disorder	Inc	250.0	0.0	0.0	250.0	0.0	0.0	0.0	0.0	0	0	0
<i>This proposal reflects a fund source change of \$125.0 MHTAAR to GF/MH in FY09.</i>												
<i>Grant 1440.0</i>												
<i>This will replace half of the FY08 Mental Health Trust Authority Authorized Receipts (MHTAAR) funding of \$250.0 with General Fund/Mental Health (GF/MH) funding in FY09 to enhance the capacity to provide diagnosis and comprehensive, active referral for Autism Spectrum Disorders (ASD). A multidisciplinary-team approach assures that children receive an accurate diagnosis from a team of specialists (medical, psychology, speech/language, occupational therapy, physical therapy, audiology, ophthalmology) and rules out other possible medical conditions that may be associated with ASD.</i>												
<i>The Legislature requested matching funds from the Trust in FY08 to support the GF/MH increment for autism diagnosis. The Trust originally agreed to provide \$250.0 in MHTAAR for one year only, but has most recently agreed to split full funding and support \$125.0 FY09 MHTAAR and \$125.0 FY09 GF/MH.</i>												
<i>Autism is a spectrum disorder that is neurologically based and affects social skills, communication, play and behavior. Nationally, the disorders occurs in approximately 1/166 children - more than three times the number with Juvenile (Type 1) diabetes (CDC, 2005). About 60 Alaskan babies born each year are expected to have an autism spectrum disorder. It is estimated that the cost nationally of this disorder is \$35 billion annually with even more dollars spent on the loss of productivity of untreated individuals.</i>												
<i>Children, who show signs of having an Autistic Spectrum Disorder (ASD) or have risk factors on a screening,</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2009 MH Trust: AB-Gov Cncl -												
Multidisciplinary diagnostic team and												
comprehensive referral for autistic spectrum												
disorder (continued)												
<i>require a comprehensive assessment across developmental and physical domains. A team of professionals from multiple disciplines are needed to conduct a comprehensive evaluation (i.e. neurodevelopmental pediatrics, psychology, speech, occupational and physical therapy, ophthalmology, audiology). For young children it is especially critical to perform a differential diagnosis to rule out any other possible genetic or medical disorders that may be associated with autism.</i>												
<i>The comprehensive assessment leads not only to a differential diagnosis, but to a plan of intervention and services for the child and family. Families need information and active referral to link up with needed health, educational, financial and family support resources.</i>												
<i>The capacity to diagnose ASD in Alaska is impacted by difficulties obtaining current assessments. This is due, in part, to a shortage of qualified professionals who have experience with young children on the autism spectrum and who are trained and experienced in conducting the assessments. In addition, Medicaid restrictions on billing for psychology services impede access. These factors lead to delays in getting a comprehensive diagnosis and thus appropriate services.</i>												
<i>This program will enhance the current screening and assessment capacity for autism spectrum disorders leading to earlier intervention. Funds will support a child psychologist, family care coordinator, and a pediatric medical provider with a specialty in autism spectrum disorders, as well as administrative infrastructure needed to operate these services on a regular basis. Regional screening clinics will be held in eight locations throughout Alaska. Because not all children seen will receive a diagnosis of autism, children diagnosed with other possible developmental disabilities will benefit by early detection and referred for other services.</i>												
<i>"What will the investment buy?"</i>												
<i>1. Enhanced support of a statewide system to provide timely, comprehensive diagnosis using a multidisciplinary team and systematic referral to appropriate services. FY08 and FY09 would include the development of a centralized team with diagnostic capacity for autism spectrum disorders building on the existing neurodevelopmental clinic.</i>												
<i>2. Identification and development of evidence-based, best practice autism treatment services using non-aversive behavioral interventions in FY08.</i>												
<i>3. Increase in the number of children screened and diagnosed for autism spectrum disorders throughout the state of Alaska.</i>												
<i>4. With increased capacity, a reduction in the wait time for an appointment for screening a diagnosis from six months to three months.</i>												
<i>5. The number of outreach clinics offered in smaller Alaska communities will increase from three to six communities in FY08.</i>												
<i>6. With an earlier diagnosis, families and their children can access services and maximize their effectiveness.</i>												
<i>Population Indicators:</i>												
<i>1. Number of children identified with a diagnosis of autism spectrum disorder</i>												
<i>Performance Measures:</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2009 MH Trust: AB-Gov Cncl - Multidisciplinary diagnostic team and comprehensive referral for autistic spectrum disorder (continued)												
1. Annual number of children screened with a diagnosis of autism spectrum disorder will increase by 20% from current numbers.												
2. Number of children referred to early intervention services with a diagnosis of autism spectrum disorder will increase by 20% from current numbers.												
3. Number of children receiving special education services through their Individual Education Plan (IEP) in association with a diagnosis of autism spectrum disorder.												
4. Number of outreach clinics offered in smaller Alaska communities. Goal for FY08-FY09 is to increase the number of outreach clinics by 20%.												
 Trust Write-up: The MH Trust: AB-Gov Cncl: Multidisciplinary Diagnostic Team and Comprehensive Referral for Autistic Spectrum Disorders will continue funding to screen, diagnose and refer children with autism spectrum disorders and other developmental disabilities leading not only to a differential diagnosis, but to a plan of intervention and services for the child and family. The project will be managed by the Section of Women's Children's and Family Health within Public Health and funds will be distributed through a single contract.												
 This project is a component of the overall initiative to address the growing population of children identified with an autism spectrum disorder. The capacity to diagnose autism spectrum disorders in Alaska is impacted by difficulties obtaining current assessments due, in part, to a shortage of qualified professionals. In addition, Medicaid restrictions on billing for psychology services impede access. Families need information and active referral to link up with needed health, educational, financial and family support resources.												
1037 GF/MH (UGF)		125.0										
1092 MHTAAR (Other)		125.0										
FY2009 MH Trust: AB-Gov Cncl - Center for Human Development Capacity building for autism intervention	Inc	250.0	0.0	0.0	250.0	0.0	0.0	0.0	0.0	0	0	0
Grant 1452												
The MH Trust: AB-Gov Cncl: CHD Capacity Building for Autism Intervention is a component of the overall autism initiative and will provide funding to train individuals to offer effective early autism intervention services. As a result, a cadre of professionals and paraprofessionals will be available to deliver intensive autism intervention soon after a child is diagnosed, and early in a child's life when research shows intervention has the greatest impact. The Department of Health and Social Services, Section of Women's Children's and Family Health will transfer funds to the University of Alaska Center for Human Development through a Reimbursable Services Agreement.												
 A body of evidence supports the efficacy of early intensive intervention, with nearly 50 percent of those receiving intervention not requiring special education in school, or requiring reduced special education services. It is estimated that early intensive intervention offered over a three-year period to children with autism could save Alaska nearly \$100,000 per child, and nearly \$90 million for all children with autism, just during the school years. However, without the availability of a cadre of trained and qualified professionals and paraprofessionals to provide intensive intervention during the early childhood years the lifetime cost of care can be expected to be \$3.2 million for individuals with												
autism.												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2009 MH Trust: AB-Gov Cncl - Center for Human Development Capacity building for autism intervention (continued)												
<p><i>The FY09 funding request is \$125.0 MHTAAR and \$125.0 GF/MH, maintaining momentum of effort to include the treatment of autism in our state's continuum of care.</i></p> <p>1037 GF/MH (UGF) 125.0</p> <p>1092 MHTAAR (Other) 125.0</p>												
FY2010 MH Trust: Gov Cncl - 2044 Expanded Autism Diagnostic Clinic	Inc	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>The MH Trust: Gov Cncl: Expanded Autism Diagnostic Clinic (called "Capacity Building for Autism Intervention" in prior years) will provide comprehensive, active referral for Autism Spectrum Disorders and multidisciplinary diagnostic services. A multidisciplinary team approach assures that children receive an accurate, differential diagnosis that includes the assessment by professionals in the following disciplines: medical, psychological, speech/language, occupational therapy, physical therapy, audiology, and ophthalmology.</i></p> <p><i>Children who show signs of having an Autistic Spectrum Disorder (ASD) or who have risk factors on a screening require a comprehensive assessment across developmental and physical domains.</i></p> <p><i>This is a multi-phase project. The first phase, which is currently being implemented, involves enhancing the current assessment capacity leading to earlier assessment and intervention. The second phase involves regional screening clinics coupled with training to increase local capacity of psychologists, speech therapists and occupational therapists to perform assessments needed for a comprehensive evaluation. This will expand statewide capacity and ensure children receive a timely but comprehensive evaluation.</i></p> <p><i>This project was funded in FY09 with \$125.0 MHTAAR and \$125.0 GF/MH. In FY10 a \$125.0 GF/MH increment is requested to maintain the momentum of effort.</i></p> <p>1037 GF/MH (UGF) 125.0</p>												
FY2010 MH Trust: Workforce Dev - Autism capacity building	Inc	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>Approximately 60 Alaskan babies are born each year with Autism Spectrum Disorder (ASD). Delays in diagnosis and intervention result in large medical and special-needs educational costs, and lost productivity.</i></p> <p><i>The Legislature agreed to improve autism screening and referral capacity in FY09. This FY10 request is the first step in providing stable funding.</i></p> <p><i>This funding will maintain capacity to provide diagnosis and comprehensive, active referral for ASD. A multidisciplinary team approach assures that children receive an accurate diagnosis from a team of specialists (medical, psychology, speech/language, occupational therapy, physical therapy, audiology and ophthalmology) and rules out other possible medical conditions associated with ASD.</i></p> <p><i>Children who show signs of having an ASD or have risk factors on a screening require a comprehensive assessment across developmental and physical domains. For young children it is especially critical to perform a differential diagnosis to rule out any other possible genetic or medical disorders that may be associated with autism. The comprehensive assessment leads not only to a differential diagnosis, but to a plan of intervention and services for the child and family. Families need information and active referral to link up with needed health,</i></p>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2010 MH Trust: Workforce Dev - Autism												
capacity building (continued)												
educational, financial and family support resources. This investment will maintain:												
o Support of a statewide system to provide timely, comprehensive diagnosis using a multidisciplinary team and systematic referral to appropriate services.												
o Evidence-based, best practice autism treatment services using non-aversive behavioral interventions.												
o Reduced wait time for an appointment for screening a diagnosis, from 6 months to 3 months.												
o Plans to offer more outreach clinics in smaller communities; plans are to grow from 3 to 6 communities in FY10.												
o Earlier diagnoses so families and their children can access services and maximize their effectiveness.												
DHSS Priority: Health and Wellness (Prevention)												
End Result of "Healthy People in Healthy Communities": Strategy A4 - Assure access to early preventive services and quality health care												
1037 GF/MH (UGF)		125.0										
FY2010 Birth Defects Registry	Inc	280.3	257.3	23.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The Section of Women, Children and Family Health requests \$280.3 to maintain the Alaska Birth Defects Registry (ABDR).												
The Alaska Birth Defects Registry (ABDR) is a statewide program that collects, analyzes and produces information about the prevalence of congenital anomalies in Alaska. Under 7 AAC 27.012, hospitals, physicians and other health facilities are required to report to ABDR when they have provided services to a child with one of the identified conditions. Accurate information on birth defects in Alaska, including fetal alcohol spectrum disorders, is used to target prevention messages, interventions and health services; define populations at increased risk for birth defects; and identify clusters of conditions that may be related to environmental exposures.												
The ABDR was funded by the CDC between 1998 and 2004. Funding is now received from the MCH Block Grant for ABDR activities, but current funding levels do not adequately support this state-mandated program and its basic surveillance activities; moreover, the high rates of major anomalies require additional staff time for improved case verification and follow-up activities which cannot be implemented with limited funds. Without this increment, the registry case verification and validation of the birth defect reports will be severely restricted as will the capacity to analyze or report data to health care providers and other partners targeting prevention. In addition, determining the best allocation of resources for the development of systems for early identification and treatment for children born with a birth defect will be limited, as will the capacity to explore possible causes of disparities between Natives and non-Natives.												
In Alaska, the registry has established rates of major congenital anomalies twice that reported nationally; moreover, rates for Alaska Natives are significantly higher than for non-Natives. Approximately 18% of Alaskan infants are born with a reportable birth defect and 6% have a serious congenital anomaly. For many individual birth defects, including FAS, rates in Alaska are higher than those documented in any other state. Birth defects contributed to 33% of neonatal and 20% of postneonatal deaths during 1992-2002 in Alaska. These findings and other vital information on the status of Alaska's children would not be available without the ABDR.												
This request would fund existing staff with GF and would be used to maintain the Birth Defects Registry. To date, no state funding has been provided to support this basic public health function and funding from the MCH Block												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2010 Birth Defects Registry (continued)												
<i>Grant funding does not adequately support this registry.</i>												
<i>Details of this request:</i>												
<i>Personal Services - 257.3</i>												
<i>Health Program Associate - 72.9</i>												
<i>This position conducts chart reviews at all of the birthing hospitals, physician offices and other health care facilities who report birth defects in support of case verification and to assure accuracy of reporting the correct congenital birth defect. One current position would be supported.</i>												
<i>Research Analyst II - 72.8</i>												
<i>This existing position receives the reports that are sent to the program by the hospitals, health care providers, and other health care facilities, enters the data, conducts queries, and compiles data for state and federal reporting.</i>												
<i>Public Health Specialist II - 101.5</i>												
<i>Funding would support an existing position to oversee the ABDR program, including FAS surveillance activities, conduct data analysis, and publicize the findings of reporting and case verification in support of targeted education and prevention efforts. This position works with agencies and health care entities statewide.</i>												
<i>Travel - 23.0</i>												
<i>Travel to locations that report the most volume of birth defects for the purposes of chart abstraction and case verification is a required activity to provide valid data for the purpose of targeted education and prevention efforts.</i>												
<i>DHSS Priority: Health and Wellness (Prevention)</i>												
<i>End Result of "Healthy People in Healthy Communities": Target #2 - Reduce post neonatal death rate to 2.7 per 1,000 live births by 2010</i>												
<i>End Result of "Healthy People in Healthy Communities": Strategy A4 - Assure access to early preventive services and quality health care</i>												
1004 Gen Fund (UGF)		280.3										
FY2010 MH Trust: Workforce Dev - Autism capacity building	IncOTI	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Capacity Building for Autism Intervention project is a component of the overall autism initiative and will provide funding to train individuals to offer effective early autism intervention services. As a result, a cadre of professionals and paraprofessionals will be available to deliver intensive autism intervention soon after a child is diagnosed and early in a child's life when research shows intervention has the greatest impact. The Department of Health and Social Services, Section of Women, Children and Family Health will transfer funds to the University of Alaska Center for Human Development through a Reimbursable Services Agreement. The University will provide the training.</i>												
1092 MHTAAR (Other)		125.0										
FY2011 Decrease Medicaid School Based Administrative Claims Funding	Dec	-347.8	0.0	0.0	-347.8	0.0	0.0	0.0	0.0	0	0	0
<i>Replace unrealizable interagency receipts for Medicaid School Based Claims. Without this fund source change the</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2011 Decrease Medicaid School Based Administrative Claims Funding (continued)												
<i>Women, Children, and Family Health (WCFH) will not be able to fully pay program and administrative salaries and overhead costs.</i>												
1007 I/A Rcpts (Other)		-347.8										
FY2011 MH Trust: Workforce Dev - Grant 1452.02 Autism capacity building	IncOTI	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Capacity Building for Autism Intervention project is a component of the overall autism initiative and will provide funding to train individuals to offer effective early autism intervention services. As a result, a cadre of professionals and paraprofessionals will be available to deliver intensive autism intervention soon after a child is diagnosed and early in a child's life when research shows intervention has the greatest impact. The Department of Health and Social Services, Section of Women, Children and Family Health will transfer funds to the University of Alaska Center for Human Development through a Reimbursable Services Agreement. The University will provide the training.</i>												
1092 MHTAAR (Other)		75.0										
FY2011 Budget Clarification Project, fund change to reflect fees for client screenings (newborn hearing, etc.)	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		828.2										
1156 Rcpt Svcs (DGF)		-828.2										
FY2011 Replace unrealizable interagency receipts due to the loss of Medicaid School Based Claims funding 3/5/10 budget amendment.	Inc	347.8	0.0	0.0	347.8	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		347.8										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-4.9	0.0	-4.9	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.6										
1004 Gen Fund (UGF)		-1.5										
1005 GF/Prgm (DGF)		-1.5										
1037 GF/MH (UGF)		-1.3										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-63.1										
1004 Gen Fund (UGF)		63.1										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-29.0										
1004 Gen Fund (UGF)		29.0										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		13.7										
1156 Rcpt Svcs (DGF)		-13.7										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	3.2	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$3.2</i>												
1002 Fed Rcpts (Fed)		1.6										
1037 GF/MH (UGF)		1.6										

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	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)												
FY2012 MH Trust: Gov Cncl - Grant 1452.03 Autism Workforce Capacity Building	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<i>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 3 BCBAs (2 certified within the last month). This project has recruited 6 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 FY12/FY13. 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. This will result in a "snowball effect" increasing the number of qualified professionals at no further expense to the program. 3. Student field coordination support - Coordination of the field experience component of this certification is another important strategy for increasing the number of BCBAs in Alaska. In the first 2 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 BCBAs to provide supervision services in-state.</i>												
1092 MHTAAR (Other)		75.0										
FY2013 MH Trust: Gov Cncl - Grant 3505.01 Autism Workforce Development Capacity Building	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<i>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</i>												

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**Agency: Department of Health and Social Services**

**Public Health (continued)**

**Women, Children and Family Health (continued)**

FY2013 MH Trust: Gov Cncl - Grant 3505.01

Autism Workforce Development Capacity

Building (continued)

*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. This will result in a "snowball effect" increasing the number of qualified professionals at no further expense to the program.*

*3. Student field coordination support - Coordination of the field experience component of this certification is another important strategy for increasing the number of BCBAs 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 BCBAs to provide supervision services in-state.*

1092 MHTAAR (Other) 75.0

FY2013 AMD: Increased Demand for Newborn Screening	Inc	350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0
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*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.*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Women, Children and Family Health (continued)</b>												
FY2013 AMD: Increased Demand for Newborn Screening (continued)												
<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										
<b>* Allocation Total *</b>		<b>2,622.6</b>	<b>352.1</b>	<b>18.1</b>	<b>1,700.0</b>	<b>5.0</b>	<b>0.0</b>	<b>47.4</b>	<b>500.0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Public Health Administrative Services</b>												
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	12.0	12.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		6.0										
1004 Gen Fund (UGF)		6.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-9.8	0.0	-9.8	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-1.3										
1004 Gen Fund (UGF)		-8.5										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-12.0										
1004 Gen Fund (UGF)		12.0										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		6.0										
1004 Gen Fund (UGF)		-6.0										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-21.4										
1004 Gen Fund (UGF)		21.4										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		10.7										
1004 Gen Fund (UGF)		-10.7										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	5.4	5.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$5.4</i>												
1002 Fed Rcpts (Fed)		2.6										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Public Health Administrative Services (continued)</b>												
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011												
Noncovered Employees Salary Increase												
(continued)												
1004 Gen Fund (UGF)		2.8										
FY2013 Public Health Data System Project												
<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)	IncM	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
FY2013 Unrealized Authority												
<i>Public Health is decrementing excess federal authority.</i>												
1002 Fed Rcpts (Fed)	Dec	-300.0	0.0	0.0	-300.0	0.0	0.0	0.0	0.0	0	0	0
<b>* Allocation Total *</b>												
		7.6	17.4	-9.8	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Chronic Disease Prevention and Health Promotion</b>												
FY2008 AMD: Delete Long-Term Vacant Positions												
<i>Delete three positions in Juneau that have been vacant for an extended period; the direct service impact will not be noticeable to the public.</i>												
1002 Fed Rcpts (Fed)	Dec	-70.3	-70.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-3
FY2008 AMD: Alaska's Healthy Future: Tobacco Prevention and Control												
<i>Tobacco use is the number one cause of preventable death in Alaska. Of the adult Alaskan population, 24 percent of all adults, 48 percent of low income, 44 percent of Alaska Natives, and 45 percent of adults with less than a high school education use tobacco. More than 77 percent of adult tobacco users in Alaska report that they want to quit. Each year, tobacco use and/or exposure to secondhand smoke cuts short the lives of nearly 600 Alaskans and costs the State over \$329 million in direct medical costs and lost productivity due to tobacco-related deaths. This amount is almost certainly an underestimate since it does not account for lost productivity from tobacco-related illness. At the same time, the tobacco industry spends an annual estimated \$32.8 million in Alaska to promote tobacco use (2003 estimate). This \$343.7 Tob Ed/Ces increment will fund strategies to help Alaskan communities reduce tobacco use. A companion request is included in the Tobacco Prevention and Control component.</i>												
<i>The number one cause of death in Alaska is cancer. Lung cancer, cancer of the oral cavity, esophagus, pancreas, cervix, colon and rectum are associated with tobacco use. In the Alaskan population, lung cancer is the most common and most fatal cancer, resulting in over 30 percent of cancer related deaths. Ninety percent of lung cancer is tobacco related. Many other health conditions are related to tobacco use. These include heart disease, stroke, emphysema, asthma, upper respiratory diseases, diabetes, and low birth weight babies. Given the high rate of tobacco use in Alaska and the disparities in tobacco use that exist in Alaska, it is vital to implement programs that decrease death, disability and the economic burden related to tobacco.</i>												
<i>The Division of Public Health (DPH) will stem the tide of increasing poor health and health care costs and decreasing quality and length of life in Alaska due to tobacco use by implementing</i>												
<i>1) Community-Based Primary Prevention;</i>												
<i>2) Community-Based Secondary Prevention;</i>												
<i>3) Provider-based Secondary Prevention; and</i>												
<i>4) Expanded Statewide Media.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2008 AMD: Alaska's Healthy Future:												
Tobacco Prevention and Control (continued)												

**COMMUNITY-BASED PRIMARY PREVENTION**

*In order to achieve reductions in secondhand smoke exposure and individual behavior change that supports non-use of tobacco, communities must change the way tobacco is promoted, sold and used. Communities can also change social norms around tobacco use by targeting tobacco-related knowledge, attitudes and practices. Geography, culture and climate vary greatly around the State of Alaska and no single approach will work for all communities. As such it is important to recognize that for any strategy to be successful and for long-term health outcomes to improve, the work has to be done at the community level where people live, work and go to school. Local governments, community groups, school boards, and employers need to take the lead in developing and instituting these opportunities but DPH can offer support. This increment will fund staff with expertise in comprehensive school tobacco programs and community development to provide information, tools, training, and technical assistance to communities and schools implementing programs. The companion increment request in the Tobacco Prevention and Control component will increase resources for community grants.*

*Following are examples of expected impacts of these community level activities:*

- More Alaskan communities maintaining programs and implementing policies that promote no tobacco use and prevent secondhand smoke exposure, and more training and technical assistance to those communities.
- More Alaskan schools implementing programs and policies to promote no tobacco use among children and training and technical assistance to these schools.
- Support to Alaskan employers to implement and maintain policies and programs that promote no tobacco use and reduce exposure to secondhand smoke.
- Improved reporting and evaluation system for community- and school-based tobacco prevention and control in order to identify promising practices that can be replicated in other communities.

**COMMUNITY-BASED SECONDARY PREVENTION**

*Health care systems and providers play an important role in reducing tobacco use. Evidence-based clinical practice guidelines describe a variety of strategies for health care systems that are effective in helping tobacco users to quit, including brief advice by providers to quit, and provision of FDA-approved medications. Population-based cessation, such as the Alaska Tobacco Quit Line, is an additional proven strategy. The Division of Public Health will increase the number of health care centers that receive funding to implement health system changes that support tobacco cessation; provide training and technical assistance to those health care centers; and increase the capacity of the Alaska Tobacco Quit Line to provide direct support to tobacco users statewide who want to quit.*

*Following are examples of expected impacts of these community level activities:*

- More Alaskan health care centers maintaining comprehensive tobacco cessation programs that systematically identify tobacco users and assist them to quit.
- Training and technical assistance to health care centers and providers implementing comprehensive tobacco cessation programs.
- Increased capacity for the Alaska Tobacco Quit Line to provide counseling and medication to tobacco users statewide.
- More Alaskan tobacco users making quit attempts and more increasing their chance of success by using cessation programs including the Alaska Tobacco Quit Line in order to quit.



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2008 AMD: Alaska's Healthy Future:												
Tobacco Prevention and Control (continued)												
PROVIDER-BASED SECONDARY PREVENTION												
<i>The division will integrate how risk factors for cardiovascular disease are addressed by removing barriers that prevent practitioners from simultaneously treating high blood pressure and tobacco use.</i>												
<i>Following are examples of expected impacts of these community level activities:</i>												
<i>- Describe the current practice standards of health care providers for treating tobacco users with high blood pressure.</i>												
<i>- Describe the barriers preventing health care practitioners from simultaneously prescribing tobacco cessation medications while treating high blood pressure.</i>												
<i>- Training and technical assistance to health care providers to systematically treat tobacco use and high blood pressure using an algorithm approach.</i>												
MEDIA												
<i>Research shows that counter-marketing promotes quitting, decreases the likelihood that individuals will start to use tobacco, and supports community efforts to create tobacco-free social norms. The division will expand the existing statewide tobacco prevention and control media program to increase the duration and intensity of statewide urban and rural tobacco prevention media, including more specific messages targeting youth and populations known to have high rates of tobacco use (Alaska Natives, Alaska Native youth, smokeless tobacco users, Alaskans with lower educational attainment, low income Alaskans), and more messages that describe the link between tobacco use and heart disease and stroke.</i>												
<i>Following are examples of expected impacts of these community level activities:</i>												
<i>- More incentives to quit tobacco through widespread understanding of heart disease and stroke as major health effects of tobacco use.</i>												
<i>- More widespread awareness of the health effects of secondhand smoke.</i>												
<i>- More widespread awareness of cessation resources, including the Alaska Tobacco Quit Line, by population segments with high rates of tobacco use.</i>												
<i>- Evaluation of expanded media efforts in order to ensure that they effectively reach Alaskans, especially population segments most affected by tobacco use.</i>												
<i>- Increased education for health care providers regarding tobacco cessation treatment protocols while treating high blood pressure.</i>												
CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:												
<i>This increment request is a long-term investment in the health of Alaskans. If funded, it will provide multiple Alaskan communities with resources that can be used to begin the work to reduce the burden of tobacco use and to increase positive health outcomes of all Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the activities bulleted above), 2) interim impact goals (e.g., decreased exposure to secondhand smoke, decreased tobacco consumption, increased quit attempts), and 3) desired long-term outcomes (e.g., reduced tobacco use, reduced illness and disability due to cancer, heart disease, stroke, respiratory disease).</i>												
<i>This increment will bring Alaska closer to the minimum amount (\$8,100.0) recommended by the U.S. Centers for Disease Control and Prevention as needed to fund a successful comprehensive tobacco prevention and control program for our state. This investment will contribute to meeting or exceeding the end results targets included in</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2008 AMD: Alaska's Healthy Future:												
Tobacco Prevention and Control (continued)												
the Public Health RDU and the DHSS agency budget for reduction of cancer deaths and heart disease deaths.												
MISSIONS AND MEASURES REFERENCE:												
Public Health M&M for heart disease death rate (A:3)												
Public Health M&M for cancer death rate (A:4)												
Public Health M&M for prevalence of tobacco use in Alaskan youth (A2:1)												
The requested \$343.7 Tob Ed/Ces funds will support activities as follows:												
Personal Services - \$171.2 (2.0 New FTE's) \$28.8 (under-funded existing FTE's)												
These funds will support one new Public Health Specialist I to support development and implementation of comprehensive school based tobacco prevention programs; one new Associate Coordinator to oversee implementation of a strategic plan to identify and eliminate tobacco related disparities; three Public Health Specialists (existing positions; under-funded) to provide technical expertise for the implementation and evaluation of an initiative to integrate tobacco cessation treatment with treatment for high blood pressure; and one Administrative Clerk (existing under-funded position) to provide clerical and administrative program support to this initiative.												
Travel - \$ 15.0												
These funds will be used for travel for training of new program staff and for new program staff to provide training and technical assistance to community sites.												
Contractual - \$82.3												
These funds will support routine administrative overhead costs associated with personnel maintenance, such as space lease, computer and human resources support, risk management, and communication costs.												
Supplies - \$95.0												
These funds will support purchase of educational supplies as well as computer and general office supplies for staff and desktop computers, software and other office equipment for new staff. In addition, these funds will also be utilized to purchase additional nicotine patches and cessation materials for distribution through the Alaska Tobacco Quit Line.												
1168 Tob ED/CES (DGF)		343.7										
FY2008 Obesity Prevention and Control Program	Inc0TI	275.0	0.0	0.0	0.0	0.0	0.0	0.0	275.0	0	0	0
1004 Gen Fund (UGF)		275.0										
FY2008 CC: Reduce Obesity Prevention and Control Program	Dec	-75.0	0.0	0.0	0.0	0.0	0.0	0.0	-75.0	0	0	0
Request												
1004 Gen Fund (UGF)		-75.0										
FY2009 Tobacco Systems Cessation Grant Program	Inc	187.0	0.0	20.0	167.0	0.0	0.0	0.0	0.0	0	0	0
This increment will allow the Division of Public Health to address the following areas, as a part of the comprehensive, evidence-based statewide Alaska Tobacco Prevention and Control (TPC) Program, to stem the tide of increasing poor health and health care costs, and decreasing quality and length of life in Alaska due to tobacco use.												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2009 Tobacco Systems Cessation Grant												
Program (continued)												
Travel - \$20.0												
<i>These funds will be used to support grantees and other organization's staff travel and participation in FY09 training mentioned in the following paragraph. These funds will also cover travel for speakers.</i>												
 <i>Contractual Services - \$167.0</i>												
<i>These funds will go towards the planning and support of different training opportunities. A series of trainings centered on capacity building and readiness geared towards communities not yet prepared to apply for the Community-Based Tobacco Prevention Grants, but ready to begin addressing tobacco issues will be provided. More training opportunities for our new school districts FY09 grantees, including training and in-service days on: curriculum, policy, capacity building, information and training for parent and community groups, and enforcement issues will also take place. Funding is needed for printing and greater dissemination of published reports and findings from the Alaska TPC Program, including poster presentations, and audiovisual displays.</i>												
 <b>WHY DOES IT MATTER TO ALASKANS?</b>												
<i>Tobacco use is the number one cause of preventable death in Alaska. Of the adult Alaskan population: 24% of all adults, 48% of low income adults, 44% of Alaska Native adults, and 45% of adults with less than a high school education use tobacco. More than 77% of adult tobacco users in Alaska report that they want to quit. Each year, tobacco use and/or exposure to secondhand smoke cuts short the lives of nearly 600 Alaskans and costs the state over \$329 million in direct medical costs and lost productivity due to tobacco-related deaths. This amount is almost certainly an underestimate since it does not account for lost productivity from tobacco-related illness. At the same time, in 2003 it was estimated that the tobacco industry spends an annual estimated \$32.8 million in Alaska to promote tobacco use.</i>												
 <i>The number one cause of death in Alaska is cancer. Lung cancer, cancer of the oral cavity, esophagus, pancreas, cervix, colon and rectum are associated with tobacco use. In the Alaskan population, lung cancer is the most common and most fatal cancer, resulting in over 30% of cancer related deaths. Ninety percent of lung cancer is tobacco related. Many other health conditions are related to tobacco use. These include heart disease, stroke, emphysema, asthma, upper respiratory diseases, diabetes, and low birth weight babies.</i>												
 <i>Two new landmark reports issued this summer by the President's Cancer Panel and the Institute of Medicine, both recommend every state fund comprehensive tobacco prevention and cessation programs, at levels recommended by the Centers for Disease Control and Prevention, as one of the principle ways to combat tobacco-related disease and deaths. Currently, only three states - Maine, Delaware and Colorado - meet that standard. Alaska just reached the CDC minimum level funding recommendation in FY08 for the first time.</i>												
 <i>Given the high rate of tobacco use in Alaska and the disparities in tobacco use that exist in Alaska, it is vital to implement programs that decrease death, disability and the economic burden related to tobacco. The \$187.0 Tobacco Education/Cessation increment requested in this initiative will fund strategies to help Alaskan communities reduce tobacco use.</i>												
 <b>MISSIONS AND MEASURES:</b>												
<b>A: Result--Outcome Statement: Healthy People in Healthy Communities</b>												
<b>A2: Strategy-Reduce Suffering, Death, and Disability Due to Chronic Disease</b>												
1168 Tob ED/CES (DGF) 187.0												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2010 Tobacco Prevention and Control Program	Inc	90.0	72.0	18.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>DPH's Chronic Disease Prevention and Health Promotion requests \$90.0 to provide administrative support for the Tobacco Prevention and Control Program (TPC).</i>												
<i>Each year, tobacco use and exposure to secondhand smoke cuts short the lives of over 600 Alaskans and costs the State nearly \$384 million in direct medical costs due to tobacco related deaths. This amount is almost certainly an underestimate since it does not account for lost productivity from tobacco related illness. At the same time, the tobacco industry spends an annual estimated \$28 million in Alaska to promote tobacco use.</i>												
<i>This increment requests personal services and travel funding to support the Tobacco Prevention and Control Program within DPH's Section of Chronic Disease Prevention and Health Promotion.</i>												
<i>Personal Services - \$72.0</i> <i>These funds will be dedicated to retaining and supporting highly trained, professional program staff. Growth in the TPC program staff necessitates additional program and administrative support. In addition to providing additional program staff time, these funds will be used to fully fund one Administrative Clerk II who is currently providing support to this program.</i>												
<i>Travel - \$18.0</i> <i>These funds will be used to support travel and participation by statewide partners, stakeholders, and collaborators. Additional funds are necessary to enhance efforts that support ongoing education and networking opportunities (\$8.0).</i>												
<i>These funds are needed to comply with a required minimum of one site visit at least every other year per grantee (\$10.0).</i>												
<i>DHSS Priority: Health and Wellness (Prevention)</i>												
<i>End Result of "Healthy People in Healthy Communities": Strategy A2 - Reduce suffering, death and disability due to chronic disease; Target #1 - Less than 17% of high school youth in Alaska smoke</i>												
1168 Tob ED/CES (DGF)		90.0										
FY2010 Cancer Registry, Retain Current Staffing Levels for the	Inc	179.7	174.3	0.0	3.4	2.0	0.0	0.0	0.0	0	0	0
<i>Alaska Cancer Registry (ACR)</i> <i>DPH's Section of Chronic Disease Prevention and Health Promotion is seeking \$179.7 to retain current staffing levels for the Alaska Cancer Registry (ACR). No new positions are requested with this increment.</i>												
<i>Cancer is the leading cause of death in Alaska; it is in the public health interest of the State to ensure that the ACR is adequately funded so it can continue to collect data on the ongoing burden and status of this devastating disease. It is this knowledge that will lead to interventions and treatments that will ultimately save lives. State law requires health care providers to report cancer under 7 AAC 27.011.</i>												
<i>Center for Disease Control (CDC) requires that the State match \$1 for every \$3 of federal funds. CDC funding for the registry has remained flat for many years while costs have risen. Due to flat funding, one administrative position to support the program already has been eliminated; without this increment additional reductions will be</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2010 Cancer Registry, Retain Current Staffing Levels for the Alaska Cancer Registry (ACR) (continued)												
<i>necessary and the quality of data will suffer. This in turn will jeopardize further CDC funding because the state's overall Cancer Program will not meet established reporting standards.</i>												
<i>The mission of ACR is to identify all reportable cancers in Alaska to provide information on the overall burden, types, and changing patterns of cancer among residents. This information is cumulative over the lifespan of each Alaska resident who is diagnosed with cancer and it contributes to our understanding of this disease.</i>												
<i>DHSS Priority: Health and Wellness (Prevention)</i>												
<i>End Result of "Healthy People in Healthy Communities": Target #4 - Alaska's overall cancer death rate is less than 180 / 100,000 population; Strategy A2 - Reduce suffering, death and disability due to chronic disease</i>												
1004 Gen Fund (UGF)		179.7										
FY2010 Childhood Obesity Prevention Program	Inc	923.1	386.0	12.8	194.8	39.5	0.0	290.0	0.0	0	0	0
1004 Gen Fund (UGF)		923.1										
FY2010 Remove Childhood Obesity Prevention Program	Dec	-923.1	-386.0	-12.8	-194.8	-39.5	0.0	-290.0	0.0	0	0	0
1004 Gen Fund (UGF)		-923.1										
FY2010 Maintenance level funding for childhood obesity prevention program	Inc	475.0	0.0	0.0	475.0	0.0	0.0	0.0	0.0	0	0	0
<i>The program is currently funded in FY09 with a federal grant and federal funding for the continuation of the program in FY10 has now been identified</i>												
1002 Fed Rcpts (Fed)		475.0										
FY2011 AMD: ARRA Funding for Prevention and Wellness	IncOTI	414.5	103.3	15.4	294.6	1.2	0.0	0.0	0.0	0	0	0
<i>An American Recovery and Reinvestment Act (ARRA) Prevention and Wellness funding opportunity was announced in September 2009 for Communities Putting Prevention to Work, State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System.</i>												
<i>There are two purposes for this funding: 1) policy and environmental change related to obesity/overweight, physical activity, nutrition and tobacco use and 2) enhancement of tobacco quit lines and associated media. Funds will also be used to pay for one (existing) FTE (Public Health Specialist II) and related supported costs which have largely been funded through federal earmarks, which expire September 2010. Activities will focus on implementing policies to a) improve nutrition, b) increase physical activity and c) promote tobacco cessation through enhanced media promotion and outreach for the Quit Line with a follow-up evaluation.</i>												
<i>One goal is implementation of policies and food systems changes that improve availability and affordability of healthy local foods, thus, increasing the intake of fruits and vegetables, and reducing the prevalence of obesity in Alaska. To increase physical activity, the State will work with physical education (PE) stakeholders to increase quality PE in schools, and implement strategies to reach the goal of providing quality daily PE to all students (or 150 minutes per week at the elementary level and 225 minutes per week at the secondary level). The Obesity Prevention and Control Program will work primarily on adoption of PE Content Standards by the State Board of Education, and establishment of a statewide PE coordination position. Funds will also be used to enhance the Tobacco Quit Line and building public support for smoke free air policies.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2011 AMD: ARRA Funding for Prevention and Wellness (continued)												

*The cumulative amount of the grant over the 24-month period is projected to be \$828.9. About \$207.2 will be needed in FY10 with the remainder spread over FY11 and FY12. This increment request for \$414.5 federal ARRA funds represents the amount of additional authorization needed in FY11.*

*This funding will improve the DHSS performance related to healthy people in healthy communities in the two following areas:*

*5.7% adult diabetes prevalence for 2005-2007; prevalence has increased 40% since 1998-2000.*

*28.2% adult obesity prevalence for 2007 continues worsening trend and is higher than the 26.3% national average.*

1212 Stimulus09 (Fed)		414.5										
FY2011 AMD: ARRA funding for Communities Putting Prevention to Work	Inc0TI	2,856.3	281.4	27.3	252.8	2.4	0.0	2,292.4	0.0	0	0	2

*An American Recovery and Reinvestment Act (ARRA) Prevention and Wellness competitive funding opportunity was announced in September 2009 for Communities Putting Prevention to Work. Eligibility for Alaska is limited to tribal organizations and the state, which can apply on behalf of up to 2 communities. The Centers for Disease Control specified that communities must have existing coalitions in place that are ready to begin utilizing these funds as soon as they become available.*

*Seventy-five percent (75%) of the funds will be awarded to the communities as grants for services described below. Anchorage and Wrangell have been selected based on their comprehensive plans for how they would spend these funds. Anchorage will receive \$2.5 million and Wrangell \$2.1 million over the 24 month project.*

*The remaining 25% of this total grant award will be used to manage the grant funds and provide technical assistance. Two, long-term non-perm positions (1.75 FTE) will manage these grant programs. The grant will also support the Obesity Prevention and Control Program Manager position at 0.75 FTE, an existing epidemiologist/data collections position at 0.25 FTE, and an existing public health specialist position at 0.5 FTE. Two of these positions are currently funded by a federal earmark, which ends September, 2010.*

*The Municipality of Anchorage will focus on increasing physical activity and access to healthy foods through social networking, media, and other communication strategies. The Healthy Wrangell Coalition will also focus on increasing physical activity and healthy foods. They will implement worksite health promotion programs at their largest worksites; assist the Wrangell Community Garden, the Wrangell Recreation Center, and community eateries in developing business plans that expand services and improve the nutritional content of food served; and promote safe outdoor physical activity by eliminating unsafe areas on the road for pedestrians and bicyclists.*

*The cumulative amount of the grant over the 24-month period is projected to be \$5,712.6. About \$952.1 will be needed in FY10 with the remainder spread over FY11 and FY12. This increment request for \$2,856.3 federal ARRA funds represents the amount of additional authorization needed in FY11.*

*This funding will improve the DHSS performance related to healthy people in healthy communities in the two following areas:*

*5.7% adult diabetes prevalence for 2005-2007; prevalence has increased 40% since 1998-2000.*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2011 AMD: ARRA funding for Communities												
Putting Prevention to Work (continued)												
28.2% adult obesity prevalence for 2007 continues worsening trend and is higher than the 26.3% national average.												
1212 Stimulus09 (Fed)		2,856.3										
FY2011 Maintain Funding for Childhood Obesity Prevention Program	Inc	475.0	215.0	15.0	30.0	0.0	0.0	215.0	0.0	0	0	0
Chronic illnesses such as diabetes, high blood pressure, stroke, and cancer are among the leading causes of premature mortality in the state of Alaska. Obesity is a significant contributor to these chronic illnesses. Obesity-related chronic illness treatment costs the state \$477 million per year. This is higher than the \$380 million/yr cost associated with tobacco-related illnesses. While adult obesity rates are alarmingly high (66% of adults are currently either overweight or obese), obesity rates among children portend growing future problems in these public health areas. 27% of current high school students are either obese or overweight, and approximately 40% of incoming kindergarten age children fall in this category. Approximately 40% of children who are already obese demonstrate cardiovascular risk factors such as high blood pressure or high blood cholesterol.												
The department has recently established a comprehensive working model for addressing obesity that involves community groups ranging from school boards and PTAs, to faith groups and food banks. In Anchorage, cooperation between the department, the Anchorage Mayor's Task Force on Obesity and Health, and the Anchorage School District leveled the trend of increasing obesity in children. This demonstrates that working models to reduce obesity exist and can be built upon to combat this growing epidemic.												
This increment would maintain funding at the level of an expiring federal grant from the current fiscal year for the childhood obesity prevention program.												
2/24/10: Adopted in H&SS House Finance Subcommittee.												
1004 Gen Fund (UGF)		475.0										
FY2011 CC: Reduce funding for Childhood Obesity Prevention Program	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	0.0	-100.0	0	0	0
Chronic illnesses such as diabetes, high blood pressure, stroke, and cancer are among the leading causes of premature mortality in the state of Alaska. Obesity is a significant contributor to these chronic illnesses. Obesity-related chronic illness treatment costs the state \$477 million per year. This is higher than the \$380 million/yr cost associated with tobacco-related illnesses. While adult obesity rates are alarmingly high (66% of adults are currently either overweight or obese), obesity rates among children portend growing future problems in these public health areas. 27% of current high school students are either obese or overweight, and approximately 40% of incoming kindergarten age children fall in this category. Approximately 40% of children who are already obese demonstrate cardiovascular risk factors such as high blood pressure or high blood cholesterol.												
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This increment would maintain funding at the level of an expiring federal grant from the current fiscal year for the childhood obesity prevention program.												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2011 CC: Reduce funding for Childhood Obesity Prevention Program (continued)												
2/24/10: Adopted in H&SS House Finance Subcommittee.												
1004 Gen Fund (UGF)		-100.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-4.1	0.0	-4.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-2.2										
1168 Tob ED/CES (DGF)		-1.9										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-58.0										
1004 Gen Fund (UGF)		58.0										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		29.0										
1004 Gen Fund (UGF)		-29.0										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-49.6										
1004 Gen Fund (UGF)		49.6										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		24.8										
1004 Gen Fund (UGF)		-24.8										
FY2011 LFD: Revise Governor's salary adjustment request - correct negative funding source	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		0.3										
1004 Gen Fund (UGF)		-0.3										
FY2012 CC: Alaska Family Violence Prevention Project: the Connection between Dating Violence, Substance Abuse and Brain Dev	Inc	200.0	0.0	35.0	145.0	20.0	0.0	0.0	0.0	0	0	0
<p><i>This proposal would stabilize funding for the Division of Public Health's Alaska Family Violence Prevention Project (AFVPP) which provides prevention activities for domestic violence and sexual assault. The AFVPP's Project Director and Project Coordinator budgeted positions are funded on a year-to-year basis and there is only enough funding for the Project Director to work part-time (0.8 FTE). There is no funding to develop materials or travel to work with service providers on prevention strategies. A few trips a year are possible through the generosity of third parties.</i></p> <p><i>Alaska has the highest domestic violence homicide rate in the U.S.--nearly twice the national rate. Nearly 1 in 4 (22%) Alaskans have experienced domestic violence in their lifetime. Dating violence is a precursor of domestic violence, the focus of a current initiative by Governor Parnell. Dating violence is associated with substance abuse among youth, and both are predictors of additional risk behaviors, as well as a host of negative health outcomes--including those affecting brain development. Levels of both dating violence and substance abuse are</i></p>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2012 CC: Alaska Family Violence Prevention												
Project: the Connection between Dating												
Violence, Substance Abuse and Brain Dev												
(continued)												
<i>high in Alaska youth:</i>												
<ul style="list-style-type: none"> <li>- 13% of Alaskan teens have been hit, slapped or physically hurt by a dating partner;</li> <li>- 21% of high school students had 5 or more drinks of alcohol in a row in the past 30 days;</li> <li>- 44.5% of high school students have used marijuana 1+ times; 7.4% have used cocaine.</li> </ul>												
<i>Preventing dating violence and substance abuse promotes optimal brain development, improves adolescent health and wellness, and interrupts the cycle of relationship violence. By abstaining from violence in relationships and substance abuse Alaska youth maximize their brain potential. Disseminating state-of-the-art information to service providers and youth can lead to earlier detection of emerging problems, more effective intervention, and scientifically informed policies and practices.</i>												
<i>The Alaska Family Violence Prevention Project, a nationally recognized best practice program for violence prevention, uses a train-the-trainers (TTT) program to efficiently create and support multidisciplinary teams of educators, health care providers, public health nurses, and behavioral health/substance abuse professionals. These individuals become local training resources and community change agents to promote sustained primary prevention. By supporting regional teams with training, technical assistance, and prevention resources, prevention can be initiated and sustained at the local level in the most economical, yet effective way.</i>												
<i>This request will allow full funding for the two existing positions as well as a train-the-trainer conference (travel/ per diem, speakers, conference coordinator and site), provide professional development and technical assistance (including travel to sites); purchase prevention curricula and tools; and print and disseminate resource materials for providers.</i>												
<i>This increment will enable the AFVPP to provide these services to support the TTT teams:</i>												
<ul style="list-style-type: none"> <li>- Integrated curriculum on dating violence, substance abuse, adolescent brain development and prevention strategies to be disseminated through TTT teams;</li> <li>- Integrated assessment tools for dating violence and substance abuse that can be used in health care settings including school health;</li> <li>- Technical assistance and site visits to teams to facilitate local training, policy development, and implementation of prevention strategies;</li> <li>- Educational resources for service providers and parents;</li> <li>- AFVPP Clearinghouse and website with the latest resources on adolescent brain development and evidence-based prevention for dating violence and substance abuse;</li> <li>- Evaluation of the train-the-trainer program to assess changes in participants' knowledge, practices, and policies.</li> </ul>												
<i>Without stabilized funding both dating violence and substance abuse levels will likely remain high in Alaska youth. Communities will not have the opportunity to coordinate efforts to address related risk factors with the most effective prevention strategies.</i>												
1004 Gen Fund (UGF)		200.0										

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<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2012 Sustaining Progress in Tobacco Prevention and Control	Inc	200.0	20.0	20.0	110.0	50.0	0.0	0.0	0.0	0	0	0
<i>This request is tied to and supports the Tobacco Prevention and Control component's request to expand tobacco cessation efforts. Every \$1 spent on tobacco prevention and control saves \$3 in health care related costs.</i>												
<i>Funds will enhance a key database, the Behavioral Risk Factor Surveillance System, used for planning and assessment of tobacco prevention and control efforts through 1) a data collection system contract to augment BRFSS; 2) travel to conduct cessation outreach activities and site visits for grantees; 3) supplies for cessation outreach activities for local communities; and 4) partial funding (0.1 FTE) of an existing position to oversee and manage the data collection contract.</i>												
<i>Tobacco remains a significant public health problem in Alaska, killing nearly 600 people annually and generating almost \$380 million in medical costs and lost productivity each year. Alaska has made considerable progress in reducing the burden of tobacco use by implementing a sustained, comprehensive tobacco prevention and control program that includes a tobacco Quit Line, media, community programs, and grants to schools and healthcare organizations. Since the inception of the program adult smoking rates have declined significantly and youth smoking rates have been cut in half.</i>												
<i>Despite the progress made, tobacco use remains a critical health issue in Alaska and disproportionately affects Alaska Natives, individuals of low socioeconomic status, and rural residents. Forty-one percent of Alaska Natives adults smoke, compared to the state average of 22%. Smoking prevalence among adults of lower socioeconomic status is 38%, and 36% of adults living in rural areas report being current smokers.</i>												
<i>As the program continues to grow there are increasing calls from partners and stakeholders for community-level prevalence data, as well as more detailed information on various aspects of tobacco use and cessation, including barriers to successful quitting, reasons for relapse to tobacco use, and utilization of cessation services. Central to the success of a comprehensive Alaska tobacco prevention and control program is a robust data system that can reliably collect quality data on the prevalence of tobacco use. Such data allow the program and its partners to monitor trends, evaluate the success of programs, and provide critical input into program and service development and implementation.</i>												
<i>To date, the majority of these data needs have been met by the Alaska Health Survey Lab within the Section of Chronic Disease Prevention and Health Promotion; however, the Health Survey Lab does not have staff capacity to meet the increased demand for tobacco-related data. Without this increment, the program would not be able to maintain services to disseminate in-depth community-level information and evaluate new tobacco prevention and cessation initiatives. This lessens the ability to ensure tobacco prevention and control resources are being used with maximum efficiency.</i>												
1168 Tob ED/CES (DGF)		200.0										
FY2012 Fund Source Change to Budget for CIP Receipts from DOT	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Reduce I/A authority and increase CIP receipt authority to collect RSA funding from DOT from CIP projects.</i>												
1007 I/A Rcpts (Other)		-20.0										
1061 CIP Rcpts (Other)		20.0										
FY2012 Continuation of ARRA Funding for Prevention and Wellness	IncOTI	129.3	71.3	11.9	45.7	0.4	0.0	0.0	0.0	0	0	0
<i>This one-time increment is for the balance of American Recovery and Reinvestment Act (ARRA) grants that were</i>												

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<b>Public Health (continued)</b>												
<b>Chronic Disease Prevention and Health Promotion (continued)</b>												
FY2012 Continuation of ARRA Funding for Prevention and Wellness (continued)												
<i>initially approved through the RPL process in FY10, and authority was received in FY11 as a one-time item. There are three purposes for this funding: 1) policy and environmental change related to obesity/overweight, physical activity, nutrition and tobacco use; 2) enhancement of tobacco quit lines and associated media; and 3) a chronic disease self-management program. Funding is available through December 2012.</i>												
1212 Stimulus09 (Fed)		129.3										
<b>* Allocation Total *</b>		<b>5,576.1</b>	<b>1,018.4</b>	<b>173.5</b>	<b>1,605.8</b>	<b>171.0</b>	<b>0.0</b>	<b>2,507.4</b>	<b>100.0</b>	<b>2</b>	<b>0</b>	<b>-1</b>
<b>Epidemiology</b>												
FY2006 Utilize Tobacco Tax Revenues to increase Administration and Management of the Tobacco Program	Inc	270.0	150.0	50.0	70.0	0.0	0.0	0.0	0.0	2	0	0
<i>This increment will support two additional staff positions, a Public Health Specialist II and a Public Health Specialist I, to conduct surveillance and evaluation, increase cessation services, and provide multi-faceted technical assistance to grantees and communities. The travel and contractual funds are to support the two new positions and to increase the support of the existing Tobacco positions to a sustainable level without utilizing funds in the Tobacco Prevention and Control component.</i>												
<i>' Statewide programs that increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smokefree policies, and reducing minors' access to tobacco (\$110,000)</i>												
<i>' Administration and management (\$160,000)</i>												
1168 Tob ED/CES (DGF)		270.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	85.9	85.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		70.8										
1004 Gen Fund (UGF)		15.1										
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness	Inc	500.0	421.0	33.6	22.8	22.6	0.0	0.0	0.0	1	0	0
<i>The control of infectious diseases has become increasingly complex and challenging. Over the past 30 years more than 30 new infectious diseases have been discovered; recent examples are SARS and the H5N1 strain of avian influenza. To truly protect the health of Alaskans, the Division of Public Health must sustain well-established core public health programs such as tuberculosis control and immunizations, while taking on new challenges, such as pandemic influenza planning and bioterrorism preparedness. This \$1,000.0 GF request in Epidemiology will help modernize and strengthen an aging and under-funded infectious disease control system to keep Alaskans safe and secure from old and new infectious disease threats and public health emergencies. Associated requests for infectious disease control are included in the Nursing and Public Health Laboratories components.</i>												
<i>Strengthening our surveillance capacity and outbreak response will assure that communicable diseases are detected earlier and that fewer Alaskans become ill. A stronger epidemiologic outbreak team will give us a better foundation for response to a disease outbreak, and will provide each contact with a timely health evaluation, education and preventive treatment. This core public health activity will help provide a strong foundation to respond to public health emergencies, to track emergency events, to mount mass vaccination and prevention clinics, to rapidly diagnose cases and to quarantine and isolate to contain disease. These are formidable tasks, but absolutely necessary if the health of Alaskans is to be protected.</i>												

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**Public Health (continued)  
Epidemiology (continued)**

FY2007 Public Health Protection: Infectious  
Disease Control and Emergency Preparedness  
(continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*New challenges that threaten to shift attention away from core activities have resulted in resurgence of diseases that have previously been contained. We saw this happen at a national level with measles in the 1980s, tuberculosis in the 1990s, and syphilis more recently. Even today, the Division must work hard to keep long-time public health threats under control.*

*' During the first 9 months of 2005, 82 cases of pertussis (whooping cough) have been identified, in spite of an effective childhood vaccine.*

*' In 2000, Alaska reported the highest rate of tuberculosis in the country because of several large outbreaks. There have been no large outbreaks since 2000, but Alaska continues to be among the top five states with the highest TB rates in the U.S.*

*' In 2003 Alaska had the highest rate of chlamydia disease in the U.S., with 3,900 cases for a rate of 606 cases per 100,000 population.*

*' In 2004, Alaska ranked 45 of 50 states with only 75.3% of 0-3 year old children fully immunized.*

*' The Division responds to outbreaks related to tourism almost every summer. Large summer influenza outbreaks strain resources, Norovirus outbreaks on cruise ships frequently overflow into coastal communities, and cases of tuberculosis, typhoid and malaria among cruise ship employees are cared for in Alaska hospitals.*

*Of the emerging public health threats, a new deadly strain of avian influenza (H5N1) is most concerning. This virus has only been found in Asia, and to date has had limited impact on humans, with 125 human cases and 64 deaths reported worldwide as of 11/9/05. There has not been well-documented person-to-person spread yet, however the death rate from avian influenza is over 50%. With such a high death rate, no vaccine readily available, and limited antiviral drugs, a human epidemic of avian influenza would be devastating and Alaska is potentially at higher risk due to direct air and shipping links to Asia, as well as migratory bird routes.*

*Public Health must have the capacity to sustain core ongoing activities, while simultaneously developing an agile and flexible posture to address new, unknown threats such as avian flu. The Division has become integrally involved in emergency and disaster preparedness planning at the national, state and community levels. This has required additional resources to participate in preparedness planning activities and exercises, but will serve us well in the event of a disaster.*

*To control old infectious disease challenges, and detect and respond to new agents, the Division must have a multi-pronged approach. The Sections of Epidemiology, Public Health Nursing, and Public Health Laboratories are each integral and interdependent when it comes to disease control - working together in a continuous cycle of discovery, investigation, intervention, monitoring and reporting.*

*In order to effectively conduct disease surveillance and outbreak response, the Section of Epidemiology must:*

*- Strengthen ongoing disease surveillance to improve day-to-day reporting of important public health diseases.*

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												

- Maintain sufficient and well-trained staff capacity for early recognition and rapid response to outbreaks, able to mobilize quickly, 24 hours a day, seven days a week, to investigate unusual events anywhere in the state. These staff make up the Surveillance and Outbreak Investigation Team for the Division. Members of this Team must be licensed physicians, nurses or veterinarians, and each individual must be able to lead an epidemiological investigation for an infectious disease event anywhere in Alaska. Each individual serves as expert consultants to Public Health Nurses, midlevel providers and physicians for a wide range of diseases. They must have an understanding of statistics and be able to use investigational software tools to evaluate risk to individuals and communities. They must be able to prepare and update disease control protocols and emergency preparedness plans. These staff can also provide surge capacity for community-based public health activities such as mass immunization and prevention clinics.

- Maintain a second team specially trained in AIDS and sexually transmitted disease (STD) control, who travel to all parts of the state to conduct investigations into STD outbreaks, work with Public Health Nurses and other health care providers to treat cases and to examine and, where appropriate, treat partners. Members of this team provide consultative expertise to medical providers for the diagnosis and treatment of HIV, AIDS and other STDs. They monitor disease trends and prepare reports about efforts to control AIDS and STDs in Alaska.

**CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:**  
This increment request is a long-term investment in the health of Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the number of cases of disease investigated and the number of emergency exercises sponsored), 2) interim impact goals (e.g., increased immunization rates), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to infectious diseases). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for reduction of tuberculosis and chlamydia incidence rates.

This \$1,000.0 GF request will support activities in the Division of Public Health's Section of Epidemiology, as follows:

**Personal Services - \$842.1; 3 New FTE**  
These funds will support three Nurse Consultant II positions (1 new PCN 06-#048, 2 existing insufficiently funded FTEs) who will provide the capacity to respond rapidly to investigate and control outbreaks in all region of the state. These positions will also provide consultative expertise to Public Health Nurses, private providers and the Anchorage Department of Health and Human Services. They will collect, evaluate and analyze all infectious disease reports to the Division, and serve as an expert liaison with other emergency response partners at the state and federal level. A Public Health Medical Specialist will provide medical expertise and consultative support to the Nurse Consultants and other health care providers in the state, develop intervention programs, oversee outbreak activities, respond to public health emergencies, and serve as an expert liaison with other emergency response partners at the state and federal level. A Public Health Veterinary Epidemiologist will provide expert consultation on diseases transmitted from animals to humans, will participate as a leader on disease outbreak investigation teams, and will conduct epidemiological studies. The medical public health specialist and veterinary epidemiologist are existing positions that are insufficiently funded. Two new Public Health Specialist positions

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<i>(PCN 06-#049 and PCN 06-#050) will expand the capacity to identify, locate and treat partners of patients with HIV and other sexually transmitted diseases, to prevent further spread of disease and decrease costly medical complications.</i>												
<i>Travel - \$67.3</i>												
<i>These funds will support travel from Anchorage to communities around the state by Outbreak Investigation Teams from the Section of Epidemiology to respond to new disease outbreaks, perform partner notification, and conduct population-based screenings for tuberculosis.</i>												
<i>Contractual - \$45.6</i>												
<i>These funds will support administrative overhead costs associated with personnel maintenance, such as space lease, computer and HR support, risk management, and communication costs.</i>												
<i>Supplies - \$45.0</i>												
<i>These funds will support pharmaceuticals and medical supplies for detection and treatment of infectious diseases; computer and general office supplies; and office equipment.</i>												
1004 Gen Fund (UGF)		500.0										
FY2007 Public Health Protection: Pandemic Influenza Preparedness AK Stockpile of Antiviral Drugs	Inc	563.6	0.0	0.0	0.0	563.6	0.0	0.0	0.0	0	0	0
<i>An influenza pandemic has the potential to cause more disease and death than any other public health threat. Influenza pandemics occur when a new strain of influenza emerges that can be transmitted easily from person to person. Three such pandemics occurred during the past century and as many as 10 are thought to have spread around the globe during the past 300 years. Given the rapid spread of influenza pandemics in the past, global transmission of the first pandemic of the 21st Century over a period of weeks to months seems assured. Although recent instances of bird-to-human and limited human-to-human transmission of H5N1 influenza in Asia have raised concerns that a new pandemic may occur soon, the timing and severity of the next pandemic, as well as the viral strain responsible, cannot be known with certainty.</i>												
<i>Preparedness will be vital to reducing the health effects of the next influenza pandemic. In the absence of intervention, a severe influenza pandemic, such as the Great Pandemic of 1918-19, could sicken nearly 200,000 Alaskans and kill as many as 4,000 over a period of several months. Even a milder pandemic, such as those that occurred in 1957 and in 1968, could cause hundreds of deaths and the economic effects could be considerable. Because a vaccine against a new pandemic influenza strain would not be available using current technology at the beginning of the next pandemic, and isolation and quarantine procedures would be expected to only slow but not stop spread of infection, antiviral drugs are an important part of the preparedness plan for the next pandemic.</i>												
<i>On November 2, 2005, the US Department of Health and Human Services released the national Pandemic Influenza Plan. The plan calls for national stockpiles of antiviral medications for use in the event of a pandemic, as well as stockpiles of antiviral drugs within states. Federal support of procurement of state stockpiles will be limited to 25% of purchase costs. The plan also identifies priority groups for treatment with antiviral drugs. Based on projected needs contained in the national Plan, treatment of the top five priority groups (persons hospitalized with influenza; health care workers and emergency medical providers; immune compromised persons and pregnant women; public health and safety workers; and persons aged 12-23 months, aged 65 years and older,</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2007 Public Health Protection: Pandemic Influenza Preparedness AK Stockpile of Antiviral Drugs (continued)												
<i>and those with chronic medical conditions) would require approximately 62,000 courses of antiviral drug. In order to stockpile 30% of this need in-state (the remaining 70% anticipated from the Strategic National Stockpile), 18,600 courses would need to be procured by the state at \$50/course.</i>												
<i>In addition to the purchase for treatment of ill priority groups, an additional 6,000 courses should be purchased for preventive treatment for a limited number of essential workers before onset of illness.</i>												
<i>Performance Measure:</i>												
<i>This increment request will establish an in-state stockpile of antiviral drugs that would be immediately available for distribution throughout Alaska using established mechanisms to provide treatment to persons at highest risk of severe illness or death from influenza and to those needed to return to work as soon as possible after recovery in order to provide essential functions. Additionally, a smaller portion of the state stockpile will be available for preventive treatment of a limited number of essential workers at high risk of becoming infected.</i>												
1002 Fed Rcpts (Fed)		141.1										
1004 Gen Fund (UGF)		422.5										
FY2008 AMD: Public Health Protection: Infectious Disease Control	Inc	221.0	91.0	15.0	50.0	65.0	0.0	0.0	0.0	1	0	0
<i>The control of infectious diseases has become increasingly complex and challenging. Over the past 30 years more than 30 new infectious diseases have been discovered; recent examples include SARS and the H5N1 strain of avian influenza. To protect the health of Alaskans, the Division of Public Health must sustain well-established core public health programs such as tuberculosis control and immunizations, while taking on new challenges such as pandemic influenza planning and bioterrorism preparedness. For FY07, \$500.0 was appropriated for the Section of Epidemiology to help modernize and strengthen an aging and under-funded infectious disease control system and to protect Alaskans from old and new infectious disease threats and public health emergencies. This request for \$221.0 adds additional critical capacity by funding two additional activities: 1) Operations of the Alaska Immunization and Disease Reporting Registries and 2) Completion of Tuberculosis Treatment.</i>												
<i>Operation of the Alaska Immunization and Disease Registries, \$121.0 - In FY 2007, the capital budget included a \$1.7 million GF investment to establish a real-time, secure electronic registry of immunization records and reportable conditions data. This new system is now in the process of being procured and an operating budget increment is needed to staff the operation of these registries. A statewide immunization registry is necessary to allow providers to quickly and accurately determine which vaccines each Alaskan child needs anywhere in the state. A registry will improve the efficiency of vaccine administration by saving time searching for medical records and by eliminating repeated, unnecessary vaccinations. A robust, adaptable electronic communicable disease surveillance system will streamline the input and analysis of reportable diseases to allow rapid detection of unusual disease trends and rapidly detect outbreaks. A portion of the increment will provide staff capacity for registry program development and implementation.</i>												
<i>Alaska's children frequently receive immunizations in a variety of settings resulting in scattered and incomplete immunization records. Because our state lacks a centralized patient immunization record, medical providers, schools, and parents expend a large amount of time determining each child's immunization history. Incomplete and/or unverified information results in children being inadequately protected from vaccine-preventable diseases</i>												

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	<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)  
Epidemiology (continued)**

FY2008 AMD: Public Health Protection:  
Infectious Disease Control (continued)

*or, in some cases, being over-immunized due to unnecessary repetition of doses.*

*There are approximately 10,000 children born each year in Alaska. At the time of the 2000 census there were 208,117 children 0 - 18 years of age in Alaska. Ultimately, immunization information about each child in Alaska will be housed in the Alaska Immunization Registry. During 2006, each child received immunizations to prevent 12 diseases requiring around 20 injections from birth up through the age of 18. The number of injections depends on age at vaccination and what vaccine combinations are used; total doses could be less or even greater than 20. Assuring that each child is protected against all vaccine-preventable diseases becomes even more complex and challenging as new vaccines are developed and added to the immunization schedule. For example, in 2007, two new vaccines were added to the national immunization schedule and these will be available to children in Alaska this year.*

*In addition to childhood records, immunization records for adults - including public health providers and first responders - will also be housed in the system. If mass prophylaxis or vaccinations are necessary in a public health emergency, all of these people will be entered as well.*

*Four primary groups will benefit from an immunization registry: 1) providers, 2) patients and Alaska citizens, 3) public health and Alaska Native health corporations, and 4) schools/child care providers. Improvements over the current methods for tracking immunizations include automated reminders, electronic vaccine inventory management, reduced time for record tracking, and opportunities to increase immunization rates while reducing over-immunization of individuals.*

*The value of an immunization registry crosses state boundaries. Following Hurricane Katrina, children were displaced throughout the country. Many lost everything, including their immunization records, and faced challenges meeting immunization requirements to get into schools in other states. The Louisiana Immunization Registry was quickly reconfigured to provide interstate access, which proved invaluable in getting these children into school.*

*This increment also addresses the need for a communicable disease surveillance system for input and analysis of reportable diseases to allow rapid detection of unusual disease trends or an outbreak. There are 54 infectious diseases that are reportable in Alaska. In 2005 there were 6,164 infectious disease reports that were entered into the existing data system. The purpose of disease reporting is not always to provide services, and not every report of a disease results in direct services. Still, it is estimated that some form of intervention is provided for 70-80% of these reports (4,207 - 4,809 people). However, information about the services provided for contacts to infectious conditions such as chlamydia, HIV, tuberculosis, meningococcus, and other diseases where follow-up and treatment are indicated is fragmented in numerous different data systems, so comprehensive reporting is not possible. An electronic communicable disease surveillance system would allow direct electronic reporting by providers throughout the state and would record, monitor, and track each reported case. It would also allow the division's epidemiologists to rapidly analyze disease trends and map occurrences of a disease, a capacity that is critical both to detect and to respond to an infectious disease emergency.*

**RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:**

*This increment request is a long-term investment in the health of Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term*



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<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2008 AMD: Public Health Protection:												
Infectious Disease Control (continued)												
<i>process objectives (such as the number of immunizations administered and tracked), 2) interim impact goals (e.g., increased immunization rates), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to infectious diseases). This investment will contribute to meeting or exceeding the end results targets included in the Public Health Division for reduction of tuberculosis and chlamydia incidence rates.</i>												
<i>The requested \$121.0 for immunization and disease registry operation will be distributed as follows:</i>												
<i>Personal Services - \$91.0 (1 New FTE)</i>												
<i>These funds will support a new Health Program Manager II who will serve as the manager for the registries. Implementation and ongoing management of the registries requires continuous education of and marketing to health care providers across the state, user training, coordination and oversight of day-to-day operations, and data analysis and use. This position will be responsible for planning the systems, developing informational materials and conducting provider recruitment (soliciting health care providers to participate in the registry), developing and providing user training.</i>												
<i>Travel - \$15.0</i>												
<i>These funds will support travel for registry system recruitment of health care providers and user training for health care providers across the state.</i>												
<i>Supplies - \$15.0</i>												
<i>These funds will support the purchase of office equipment for this new position, a computer and education materials.</i>												
<i>Tuberculosis Control, \$100.0 - Tuberculosis (TB) has been described as the "Scourge of Alaska." TB remains deeply entrenched in many regions of Alaska and will remain so for the next several generations. This is especially true for the Alaska Native population; in some communities up to 90% of Alaska Natives who are over 55 years old are infected with TB. The homeless and foreign-born residents also suffer disproportionate rates of TB. The resurgence of TB throughout the United States in the late 1980s and early 1990s demonstrates the ability of this disease to return when support for public health control programs flags. A strong public health team, knowledgeable about current issues of TB control, is necessary if we hope to control TB in Alaska.</i>												
<i>The rate of TB in Alaska increased from 8.9 cases per 100,000 in 2005 to 10.5 in 2006, an 18% increase. Alaska's 2005 rate was almost double the national rate (8.9 vs. 4.8), the highest incidence rate of TB reported by any of the 50 states that year. In 2005, the Northern Region (which includes North Slope Borough, Maniilaq, and Norton Sound Regional Health Corporations) reported the highest incidence rate in Alaska at 59/100,000. An intensive TB control program by the Norton Sound Regional Health Corporation over the last 10 years has paid off by decreasing TB transmission among residents in its region. Still, 14 cases of active TB were found in the Northern Region last year, well above the previous year's case number of 2. Ongoing programs to control and limit the spread of TB in Alaska will be needed because of the large numbers of older Alaskans who were infected in their youth. These persons are at risk of developing active, infectious TB, and spreading the infection to others.</i>												
<i>TB spread can be controlled and TB disease can be cured by providing appropriate medications and isolation. Treatment of active (infectious) TB requires a minimum of 6 months using multiple medications. The TB patient must be in isolation, usually in the home environment, until treatment renders him or her noninfectious. Relapses</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2008 AMD: Public Health Protection:												
Infectious Disease Control (continued)												
<p><i>of TB have occurred after patients have failed to complete a full course of treatment. Additionally, partial treatment is an important cause of multiple-drug resistant TB (MDRTB) strains. MDRTB is much more difficult and expensive to treat and to control. A 2004 MDRTB case cost the Alaska TB Control Program approximately \$55,000 to treat. The best method for providing curative therapy to persons with active TB is to provide directly observed therapy (DOT), where public health providers administer the medications to the patient throughout the course of treatment. In addition, TB patients need support during the prolonged treatment course. While infectious, patients are unable to work, to go to religious events, to visit with friends, or even go to the grocery store. Incentives and enablers are used to support the patient and encourage compliance with the necessary treatment to protect the public health. Examples of incentives are store coupons, small toys, a paperback book, a video to watch while in isolation. Examples of enablers, things that facilitate treatment completion, include food, utility bill payments, bus tokens, or temporary housing for homeless persons or those not yet able to fly home from treatment in a health care facility. Incentives and enablers are essential tools to control TB prior to implementation of legal actions such as a medical order or a court order.</i></p> <p><b>RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:</b></p> <p><i>Past experience has demonstrated the TB control programs work and can reduce the rates of TB transmission. In 2004 86% of people in Alaska with TB completed treatment in a timely manner. This increment will support an increased treatment completion rate up to the target of 95% and will support reduction of Alaska's TB rate to the M&amp;M target of less than 6.8/100,000 population.</i></p> <p><i>The requested \$100.0 for tuberculosis control will be used as follows:</i></p> <p><i>Contractual - \$50.0</i>  <i>These funds will provide client support during isolation and treatment and will support Directly Observed Therapy (DOT) activities.</i></p> <p><i>Supplies - \$50.0</i>  <i>These funds will support purchase of tuberculosis medications and treatment incentives.</i></p> <p><b>MISSIONS AND MEASURES REFERENCE:</b>  <i>DHSS M&amp;M for % of 2 year olds full immunized (G:1)</i>  <i>Public Health M&amp;M for tuberculosis rate (A:1)</i>  <i>Public Health M&amp;M for % of persons with tuberculosis completing treatment (A1:1)</i></p>												
1004 Gen Fund (UGF)		221.0										
FY2008 Reduce funding for Public Health Protection: Infectious Disease Control	Dec	-221.0	-91.0	-15.0	-50.0	-65.0	0.0	0.0	0.0	-1	0	0
1004 Gen Fund (UGF)		-221.0										
FY2008 AMD: Discontinue Provision of Rabies Vaccine to Veterinarians	Dec	-40.0	0.0	0.0	0.0	-40.0	0.0	0.0	0.0	0	0	0
<p><i>Vaccinating animals against rabies is a longstanding public health intervention that minimizes the potential for humans to contract rabies by creating a buffer between domestic animals and wildlife that serve as reservoirs of the rabies virus. Since the 1970's the Division of Public Health (DPH) has certified appropriate personnel as lay vaccinators to administer rabies vaccine to domestic animals. By regulation, only veterinarians and lay vaccinators may administer rabies vaccine to animals in Alaska. As well, only veterinarians, veterinary biologic</i></p>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2008 AMD: Discontinue Provision of Rabies												
Vaccine to Veterinarians (continued)												
supply firms, or public agencies may buy animal rabies vaccine. DPH buys rabies vaccine, syringes, and metal tags to supply lay vaccinators, who would not otherwise be able to obtain rabies vaccine. Historically, DPH has also provided these supplies to any Alaska-licensed veterinarian to promote rabies vaccinations of animals statewide. Restricting the distribution of vaccine and other related supplies to lay vaccinators and discontinuing provision to veterinarians would result in a cost savings of \$40.0 GF.												
The impact of this decrement is expected to be minimal. Many veterinarians in the state already purchase their own rabies vaccine directly because of brand preference or because we prohibit them from charging clients for state-supplied vaccine. Continuation of the purchase and distribution of vaccine and supplies to lay vaccinators, however, is extremely vital to continuing efforts to control rabies and protect human health.												
1004 Gen Fund (UGF)		-40.0										
FY2009 Decrease Federal Receipts for Tuberculosis Control Program	Dec	-150.0	0.0	0.0	-150.0	0.0	0.0	0.0	0.0	0	0	0
Alaska has the highest rate of tuberculosis in the country; the disease - once called the "Scourge of Alaska" - can still kill our citizens. Four Alaskans died with TB in 2004 because of delayed diagnosis and treatment. TB is an equal opportunity disease. It is transmitted through the air and can infect anyone at any time. A recent high-profile international case involved an American attorney who crossed several borders with a contagious, highly dangerous drug-resistant strain of the disease; it is still not known how he contracted TB. Even young children can be infected: Since 2000, as many as 27 percent of the cases in Alaska have involved children. Last year, 10 percent of the TB cases in Alaska were pediatric cases.												
The TB rate in Alaska is more than twice the national average. In 2006 in Anchorage alone, 41 cases of TB were reported. Despite hard work and strong coordination between the Section of Epidemiology and the Municipality of Anchorage, that outbreak is continuing. It has lessened because of timely and persistent work with infectious patients, but it is not over - and the necessary interventions take time and money. On average 16 - 18 "contacts" are identified for each confirmed case of TB in Alaska. Each of these "contacts" to the confirmed case must be located and tested to determine if they also have TB. Some people with suspected or actual TB are hard to locate; this requires labor-intensive, gumshoe detective work. For those who do contract the disease, the treatment regimen can require as many as 62 doses of medication administered over 6-9 months. Each dose can consist of as many as 15 pills and must be given under direct observation to be sure that the pills are actually swallowed. Without this increment, the state's ability to undertake these necessary contact investigations and to assure each patient completes the required therapy will be seriously jeopardized.												
Lack of proper follow-through for any TB case is dangerous. For starters, a person with TB who is not properly treated is a risk to anyone else - at the movies, in a restaurant, on the bus. Also, lack of funding can increase the risk of multi-drug resistant TB (MDR-TB). The threat of deadly and costly MDR-TB is very real in Alaska, now a worldwide crossroads. In recent years there has been a steady increase in resistance to the cornerstone treatment drug, isoniazid - the greatest factor being the failure of patients to complete required therapy. This, in turn, allows the still-present disease to survive, mutate and spread. One MDR-TB case can cost more than \$100,000 to treat, while treating just two full-blown cases of extensively-resistant tuberculosis (XDR-TB) would likely cost in excess of \$1 million.												
Alaska's TB Control Program has a long tradition of effectiveness - especially when today's rates are compared to												

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<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2009 Decrease Federal Receipts for												
Tuberculosis Control Program (continued)												
<i>the deadly outbreaks of the early to mid 20th Century. But it is a mistake to assume the war has been won. TB can still be a killer in any corner of Alaska.</i>												
<i>This request - to replace lost federal funds - is critical if the state is to successfully maintain control and treatment of TB in Alaska. Since 2000, base federal funding from CDC has decreased from \$495.8 in 2004 to the CY2008 projection of \$431.1. Actual purchasing power has been lost to inflation and other costs, such as the soaring price of TB medications. However, the biggest impact on the TB Control Program is the loss of additional funding from federal earmarks, totaling about \$1.4 million since 2000. The last earmark - \$496.0 in addition to base CDC funding - was expended in SFY07. An earmark request for FFY08 was rejected by Congress.</i>												
<i>With the requested state funding, this program will provide:</i>												
<i>-Rapid detection of TB cases and outbreaks, to decrease transmission of the TB germ to other people.</i>												
<i>-Directly observed therapy--the curative treatment for each new case of TB</i>												
<i>-Contact investigations--timely investigation of each person who is a contact to a TB case, and where appropriate, treatment for TB infection or disease.</i>												
<i>-Enhanced TB control efforts in regions of Alaska with the highest rates of disease.</i>												
<i>-Tuberculosis medications for each Alaskan with TB disease or TB infection.</i>												
1002 Fed Rcpts (Fed)		-150.0										
FY2009 Request General Funds for Tuberculosis Control Program	Inc	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
<i>Alaska has the highest rate of tuberculosis in the country; the disease - once called the "Scourge of Alaska" - can still kill our citizens. Four Alaskans died with TB in 2004 because of delayed diagnosis and treatment. TB is an equal opportunity disease. It is transmitted through the air and can infect anyone at any time. A recent high-profile international case involved an American attorney who crossed several borders with a contagious, highly dangerous drug-resistant strain of the disease; it is still not known how he contracted TB. Even young children can be infected: Since 2000, as many as 27 percent of the cases in Alaska have involved children. Last year, 10 percent of the TB cases in Alaska were pediatric cases.</i>												
<i>The TB rate in Alaska is more than twice the national average. In 2006 in Anchorage alone, 41 cases of TB were reported. Despite hard work and strong coordination between the Section of Epidemiology and the Municipality of Anchorage, that outbreak is continuing. It has lessened because of timely and persistent work with infectious patients, but it is not over - and the necessary interventions take time and money. On average 16 - 18 "contacts" are identified for each confirmed case of TB in Alaska. Each of these "contacts" to the confirmed case must be located and tested to determine if they also have TB. Some people with suspected or actual TB are hard to locate; this requires labor-intensive, gumshoe detective work. For those who do contract the disease, the treatment regimen can require as many as 62 doses of medication administered over 6-9 months. Each dose can consist of as many as 15 pills and must be given under direct observation to be sure that the pills are actually swallowed. Without this increment, the state's ability to undertake these necessary contact investigations and to assure each patient completes the required therapy will be seriously jeopardized.</i>												
<i>Lack of proper follow-through for any TB case is dangerous. For starters, a person with TB who is not properly treated is a risk to anyone else - at the movies, in a restaurant, on the bus. Also, lack of funding can increase the risk of multi-drug resistant TB (MDR-TB). The threat of deadly and costly MDR-TB is very real in Alaska, now a worldwide crossroads. In recent years there has been a steady increase in resistance to the cornerstone treatment</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2009 Request General Funds for												
Tuberculosis Control Program (continued)												
<i>drug, isoniazid - the greatest factor being the failure of patients to complete required therapy. This, in turn, allows the still-present disease to survive, mutate and spread. One MDR-TB case can cost more than \$100,000 to treat, while treating just two full-blown cases of extensively-resistant tuberculosis (XDR-TB) would likely cost in excess of \$1 million.</i>												
<i>Alaska's TB Control Program has a long tradition of effectiveness - especially when today's rates are compared to the deadly outbreaks of the early to mid 20th Century. But it is a mistake to assume the war has been won. TB can still be a killer in any corner of Alaska.</i>												
<i>This request - to replace lost federal funds - is critical if the state is to successfully maintain control and treatment of TB in Alaska. Since 2000, base federal funding from CDC has decreased from \$495.8 in 2004 to the CY2008 projection of \$431.1. Actual purchasing power has been lost to inflation and other costs, such as the soaring price of TB medications. However, the biggest impact on the TB Control Program is the loss of additional funding from federal earmarks, totaling about \$1.4 million since 2000. The last earmark - \$496.0 in addition to base CDC funding - was expended in SFY07. An earmark request for FFY08 was rejected by Congress.</i>												
<i>With the requested state funding, this program will provide:</i>												
<i>-Rapid detection of TB cases and outbreaks, to decrease transmission of the TB germ to other people.</i>												
<i>-Directly observed therapy--the curative treatment for each new case of TB</i>												
<i>-Contact investigations-timely investigation of each person who is a contact to a TB case, and where appropriate, treatment for TB infection or disease.</i>												
<i>-Enhanced TB control efforts in regions of Alaska with the highest rates of disease.</i>												
<i>-Tuberculosis medications for each Alaskan with TB disease or TB infection.</i>												
1004 Gen Fund (UGF)		150.0										
FY2009 AMD: Reverses Fund Chg in 09 Gov's Tuberculosis Control Program due to Unanticipated Federal Earmark	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Since the time that the FY2009 Governor's budget was prepared, the department has received notice that the federal earmark for this project is continuing. Therefore, the fund change is no longer required.</i>												
1002 Fed Rcpts (Fed)		150.0										
1004 Gen Fund (UGF)		-150.0										
FY2009 Reduce Funding for Completion of Alaska's Stockpiling of Antiviral Drugs	Dec	-500.0	0.0	0.0	0.0	-500.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-500.0										
FY2009 CC: Partial Restore of Funding for Completion of Alaska's Stockpiling of Antiviral Drugs	Inc	50.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		50.0										
FY2011 ARRA funding for Healthcare-Associated Infections (HAI) Prevention	IncOTI	144.0	112.5	5.0	23.5	3.0	0.0	0.0	0.0	0	0	0
<i>The Department of Health and Social Services, Division of Public Health, Section of Epidemiology was awarded an American Recovery and Reinvestment Act (ARRA) grant award of \$201.8 in September 2009. The division requested and had approved an RPL (ADN 06-0-0218 ) to expend \$57.8 in FY10. This request is for an additional \$144.0 of federal authorization needed to receive and spend funds over the next two years (28 months). The grant is to develop a statewide Healthcare-Associated Infections (HAI) prevention program. The main activities</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2011 ARRA funding for												
Healthcare-Associated Infections (HAI)												
Prevention (continued)												
<i>supported by these grant funds will be to hire an HAI Prevention Coordinator; to write and submit the State HAI Prevention Plan; and to create a multiagency Advisory Group to assist the Section of Epidemiology in state HAI prevention planning. Grant funds are to be spent by December 31, 2011 (28-month grant period).</i>												
 <i>Funds are for 0.5 FTE of a Nurse Consultant (NC) II; travel for a training trip in Atlanta, GA sponsored by the Centers for Disease Control (CDC); and some supplies. The funding will be used to fill an Anchorage-based NC II position that has been vacant for several years. The remaining 0.5 FTE funding will come from a federal preparedness grant with the expectation that the NC II would also assist with pandemic influenza issues related to hospitals.</i>												
 <i>The funds awarded to Alaska are for minimal activities, but will allow for Epidemiology to hire staff to create an Alaska HAI Prevention Plan by January 2010. The consequences of not submitting that plan are a 25% cut to the Preventative Health and Human Services (PHHS) Block grant that funds activities in the Section of Chronic Disease Prevention and Health Promotion (CDPHP). Although the PHHS grant does not fund activities related to HAI nor does CDPHP otherwise engage in such activities, the stipulation was part of the 2009 Omnibus spending bill.</i>												
1212 Stimulus09 (Fed)		144.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-3.9	0.0	-3.9	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.8										
1004 Gen Fund (UGF)		-3.1										
FY2011 Correct Unrealizable Fund Sources in the FY2011	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
GGU Year 1 Salary and Health insurance												
1002 Fed Rcpts (Fed)		-96.1										
1004 Gen Fund (UGF)		96.1										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
the FY2011 GGU & SU Year 1 Salary and Health Insurance												
Increase												
1002 Fed Rcpts (Fed)		48.1										
1004 Gen Fund (UGF)		-48.1										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Salary and Health Insurance												
1002 Fed Rcpts (Fed)		-51.0										
1004 Gen Fund (UGF)		51.0										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
the FY2011 GGU & SU Year 1 Salary and Health Insurance												
Increase												
1002 Fed Rcpts (Fed)		25.5										
1004 Gen Fund (UGF)		-25.5										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered	FisNot	19.3	19.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Employees Salary Increase												
<i>FY2011 Noncovered Employees Year 1 increase</i>												
<i>: \$19.3</i>												
1002 Fed Rcpts (Fed)		10.5										

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<b>Public Health (continued)</b>												
<b>Epidemiology (continued)</b>												
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011												
Noncovered Employees Salary Increase												
(continued)												
1004 Gen Fund (UGF)		8.0										
1007 I/A Rcpts (Other)		0.8										
FY2013 Immunization for Children and Seniors	Inc	700.0	0.0	0.0	0.0	700.0	0.0	0.0	0.0	0	0	0
<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										
FY2013 CC: Chlamydia media campaign, testing and therapy (FY13-FY15)	IncT	360.0	0.0	0.0	360.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		360.0										
FY2013 Ch. 24, SLA 2012 (HB 310) STATE IMMUNIZATION PROGRAM	FisNot	4,496.0	0.0	0.0	0.0	4,496.0	0.0	0.0	0.0	0	0	0
<i>The CS (FIN) version 1 amends Section 2, subsections (f), (g) &amp; (h). Sec. (f)(1) adds meningococcal and rotavirus vaccines for children. Sec. (f)(2) adds zoster vaccine for adults. Sec. (g)(2) allows vaccines to be subtracted if the disease is eradicated or high-grade scientific evidence indicates it will result in optimal efficacy and efficiency. Sec. (h) adds a new section stating procurement is subject to available funding. The changes in this CS will reduce the risk of additional disease outbreaks for more preventable diseases. The changes increase the fiscal note by \$1,596.0 but otherwise have no significant operational impact.</i>												
1004 Gen Fund (UGF)		4,496.0										
FY2013 Ch. 13, SLA 2012 (HB 258) NATURALLY OCCURRING ASBESTOS	FisNot	21.3	15.0	2.6	3.5	0.2	0.0	0.0	0.0	0	0	0
<i>Not applicable. Initial version.</i>												
1004 Gen Fund (UGF)		21.3										
<b>* Allocation Total *</b>		<b>6,666.2</b>	<b>803.7</b>	<b>87.3</b>	<b>479.8</b>	<b>5,295.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Bureau of Vital Statistics</b>												
FY2006 AMD: Increase Receipt Supported Services authorization for lease costs and electronic entry of older documents	Inc	300.0	40.0	0.0	260.0	0.0	0.0	0.0	0.0	1	0	0
<i>The Bureau of Vital Statistics (BVS) moved from state-owned office space to commercial rental space in Juneau during the 2003 fiscal year. The new annual lease cost, in excess of \$300.0, was initially partially funded through a \$100.0 increment. The full annual lease cost was first experienced in FY 04. In that fiscal year the Public Health RDU was able to absorb the unfunded cost increase through transfers from other components. Other public health programs will not be able to support the increased BVS costs in FY 05.</i>												
<i>BVS has experienced a 2% to 3% annual growth in demand for services in the Anchorage, Fairbanks and Juneau offices over the last five years. Since 9/11 there has been an increased need for Alaskans to provide absolute proof of their identity. Many times Alaskans become aware of this requirement at the last minute, such as on the day of travel, or when needed for documentation for school activities or obtaining a drivers license. Additionally,</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Bureau of Vital Statistics (continued)</b>												
FY2006 AMD: Increase Receipt Supported												
Services authorization for lease costs and												
electronic entry of older documents (continued)												
<i>certified copies of vital records are needed to settle estates, change bank and credit card account information, transfer real estate, obtain spousal benefits, change social security account information, and to obtain passports or other identity information. With BVS offices in Juneau, Anchorage, and Fairbanks, approximately 70% of Alaskans can walk into a Bureau office and receive immediate service.</i>												
 <i>In addition, BVS increased fees from \$10.00 to \$15.00 per certificate issued in FY 2001 and saw a \$340.0 increase in fees collected the following fiscal year. Fees were increased again this fiscal year by \$5.00 to \$20.00 per certificate issued. Increased revenues resulting from increased service demand and increased fees results in an over-collection of fees from the public for BVS services. This amendment will allow BVS to retain the fees generated by their program to fully fund program costs. If this is not funded, BVS may be required to close the Fairbanks Office and reduce other services to the public to absorb the increased lease cost.</i>												
 <i>This amendment will also allow BVS the ability to automate birth records prior to 1952 and death records prior to 1977. BVS currently maintains records dating as old as the 1890s, but only has 52 years' worth of birth records and 27 years' worth of death records available electronically. This increment will support the electronic entry of the older records, protecting the existing paper records from wear and tear, and will ensure that misfiling of these records doesn't result in the loss of information and the ability to obtain certification. Having electronic records will decrease manual search requirements and therefore the time the public must wait to receive a certificate from these years.</i>												
 <i>This amendment will support the addition of one clerical position to assist with data entry and provide enhanced staff capacity for improved turn-around times for certificate requests, and contractual costs for the procedures assessment and development of new processing systems.</i>												
 <i>Of the \$300.0 RSS requested, \$260.0 is required in the contractual services line to support payment of the lease costs (\$175.0) and the contractual costs for the procedures assessment and the development of a new processing system required to convert from a manual to an electronic system (\$85.0). The remaining \$40.0 is requested for the addition of one clerical position and to begin the process of transferring old manual records to electronic form.</i>												
1156 Rcpt Svcs (DGF)		300.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-176.5	-176.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1156 Rcpt Svcs (DGF)		-176.5										
FY2009 Deceased Veteran Death Certificate/Honor (HB 236)	FisNot	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		50.0										
1156 Rcpt Svcs (DGF)		-50.0										
FY2009 DID NOT PASS: Deceased Veteran Death Certificate/Honor (HB 236)	FisNot	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-50.0										
1156 Rcpt Svcs (DGF)		50.0										
FY2011 Budget Clarification Project, fund change to reflect fees for the sale of vital records	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Bureau of Vital Statistics (continued)</b>												
FY2011 Budget Clarification Project, fund change to reflect fees for the sale of vital records (continued)												
1005 GF/Prgm (DGF)		2,021.9										
1156 Rcpt Svcs (DGF)		-2,021.9										
FY2011 Budget Clarification Project, increment to reflect transfer of I/A to Information Technology Services	Inc	121.5	0.0	0.0	121.5	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		121.5										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.9	0.0	-1.9	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		-1.9										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-55.8										
1004 Gen Fund (UGF)		55.8										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		24.9										
1156 Rcpt Svcs (DGF)		-24.9										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		55.8										
1156 Rcpt Svcs (DGF)		-55.8										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-24.9										
1005 GF/Prgm (DGF)		24.9										
FY2011 LFD: Revise Governor's salary adjustment request - correct negative funding source	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		55.8										
1004 Gen Fund (UGF)		-55.8										
<b>* Allocation Total *</b>		<b>243.1</b>	<b>-136.5</b>	<b>-1.9</b>	<b>381.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Emergency Medical Services Grants</b>												
FY2007 Increase Regional EMS (emergency medical services) grants	Inc	352.0	0.0	0.0	0.0	0.0	0.0	352.0	0.0	0	0	0
1004 Gen Fund (UGF)		352.0										
FY2010 Grant increase to support EMS Programs	Inc	267.4	0.0	0.0	0.0	0.0	0.0	267.4	0.0	0	0	0
<i>DPH's Section Emergency Medical Services Grants requests \$267.4 to provide Grant increase to support EMS Programs for:</i>												
<i>Interior Region EMS Council, Inc. (IREMSC)</i>												
<i>North Slope Borough Fire Department, EMS (NSBEMS)</i>												
<i>Norton Sound Health Corporation (NSHBEMS)</i>												
<i>Southeast Region EMS Council, Inc. (SEREMSC)</i>												
<i>Southern Region EMS Council, Inc. (SREMS)</i>												
<i>Manillaq Association</i>												
<i>Yukon Kuskokwim Health Corporation (YKHC)</i>												

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<b>Public Health (continued)</b>												
<b>Emergency Medical Services Grants (continued)</b>												
FY2010 Grant increase to support EMS Programs (continued)												
<p><i>The State of Alaska manages emergency medical services technical and training support through grants to the EMS regions above. Rising fuel and health insurance costs directly impact emergency access to health care for the most vulnerable and rural populations served by mostly volunteer services. Yet none of the regions have had increases in their grants since 2006, when they received their first increase after 15 years of flat funding. Administrative costs have risen dramatically and unexpectedly the last two years due primarily to fuel and health insurance, resulting in more than 20% increase in overhead, travel, and general operating costs. These inflationary costs are having a direct impact in significantly reducing critical services, such as training, recruitment, retention, and technical assistance to EMS services throughout the state.</i></p> <p><i>DHSS Priority: Health and Wellness (Emergency Response Planning and Preparedness)</i></p> <p><i>End Result of "Healthy People in Healthy Communities": Strategy A3 - Reduce suffering, death and disability due to injuries; Strategy A5 - Minimize loss of life and suffering from natural disasters and terrorist attack</i></p>												
1004 Gen Fund (UGF)		267.4										
<b>* Allocation Total *</b>		<b>619.4</b>	0.0	0.0	0.0	0.0	0.0	619.4	0.0	0	0	0
<b>State Medical Examiner</b>												
FY2006 Expand work to include surveillance through death investigations	Inc	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<p><i>The State Medical Examiner's (SME) office focuses entirely on its highest priority mission: forensic pathology. This mission is accomplished well; however, the current staff size does not enable performance of work beyond the primary mission of assisting in criminal investigations. Two other missions (each further defined below) should be considered: the public health mission and determinations of cause of death to support families.</i></p> <p><i>The SME office has a public health role in surveillance through death investigations to detect new or unexpected infectious diseases and to provide information about preventable causes of death. This mission is accomplished very rarely. Additionally, families often request autopsies to assist their own grieving process and assist in closure of the death of a loved one. Families often want to know with more certainty what caused an unexpected death. This third mission isn't accomplished at all. Instead, families are told that they can privately procure an autopsy.</i></p> <p><i>The increment will increase man power within SME to allow capacity to begin to fulfill a portion of the Public Health mission required to protect the health and welfare of all Alaskans. The increment will provide funding for half of a needed third forensic pathologist, as well as a new autopsy assistant (PCN 06#134). The funding will also assist in the retention of current staff by spreading the "on call" responsibilities to an additional position.</i></p>												
1004 Gen Fund (UGF)		100.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	30.2	30.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		30.2										
FY2007 Public Health Protection-Medical Examiner: support staffing and safety/operation improvements in Anchorage facility	Inc	500.0	307.1	10.0	82.9	50.0	50.0	0.0	0.0	2	0	0
<i>An increment of \$500.0 GF is requested to provide the State Medical Examiner's Office with sufficient staffing to</i>												

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<b>Public Health (continued)</b>												
<b>State Medical Examiner (continued)</b>												
FY2007 Public Health Protection-Medical												
Examiner: support staffing and												
safety/operation improvements in Anchorage												
facility (continued)												
<i>perform the full range of death investigations under their mission, and to support needed improvements in safety and operations at the SME facility in Anchorage. At full capacity, State Medical Examiner's Office would benefit Alaskans by providing more information on causes of unexplained deaths, resulting in improved efforts to reduce the rates of early and violent deaths in Alaska. It would also benefit Alaskans by supporting grieving families searching for answers to unexpected deaths.</i>												
<i>The Alaska State Medical Examiner's Office (SME) has a critically important role in three functions of state government: criminal justice, consumer safety, and public health. Their work has been limited to their highest priority, forensic death investigations under their criminal justice mission, due to insufficient funding and staffing. In FY 06 the legislature initiated expansion of SME capacity by adding a new statutory requirement for a Deputy Medical Examiner (ME), and increasing funding to fully support the second ME and an additional Autopsy Assistant. The resulting additional capacity is enabling more attention to the consumer safety and public health functions, providing capability to perform over 400 autopsies per year (up from 252 in FY 05).</i>												
<i>In November 2004 the National Association of Medical Examiners (NAME) conducted a review of Alaska's SME operations to assess readiness for national Medical Examiner Office accreditation. NAME made a number of safety and operational recommendations, such as substantial upgrade of the radiology equipment. They also recommended, for a state with our population, that a full-capacity State Medical Examiner's Office should be able to perform over 700 autopsies per year.</i>												
<i>This \$500.0 increment request will fund a third Medical Examiner, an additional Autopsy Assistant, and an additional Investigator, providing capacity to perform 750 autopsies per year. This will allow for investigation of more non-natural deaths and sudden natural deaths; adding important knowledge for consumer safety initiatives, public health surveillance, and epidemiological research. This increased death investigation capacity will provide better information on the methods and causes of the suicide epidemic in Alaska in order to improve suicide prevention efforts across the state. It will also provide better information on unintentional injury deaths, such as those caused by motor vehicle accidents, to improve injury prevention efforts as well. It will also allow the SMEO to bring in more toxicology cases for autopsy than are processed at this time, and possibly all pilot fatalities under investigation by the FAA.</i>												
<i>The distribution of the increased workload between three medical examiners (instead of two medical examiners) will provide safer working conditions and will eliminate the frequent backlog of cases. It will also provide the opportunity for the SME to accept requests for some autopsies for those instances of individuals dying under unexpected circumstances, where no "foul play" is expected, but where a grieving family needs information to help with understanding the medical reasons for the loss of their loved-one.</i>												
<i>With the addition of the new Investigator position (bringing the total staff in this classification up to five), 24-hour on-call duties will be more appropriately distributed, and retention of staff in these positions should be markedly improved. The new Investigator position will also allow for more on-scene investigations to take place to facilitate better decision-making about when an autopsy is required and when it's not.</i>												
<i>The SME is actively working on implementing practice and low-cost safety improvements with an eye towards</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>State Medical Examiner (continued)</b>												
FY2007 Public Health Protection-Medical												
Examiner: support staffing and												
safety/operation improvements in Anchorage												
facility (continued)												
<i>national accreditation. If this increment is funded the SME will apply and should qualify for national accreditation in 2008. Accreditation would support the state's criminal justice system by documenting the quality of services provided in forensic death investigations brought before the courts. It might also help bring additional non-GF resources to support the office, and would assist in attracting new staff in national recruitments required when positions become vacant.</i>												
<i>CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:</i>												
<i>This increment request is a long-term investment in the health of Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the number of autopsies performed), 2) interim impact goals (e.g., increased knowledge and understanding of causes of death in Alaska, and improved prosecution of criminal homicide cases), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to injury (intentional and unintentional) and chronic disease).</i>												
<i>The requested \$500.0 will be distributed across line items as follows:</i>												
<i>Personal Services - \$307.1</i>												
<i>These funds will support three positions: one Medical Examiner (existing PCN), one Autopsy Assistant (PCN 06-#111), and one Investigator (PCN 06-#110).</i>												
<i>Travel - \$10.0</i>												
<i>These funds will support travel for recruitment and relocation of the new Medical Examiner, travel for staff training, and travel to support on-site investigations outside of Anchorage.</i>												
<i>Contractual - \$82.9</i>												
<i>These funds will support toxicological laboratory tests, x-ray and other equipment maintenance agreements, lease for an additional vehicle for on-site death scene investigations and body transportation, air cargo costs associated with transportation of human remains from other Alaskan communities to Anchorage, and increased communication costs (telecommunications and postage).</i>												
<i>Supplies - \$50.0</i>												
<i>These funds will enable the purchase of medical and forensic investigation supplies to support the additional medical examiner and the performance of an additional 300+ autopsies per year, including laboratory and surgical (autopsy suite) supplies, personal protective equipment, and general office supplies.</i>												
<i>Equipment - \$50.0</i>												
<i>These funds will support the purchase of new autopsy equipment to support an additional 300+ autopsies per year.</i>												
1004 Gen Fund (UGF)		500.0										
FY2011 Phase I of State Medical Examiner's Office Reforms: To Maintain Services	Inc	300.0	159.0	15.0	126.0	0.0	0.0	0.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Public Health (continued)**

**State Medical Examiner (continued)**

FY2011 Phase I of State Medical Examiner's  
Office Reforms: To Maintain Services  
(continued)

*This increment will provide additional funding for Phase I of III of the Medical Examiner's Office reforms so that all Alaska communities receive the same level of service the Medical Examiner's Office currently provides in Anchorage and the Mat-Su Valley. Phase I funding will allow the Medical Examiner to at least maintain the current levels of investigation and examination for cases statewide and take jurisdiction of more cases.*

*The purpose of the State Medical Examiner's Office is to bring trained medical evaluation to the investigation of deaths that are of concern to the public health, safety, and welfare of the State of Alaska. The State Medical Examiner's Office investigates sudden, violent, unexpected, and suspicious deaths that occur in the state. In addition to determining the cause and manner of death, the office works to provide accurate identification of decedents under their jurisdiction, and to notify the next of kin.*

*The State Medical Examiner's Office and its staff are located in Anchorage, so most deaths investigated and cases examined and/or autopsied by staff are located in Anchorage and the Mat-Su Valley. This is partly due to the fact that Anchorage and the Mat-Su Valley have the largest population base in Alaska. Another factor is that death-scene investigators can drive to the death scene from Anchorage and easily return the decedent to the Medical Examiner's Office by road. Other cases throughout Alaska are independently investigated by local law enforcement and reported to the Medical Examiner. If the Medical Examiner determines the decedent should be transported to Anchorage for further examination/autopsy, the decedent must be transported to Anchorage by plane. Transporting decedents to/from the Medical Examiner's Office is costly and causes stress to friends/family of the decedent at a difficult time. It benefits everyone if cases can be examined and resolved quickly so the decedent can be returned to their loved ones.*

*Historically, with limited available resources, staffing shortages in the Medical Examiner's Office meant only the most controversial deaths are fully investigated, including a trained investigator attending the scene of death and initiating an investigation independent of law enforcement. Based on national standards, the State Medical Examiner should be initiating an investigation at some level for 100% of the deaths that fall under their jurisdiction and examine or autopsy approximately 75% of those cases. Of the 3,362 deaths reported in Alaska during FY09, the State Medical Examiner's Office took jurisdiction in 1,556 cases. Autopsy was performed in only 253 cases (16%) and external inspection done in 124 (8%) for a total examination rate of just 24%. Recently, however, the Medical Examiner's Office has become fully staffed with a new Chief Medical Examiner and, for the first time, a third pathologist. New policies and procedures are in effect that mandate investigation and examination of more cases that fit the criteria listed above. These changes will increase the volume of cases examined/autopsied and have a substantial impact to the budget through increased costs of transport and supplies.*

*With increased caseloads there is also an increased need for investigators and autopsy assistants. This increment includes one additional full-time investigator to adequately staff the office 24/7/365 as recommended by the National Association of State Medical Examiners. The five existing investigators are presently covering the shifts with significant and sustained paid overtime. This is not only expensive but also becomes a safety issue for the employees who are fatigued after working long shifts. In addition, important details from a death scene can be missed when staff is fatigued. The increment also funds an autopsy technician to support the increased caseload generated by the new policies/procedures and having three medical examiners on staff.*

*To fulfill its statewide mandate and bring standardized death investigation to all areas of Alaska will require*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>State Medical Examiner (continued)</b>												
FY2011 Phase I of State Medical Examiner's Office Reforms: To Maintain Services (continued)												
<i>additional funding in future years. This increment, Phase I, stabilizes funding for an increased caseload. Phase II (not part of this increment) will expand services to two or three geographic areas with a large number of cases. Phase III (also not part of this increment) will further expand services throughout the state.</i>												
<i>The consequences of not investigating and examining all cases on scene that fall under the Medical Examiner's jurisdiction are extensive. Homicides may go undetected; suicides may be misdiagnosed causing inaccurate statistics and undue hardship for families. Infant deaths may not be classified correctly with cases being classified as "undetermined" due to no available scene investigation. Misidentification may abet identity theft or homicide, or cause undue hardship on families; thus creating indeterminate liability for the State of Alaska. The increase in scientific identification would decrease potential liability and aid in possible criminal prosecution. Examining all appropriate cases will aid law enforcement in determining cause and manner of death and help in determining if a criminal act is suspected. The district attorney can be assured that when a case is adjudicated, there is an accurate examination or autopsy report and identity is confirmed, and that proper photographs and handling of evidence has been performed. Additionally, by investigating and transporting all appropriate deaths, the office will be able to accurately classify the cause and manner of death, thus providing accurate statistical results for the health department and partner agencies that rely on the data. Expanding services statewide and ensuring the office is practicing and maintaining the highest standards in the profession in which it functions moves the State Medical Examiner's Office closer to its ultimate goal to develop operational standards and obtain accreditation by the National Association of Medical Examiners.</i>												
<i>In a related change record, PCN's 06-?423 and 06-1734 are being transferred from Public Health Administration, thus avoiding adding new permanent full-time positions.</i>												
1004 Gen Fund (UGF)		300.0										
FY2011 Budget Clarification Project, fund change to reflect fees for use of Medical Examiner's facility	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		10.0										
1156 Rcpt Svcs (DGF)		-10.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-3.6	0.0	-3.6	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-3.6										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	12.3	12.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$12.3												
1004 Gen Fund (UGF)		12.3										
FY2012 Increased freight costs and portion of increased workload for Phase I Improvements of State ME Office	Inc	400.0	0.0	30.0	240.0	130.0	0.0	0.0	0.0	0	0	0
<i>These funds will ensure that the present level of service can be maintained by funding the anticipated shortfall.</i>												
<i>- Phase I, begun in FY10, helped stabilize funding for an increased caseload. However, actual costs exceeded estimates, resulting in a \$500.0 projected shortfall for FY12.</i>												
<i>- Phase II will expand services to 3 geographic areas with a large number of cases and provide additional stabilization funds for the increasing caseload.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>State Medical Examiner (continued)</b>												
FY2012 Increased freight costs and portion of increased workload for Phase I Improvements of State ME Office (continued)												
- Phase III will further expand services throughout the state; maintain funding for the increasing caseload; and move the Office closer to national accreditation.												
 <i>These reforms are needed because the present Medical Examiner's Office is completely centralized in Anchorage. When a death occurs in Anchorage, a full investigation into the death occurs, including a trained Medical Examiner's investigator attending the scene of death and initiating an investigation independent of law enforcement. Currently no independent death investigation takes place in communities outside of Anchorage/Mat-Su.</i>												
 <i>The purpose of the State Medical Examiner's Office is to bring trained medical evaluation to the investigation of deaths that are of concern to the public health, safety, and welfare of the State of Alaska. The Medical Examiner's Office investigates sudden, violent, unexpected, and suspicious deaths that occur in the state 24/7/365. The Office's independent investigator makes the determination whether a body should be transported to the office for further medical examination by a pathologist. In addition to determining the cause and manner of death, the Office works to provide accurate identification of decedents under their jurisdiction and to notify the next of kin.</i>												
 <i>Phase I reforms have already improved services to Alaskan families and communities. Death Certificates are signed in a timelier manner, within 48 hours after examination and autopsy report requests are being mailed timely. Cases are released to next-of-kin for final disposition (i.e. funeral home, back to next-of-kin) within 24 hours after examination and authorization from family. Outreach to communities (i.e. Bethel, Valdez, Kodiak, Juneau, and Fairbanks) informed stakeholders about changes in the Medical Examiner's Office policies and procedures and provided valuable information on the increase in cases in the past year.</i>												
 <i>In FY2010, the Medical Examiner's Office experienced a marked increase in the volume of cases that were examined and autopsied. The number of cases under the Medical Examiner's Office jurisdiction increased 28% from FY2009 to FY2010. Of the 3,300 deaths reported in Alaska during FY2010, the Medical Examiner's Office took jurisdiction in 60% of the cases (1,989), up from 46% in FY2009 (1,556/3,362). The number of cases examined or autopsied doubled from 377 (24%) to 754 (38%) cases. This trend is expected to continue.</i>												
 <i>The drastic increase in caseload resulted in a \$300.0 shortfall for FY2010, primarily for freight costs to transport cases. The Office received \$300.0 GF supplemental funding in FY2010 and a \$300.0 GF increase to the base budget in FY2011. However, this still leaves a projected deficit of \$300.0 to simply maintain services in FY2011, for which the Division will again request supplemental funding. The shortfall related to Phase I improvements is expected to increase to \$500.0 in FY12 along with caseload.</i>												
 <i>The increased work load in the central office was possible because the Office became fully staffed with a new Chief Medical Examiner and, for the first time, a third pathologist. New policies and procedures are in effect that mandate transportation of all cases that warrant an examination by a forensic pathologist, regardless of their location of death. However, the increased caseload is presently being done with significant overtime to cover all shifts and creates potential for exhaustion, burn out, and injury.</i>												
 <i>The consequences of not investigating and examining all cases on scene that fall under the Medical Examiner's jurisdiction are extensive, creating an indeterminate liability for the State of Alaska. Without additional stabilizing</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>State Medical Examiner (continued)</b>												
FY2012 Increased freight costs and portion of increased workload for Phase I Improvements of State ME Office (continued)												
<i>funds the Office will remain understaffed. Understaffing results in transportation and death investigations of human remains being delayed or abandoned, causing possible decomposition or worse -- an undetermined cause of death. Homicides may go undetected; suicides may be misdiagnosed; misidentification may abet identity theft, cause undue hardship on families, or result in inaccurate statistics.</i>												
1004 Gen Fund (UGF)		400.0										
<b>* Allocation Total *</b>		<b>1,338.9</b>	608.6	51.4	448.9	180.0	50.0	0.0	0.0	3	0	0
<b>Public Health Laboratories</b>												
FY2006 Provide Testing Service for the Alaska Native Health System	Inc	500.0	68.0	0.0	0.0	432.0	0.0	0.0	0.0	0	0	0
<i>In 2002 the Alaska Public Health Laboratory (APHL), Division of Public Health, developed the capacity to utilize a new testing technology for detecting gonorrhea and Chlamydia infection. These two organisms are by far the most common agents of sexually transmitted diseases in Alaska. Infertility, pregnancy complications, and spontaneous abortion are just a few of the possible consequences of infection. The new testing system, Aptima, is a cost effective, non-invasive technique utilizing urine samples. The APHL currently tests over 20,000 specimens per year using the Aptima system.</i>												
<i>The Alaska Native Medical Center (ANMC) does not have the ability to perform lab tests utilizing the Aptima system, and currently procures these testing services from a commercial laboratory in the lower 48. ANMC would like to partner with APHL to purchase these services in Anchorage, thereby improving services for their population by decreasing test result turnaround times. ANMC estimates they would send up to 20,000 specimens per year to APHL, and would provide the financing required to support the additional supplies required to perform these tests through a contract.</i>												
<i>Advantages to the State of this new partnership include access to additional epidemiological data for improving disease surveillance and control activities, increased laboratory capacity for responding to public health threats and emergencies, and retention of Alaskan dollars and jobs in state. Advantages to ANMC include rapid lab result turn-around time (same day results as opposed to 2-3 days), timely treatment opportunity for patients, and reduced cost.</i>												
1108 Stat Desig (Other)		500.0										
FY2006 Assistance for Increased Fuel Costs	Inc	29.9	0.0	0.0	29.9	0.0	0.0	0.0	0.0	0	0	0
<i>Due to escalating oil prices, many of the State's 24 hour and medical facilities are experiencing increased fuel costs for FY05. This increment is requested to help offset increased fuel costs in FY06. The increment is based upon a 15% increase over projected costs for FY05.</i>												
1004 Gen Fund (UGF)		29.9										
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness	Inc	500.0	269.4	15.0	100.0	103.2	12.4	0.0	0.0	2	0	0
<i>The control of infectious diseases has become increasingly complex and challenging. Over the past 30 years more than 30 new infectious diseases have been discovered; recent examples are SARS and the H5N1 strain of avian influenza. To truly protect the health of Alaskans, the Division of Public Health must sustain well-established core public health programs such as tuberculosis control and immunizations, while taking on new challenges, such as pandemic influenza planning and bioterrorism preparedness. This \$1,000.0 GF request will modernize and</i>												



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<b>Public Health (continued)</b>												
<b>Public Health Laboratories (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<i>strengthen an aging and under-funded infectious disease control system to keep Alaskans safe and secure from old and new infectious disease threats and public health emergencies. Associated requests for infectious disease control are included in the Nursing and Epidemiology components.</i>												
<i>Strengthening our surveillance capacity and outbreak response will assure that communicable diseases are detected earlier and that fewer Alaskans become ill. A strong public health laboratory system will mean that infectious diseases are diagnosed rapidly and will hasten appropriate treatment to prevent further spread. These are core public health activities. With a stronger laboratory using modern technology this will allow us to rapidly diagnose cases and to quarantine and isolate to contain disease. These are formidable tasks, but absolutely necessary if the health of Alaskans is to be protected.</i>												
<i>New challenges that threaten to shift attention away from core activities have resulted in resurgence of diseases that have previously been contained.</i>												
<i>' During the first 9 months of 2005, 82 cases of pertussis have been identified, more than in 2003 and 2004 combined. Pertussis (whooping cough), an ancient disease, is becoming more common in Alaska, in spite of an effective childhood vaccine. This is due, in part, to a new more sensitive laboratory test and providers are ordering this test more frequently, but there is evidence that there is more disease as well.</i>												
<i>' In 2000, Alaska reported the highest rate of tuberculosis in the country because of several large outbreaks. There have been no large outbreaks since 2000, but Alaska continues to be among the top five states with the highest TB rates in the U.S.</i>												
<i>' In 2003 Alaska had the highest rate of chlamydia disease in the U.S. - 3,900 cases for a rate of 606 cases per 100,000 population. An improved testing method and more thorough investigations were successful in uncovering disease that would not have been diagnosed otherwise. Each of these cases requires treatment and partner notification.</i>												
<i>' In 2004, Alaska ranked 45 of 50 states with only 75.3% of 0-3 year old children fully immunized.</i>												
<i>' The Division responds to outbreaks related to tourism almost every summer. In 1997 and 1998 large summer influenza outbreaks strained laboratory, epidemiology and public health nursing resources.</i>												
<i>Of the emerging public health threats, a new deadly strain of avian influenza (H5N1) is most concerning. This virus has only been found in Asia, and to date has had limited impact on humans, with 125 human cases and 64 deaths reported worldwide as of 11/9/05. With a death rate of over 50%, no vaccine readily available, and limited antiviral drugs, a human epidemic of avian influenza would be devastating. Alaska has many direct air and shipping links to Asia, and is a major hub for international air cargo shipping. In addition, Asian birds migrate to Alaska each summer and share nesting grounds with North and South American migratory birds; in theory avian influenza could be introduced to a new continent through Alaska. The Public Health Labs are working in conjunction with other agencies for the protection of all Alaskans against avian flu.</i>												
<i>To control old infectious disease challenges, and detect and respond to new agents, the Division must have a</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Public Health Laboratories (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<i>multi-pronged approach. The Sections of Epidemiology, Public Health Nursing, and Public Health Laboratories are each integral and interdependent when it comes to disease control - working together in a continuous cycle of discovery, investigation, intervention, monitoring and reporting.</i>												
<i>The Section of Public Health Laboratories is critical to effective disease surveillance (such as West Nile virus, influenza, tuberculosis), as well as for the rapid and accurate identification of the agents during an investigation or outbreak. The Public Health Laboratory is the only laboratory in Alaska with the ability to test for a wide variety of diseases. Specimens that would otherwise be sent out of state for analysis include those requiring analysis for anthrax, botulism, tuberculosis and influenza, as just a few examples. Laboratory staff must maintain high competency levels and each state-of-the-art test requires sophisticated equipment and expensive reagents. The State Laboratory is also a reference laboratory for medical laboratories throughout Alaska and other agencies such as the FBI, HAZMAT teams, the Municipality of Anchorage, and the military. The Public Health Laboratories are also required at times to develop special testing methodologies for conditions unique to Alaska.</i>												
<i>Scientists within the Public Health Laboratory must be cross trained to maximize efficiency and workforce capacity and allow for rapid and seamless reassignment during unexpected public health events and emergencies (surge capacity). Because of the security, complexity, and biocontainment requirements of this needed training, the staff of the public health laboratories must travel to highly specialized reference and training laboratories outside of Alaska, such as the BioSafety Level 4 laboratories at the Centers for Disease Control and Prevention in Atlanta, Georgia, to receive this training.</i>												
<b>CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:</b>												
<i>This increment request is a long-term investment in the health of Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as improved turnaround times of test results, and number of new testing methodologies implemented), 2) interim impact goals (e.g., improved diagnosis and treatment rates), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to infectious diseases). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for reduction of tuberculosis and chlamydia incidence rates.</i>												
<i>This \$1,000.0 GF request will support activities in the Division of Public Health's Section of Laboratories, as follows:</i>												
<i>Personal Services - \$538.6; 4 New PFT positions</i>												
<i>These funds will support two Public Health Microbiologist positions (1 new - PCN 06-#112, 1 existing insufficiently funded) and one new Laboratory Technician in the Fairbanks Public Health Laboratory (PCN 06-#113) to enhance virology testing capacity to rapidly detect influenza, a critical resource for pandemic influenza and avian influenza surveillance in Alaska. These new positions will also strengthen the laboratory detection of other viral agents, including Norovirus and enteroviruses, which also cause outbreaks in Alaska. Two Public Health Microbiologists (1 new-PCN 06-#114, 1 existing insufficiently funded) and one new Laboratory Technician in Anchorage (PCN 06-#115) will allow the Laboratory to meet increasing demand for laboratory testing that is offered only at the State Public Health Laboratory. These positions will allow the Laboratory to utilize increasingly complex technology that provides more rapid and accurate test results. A Public Health Specialist II position will provide laboratory</i>												

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<b>Public Health (continued)</b>												
<b>Public Health Laboratories (continued)</b>												
FY2007 Public Health Protection: Infectious Disease Control and Emergency Preparedness (continued)												
<i>utilization review, quality assurance, outreach and education for other laboratories in Alaska (existing, insufficiently funded position).</i>												
<i>Travel - \$30.0</i>												
<i>These funds will support laboratory personnel travel for required training in laboratory analysis techniques.</i>												
<i>Contractual - \$200.0</i>												
<i>These funds will support laboratory equipment maintenance and calibration service contracts, as well as routine administrative overhead costs associated with personnel maintenance, such as space lease, computer and HR support, risk management, and communication costs.</i>												
<i>Supplies - \$206.4</i>												
<i>These funds will support the purchase of laboratory supplies and reagents for running laboratory tests for detection of infectious diseases; computer and general office supplies; and office equipment.</i>												
<i>Equipment - \$25.0</i>												
<i>These funds will support the purchase of new laboratory equipment to support the increased staff capacity in the Anchorage and Fairbanks public health laboratories.</i>												
1004 Gen Fund (UGF)		500.0										
FY2007 Increase statutory designated program receipts (SDPR) to Provide Testing Services to Hospitals and Other Agencies	Inc	200.0	0.0	0.0	0.0	200.0	0.0	0.0	0.0	0	0	0
<i>In 2002 the Alaska Public Health Laboratory (APHL), Division of Public Health, developed the capacity to utilize a new testing technology for detecting gonorrhea and Chlamydia infection. These two organisms are by far the most common agents of sexually transmitted diseases in Alaska. Infertility, pregnancy complications, and spontaneous abortion are just a few of the possible consequences of infection. The new testing system, Aptima, is a cost effective, non-invasive technique utilizing urine samples. The APHL currently tests over 20,000 specimens per year using the Aptima system.</i>												
<i>We currently have an agreement with the Alaska Native Medical Center (ANMC) who does not have the ability to perform lab tests utilizing the Aptima system. Since we began providing this service, other agencies such as hospitals and Universities have expressed interest in obtaining this testing from the State Public Health Labs. Each of these entities currently procures these testing services from a commercial laboratory in the lower 48 and by utilizing the Public Health Labs this would improve services for their population by decreasing test result turnaround times.</i>												
<i>Advantages to the State of this new partnership include access to additional epidemiological data for improving disease surveillance and control activities, increased laboratory capacity for responding to public health threats and emergencies, and retention of Alaskan dollars and jobs in state. Advantages to "non-public health providers" include rapid lab result turn-around time (same day results as opposed to 2-3 days), timely treatment opportunity for patients, and reduced cost.</i>												
1108 Stat Desig (Other)		200.0										

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<b>Public Health (continued)</b>												
<b>Public Health Laboratories (continued)</b>												
FY2008 AMD: Delete Vacant Positions	Dec	-337.0	-337.0	0.0	0.0	0.0	0.0	0.0	0.0	-4	0	-1
<i>Delete two positions that have been vacant for an extended period; the direct service impact will not be noticeable to the public.</i>												
<i>Delete three positions that were approved in the FY07 Public Health Protection: Infectious Disease Control and Emergency Preparedness increment; however, these were not yet established as classified PCNs. This work will be absorbed into existing positions and the direct service impact will not be noticeable to the public.</i>												
1002 Fed Rcpts (Fed)		-207.4										
1004 Gen Fund (UGF)		-129.6										
FY2009 Fairbanks Virology Lab Pro-rated for Lab Opening - 1/2 year funding	Inc	395.0	0.0	0.0	395.0	0.0	0.0	0.0	0.0	0	0	0
<i>In FY06 and FY07, the state Legislature provided funding to replace the aging virology laboratory of the Alaska Public Health Laboratories (AKPHL). A White Paper authored by the Association of Public Health Laboratories and the Centers for Disease Control and Prevention (CDC) stated that the current facility housing the Alaska State Virology Laboratory (ASVL) does not meet current Occupational Safety and Health Administration nor CDC bio-containment standards. Construction of the replacement virology laboratory commenced June 2007 and is expected to be completed December 2009. This increment is for six months pro-rated costs to support operating the new laboratory (utilities, janitorial, snow removal, parking, heat, electricity, natural gas, etc.).</i>												
<i>The University of Alaska, Fairbanks (UAF) has contributed over \$1.5 million to the ASVL project. UAF researchers will have access to both a Biological Safety Level 3 (BSL3) and an Animal BSL3 laboratory for research purposes. UAF will also contribute an estimated additional \$400.0 per year for annual operational costs. Failure to fund the new laboratory operations will result in a complete shut-down of laboratory testing for viruses.</i>												
<i>The ASVL is the only laboratory of its kind in Alaska. The new ASVL will occupy 26,940 sq. ft., of which 9,495 sq. ft. will be occupied by UAF. In FY07, the ASVL received 62,352 requests for viral examination. This workload represents 50% of all testing done by AKPHL. Laboratory testing for viral diseases has increased 100% over the last 10 years. This is due to new diseases such as West Nile Virus, Severe Acute Respiratory Syndrome, and avian influenza (highly pathogenic influenza H5N1), re-emerging diseases such as measles and rabies, and common highly communicable viruses such as norovirus and enteroviruses. An aging population as well as a general increase in the population has also contributed to an increase in hepatitis and Human Immunodeficiency Virus testing. A fully functional, modern virology laboratory will enable efficient and safe laboratory testing. Additionally, the State of Alaska will be able to respond to emergencies involving exotic diseases such as smallpox and novel influenza in a timely and efficient manner.</i>												
1004 Gen Fund (UGF)		395.0										
FY2010 Preventing and controlling epidemics and the spread of infectious disease - Full operation of new virology lab	Inc	156.0	0.0	0.0	156.0	0.0	0.0	0.0	0.0	0	0	0
<i>DPH's Public Health Laboratories requests \$256.0 for preventing and controlling epidemics and the spread of infectious disease.</i>												
<i>The new Fairbanks virology lab will open on the University of Alaska Fairbanks (UAF) campus in January 2009. It is the only lab of its kind in Alaska; it tests for new diseases such as avian flu, SARS, West Nile and re-emerging diseases such as measles and rabies. The new lab will occupy 26,940 sq. ft., of which 9,495 sq. ft. will be</i>												

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<b>Public Health (continued)</b>												
<b>Public Health Laboratories (continued)</b>												
FY2010 Preventing and controlling epidemics and the spread of infectious disease - Full operation of new virology lab (continued)												
<i>occupied by UAF. A fully functional, modern virology laboratory will enable efficient and safe laboratory testing. Additionally, the State of Alaska will be able to respond to emergencies involving exotic diseases such as smallpox and novel influenza in a timely and efficient manner. The virology lab is such an important asset to the State that UAF has contributed over \$1.5 million to this project. UAF researchers will have access to both a Biological Safety Level 3 (BSL3) and an Animal BSL3 laboratory for research purposes. UAF will also contribute an estimated additional \$400,000 for yearly operational costs.</i>												
<i>DPH received an increment to heat and light the lab as construction continued in the first half of FY09. Most of this FY10 request - \$256.0 - adds to current funding and will provide funding for the first full year of operations - heat, lights and other utilities. This request also includes funds for establishing a unique shared position with the UAF Arctic Health Program - a Medical Virologist, a highly trained specialist who plays a vital role in the diagnosis, treatment and study of infectious diseases caused by viruses such as HIV, hepatitis and influenza. DPH's Section of Laboratories will contribute salary and benefits, through an RSA to UAF, \$60.0, which represents 50% of the incumbent's compensation. UAF will contribute the remaining 50%.</i>												
<i>DHSS Priority: Health and Wellness (Prevention)</i>												
<i>End Result of "Healthy People in Healthy Communities": Strategy A1 - Reduce the risk of epidemics and the spread of infectious disease</i>												
1004 Gen Fund (UGF)		156.0										
FY2011 Budget Clarification Project, fund change to reflect fees from x-ray equipment certifications	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		69.2										
1156 Rcpt Svcs (DGF)		-69.2										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-4.7	0.0	-4.7	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.1										
1004 Gen Fund (UGF)		-4.6										
FY2011 Correct Unrealizable Fund Sources in the FY2011 GGU Year 1 Salary and Health insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-32.7										
1004 Gen Fund (UGF)		32.7										
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		16.4										
1004 Gen Fund (UGF)		-16.4										
FY2011 Correct Unrealizable Fund Sources in Year 1 SU Salary and Health Insurance	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-17.8										
1004 Gen Fund (UGF)		17.8										

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<b>Public Health (continued)</b>												
<b>Public Health Laboratories (continued)</b>												
FY2011 Deny 50% of F&G & Fed funds & other fund sources in the FY2011 GGU & SU Year 1 Salary and Health Insurance Increase	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		8.9										
1004 Gen Fund (UGF)		-8.9										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$0.5												
1002 Fed Rcpts (Fed)		0.5										
FY2012 Public Health Laboratory Financial Sustainability	IncM	100.0	70.0	0.0	30.0	0.0	0.0	0.0	0.0	0	0	0
<i>Increased program receipt authority will enable the Public Health Laboratories (Labs) to maintain services. During the past five years, the number of tests performed by the Laboratories has nearly doubled from 77,000 to over 148,000. The complexity and cost of these tests have increased exponentially while the budget has remained flat. Additionally, overhead costs have increased more than 25% during the same period. To keep up with rising costs and yet maintain services the Public Health Laboratories are standardizing fees charged for lab testing services.</i>												
<i>Contractual services will pay for maintenance contracts for scientific instruments (required under 42 CFR 493) personnel costs with cover the on-call requirements of operating a 24/7/365 facility.</i>												
<i>The Public Health Laboratories provide a cost-efficient service. The Labs expended approximately \$6,400.0 for lab testing in FY10 compared to more than \$20,000.0 if these services were contracted out. It is essential that scientific and medical supplies, as well as energy and other contractual services be sufficient to effectively and efficiently provide public health laboratory services.</i>												
<i>More and more scientific data indicates that persons abusing drugs, diabetics, the young, elderly, native Alaskans, rural and subsistence-dependent populations are more at risk of contracting infectious diseases. It is prudent that early and accurate diagnostics be available to prevent, mitigate and treat these morbidities. The programs and laboratory testing offered by the Public Health Laboratories are of such vital importance to the State of Alaska that the Toxicology unit received the Governor's Award of Excellence in 2008.</i>												
<i>Without adequate budget authority, vital and life-saving testing, such as testing for tuberculosis, hepatitis, botulism, and rabies, may have to be curtailed or eliminated.</i>												
1005 GF/Prgrm (DGF)		100.0										
<b>* Allocation Total *</b>		<b>1,539.7</b>	<b>70.9</b>	<b>10.3</b>	<b>710.9</b>	<b>735.2</b>	<b>12.4</b>	<b>0.0</b>	<b>0.0</b>	<b>-2</b>	<b>0</b>	<b>-1</b>
<b>Tobacco Prevention and Control</b>												
FY2006 Utilize increased tobacco tax revenue for tobacco prevention and cessation activities	Inc	1,230.0	0.0	0.0	630.0	0.0	0.0	600.0	0.0	0	0	0
<i>This increment will allow the Division of Public Health to utilize additional revenues generated from the increased tobacco tax to support expanded tobacco prevention and control activities.</i>												
<i>The Tobacco Prevention and Control Program in the Division of Public Health has four major public health goals: (1) to prevent initiation of tobacco use among young people; (2) to promote quitting among adults and young people; (3) to identify and eliminate tobacco-related disparities in specific populations identified as of special</i>												

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<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2006 Utilize increased tobacco tax revenue for tobacco prevention and cessation activities (continued)												
<p><i>vulnerability or with above-norm tobacco use patterns; and, (4) to eliminate exposure to secondhand smoke. The Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs recommends both minimum and maximum funding levels as well as program composition for comprehensive tobacco programs in each state. Alaska's tobacco program is organized and funded in order to follow CDC's Best Practices and to achieve the program goals noted above. Alaska's FY 05 funding level for tobacco activities of \$5,251.8 (Federal and Tobacco Fund) currently falls short of CDC's recommended minimum level of \$8,100.0 by \$2,848.2. This increment will bring Alaska to within one and a half million dollars of CDC's recommended minimum.</i></p> <p><i>Based on the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs and specific recommendations from the Alaska Tobacco Control Alliance, the Division will utilize these funds in the following program areas:</i></p> <ul style="list-style-type: none"> <li><i>' Community-based programs to reduce tobacco use (\$400,000)</i></li> <li><i>' Cessation programs (\$500,000)</i></li> <li><i>' Media/countermarketing (\$100,000)</i></li> <li><i>' Surveillance and Evaluation (\$230,000)</i></li> </ul> <p><i>It will support the expansion of grants and contracts to community-based organizations and statewide associations involved in supporting the goals of tobacco prevention and cessation in Alaska.</i></p>												
1168 Tob ED/CES (DGF)		1,230.0										
FY2007 Alaska's Healthy Future: Communities Keeping our Kids Tobacco-Free	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
<p><i>Too many Alaskan children initiate tobacco use at a young age. Some are addicted before they even reach high school. Reducing and eventually eliminating tobacco use among youth is one of the State's highest public health priorities. The entire \$500.0 in Tobacco funds requested in this increment will be provided to communities for activities specially targeted to helping schools, parents, and students in their efforts to protect our children from tobacco addiction.</i></p> <p><i>We should be encouraged that Alaska's 2003 Youth Risk Behavior Survey demonstrated that far fewer of our high school youth are smoking now than in the mid-90's (down to 19%, from 37% just 10 years ago). But we cannot become complacent. There is emerging evidence that the downward trend in youth smoking may be flattening out, and potentially starting to move upward. Knowing that tobacco use is the leading cause of preventable death in Alaska, with one in every five deaths attributable to tobacco, and knowing the majority of adult tobacco users began this habit in their youth, it is imperative we do everything we can to prevent our children from developing the tobacco habit, and helping those who've started to quit.</i></p> <p><i>Examples of activities that will be supported with these new community grant funds include:</i></p> <ul style="list-style-type: none"> <li><i>- Development and distribution of educational materials that provide information specific to cessation resources in each community, to help parents and schools in assisting their tobacco-addicted children kick-the-habit.</i></li> <li><i>- Provision of information and technical assistance to local school districts, school boards, parents, teachers and students to help with the development of tobacco-free policies within public schools and at sporting events and other school activities.</i></li> </ul>												

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<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2007 Alaska's Healthy Future: Communities												
Keeping our Kids Tobacco-Free (continued)												
<ul style="list-style-type: none"> <li>- Development of culturally-appropriate anti-tobacco curricula for use in our schools.</li> <li>- Training for school staff who will be teaching anti-tobacco curricula.</li> <li>- Development and implementation of community-based evaluation plans, so communities can make informed decisions about how their youth tobacco prevention efforts should be improved or continued.</li> </ul>												
CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:												
<p>Helping Alaska's children to be tobacco-free not only helps them to start healthy and grow strong. It will result in a healthier workforce (and thus a healthier economy) when today's youth become tomorrow's adults, with decreased absenteeism and lower employer-supported health care costs. And eventually today's investment in youth tobacco prevention will result in reduction in early deaths, more years of productive life, decreased disability and suffering, and increased quality of life, as our children reach their later years free from lung cancer, emphysema, heart disease, and other tobacco-related illnesses. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the activities bulleted above), 2) interim impact goals (e.g., reduced teen smoking rates), and 3) desired long-term outcomes (e.g., reduced illness and disability due to cancer, lung and heart disease). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for reduction of cancer and heart disease deaths.</p>												
Grant funds will be distributed to current and new community-based Tobacco Prevention and Control Program grantees to support specially targeted youth-prevention activities in their communities, at sporting events, and in schools.												
1168 Tob ED/CES (DGF)		500.0										
FY2008 AMD: Alaska's Healthy Future: Tobacco Prevention and Control	Inc	1,000.0	0.0	0.0	500.0	0.0	0.0	500.0	0.0	0	0	0
<p>Tobacco use is the number one cause of preventable death in Alaska. Of the adult Alaskan population, 24 percent of all adults, 48 percent of low income, 44 percent of Alaska Natives, and 45 percent of adults with less than a high school education use tobacco. More than 77 percent of adult tobacco users in Alaska report that they want to quit. Each year, tobacco use and/or exposure to secondhand smoke cuts short the lives of nearly 600 Alaskans and costs the state over \$329 million in direct medical costs and lost productivity due to tobacco-related deaths. This amount is almost certainly an underestimate since it does not account for lost productivity from tobacco-related illness. At the same time, the tobacco industry spends an annual estimated \$32.8 million in Alaska to promote tobacco use (2003 estimate). This \$1,000.0 increment will fund strategies to help Alaskan communities reduce tobacco use. A companion request for tobacco prevention and control is included in the Chronic Disease Prevention and Health Promotion component.</p> <p>The number one cause of death in Alaska is cancer. Lung cancer, cancer of the oral cavity, esophagus, pancreas, cervix, colon and rectum are associated with tobacco use. In the Alaskan population, lung cancer is the most common and most fatal cancer, resulting in over 30 percent of cancer-related deaths. Ninety percent of lung cancer is tobacco-related. Many other health conditions are related to tobacco use. These include heart disease, stroke, emphysema, asthma, upper respiratory diseases, diabetes, and low birth weight babies. Given the high rate of tobacco use in Alaska and the disparities in tobacco use that exist in Alaska, it is vital to implement programs that decrease death, disability and the economic burden related to tobacco.</p>												



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<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2008 AMD: Alaska's Healthy Future:												
Tobacco Prevention and Control (continued)												
<i>The Division of Public Health (DPH) will stem the tide of increasing poor health and health care costs and decreasing quality and length of life in Alaska due to tobacco use by implementing</i>												
1) Community-Based Primary Prevention;												
2) Community-Based Secondary Prevention;												
3) Provider-based Secondary Prevention; and												
4) Expanded Statewide Media.												
 COMMUNITY-BASED PRIMARY PREVENTION												
<i>In order to achieve reductions in secondhand smoke exposure and individual behavior change that supports non-use of tobacco, communities must change the way tobacco is promoted, sold and used. Communities can also change social norms around tobacco use by targeting tobacco-related knowledge, attitudes and practices. Geography, culture and climate vary greatly around the state of Alaska and no single approach will work for all communities. As such it is important to recognize that for any strategy to be successful and for long-term health outcomes to improve, the work has to be done at the community level where people live, work and go to school. Local governments, community groups, school boards, and employers need to take the lead in developing and instituting these opportunities but DPH can offer support. This increment will provide additional resources to community agencies working to change local policies and social norms around tobacco, and increase the number of communities statewide that receive local funding.</i>												
 Following are examples of expected impacts of these community level activities:												
<i>- More Alaskan communities maintaining programs and implementing policies that promote no tobacco use and prevent secondhand smoke exposure, and more training and technical assistance to those communities.</i>												
<i>- More Alaskan schools implementing programs and policies to promote no tobacco use among children, and training and technical assistance to these schools.</i>												
<i>- Support to Alaskan employers to implement and maintain policies and programs that promote no tobacco use and reduce exposure to secondhand smoke.</i>												
<i>- Improved reporting and evaluation system for community- and school-based tobacco prevention and control in order to identify promising practices that can be replicated in other communities.</i>												
 COMMUNITY-BASED SECONDARY PREVENTION												
<i>Health care systems and providers play an important role in reducing tobacco use. Evidence-based clinical practice guidelines describe a variety of strategies for health care systems that are effective in helping tobacco users to quit, including brief advice by providers to quit, and provision of FDA-approved medications. Population-based cessation, such as the Alaska Tobacco Quit Line, is an additional proven strategy. The Division of Public Health will increase the number of health care centers that receive funding to implement health system changes that support tobacco cessation; provide training and technical assistance to those health care centers; and increase the capacity of the Alaska Tobacco Quit Line to provide direct support to tobacco users statewide who want to quit.</i>												
 Following are examples of expected impacts of these community level activities:												
<i>- More Alaskan health care centers maintaining comprehensive tobacco cessation programs that systematically identify tobacco users and assist them to quit.</i>												
<i>- Training and technical assistance to health care centers and providers implementing comprehensive tobacco cessation programs.</i>												

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<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2008 AMD: Alaska's Healthy Future:												
Tobacco Prevention and Control (continued)												
<ul style="list-style-type: none"> <li>- Increased capacity for the Alaska Tobacco Quit Line to provide counseling and medication to tobacco users statewide.</li> <li>- More Alaskan tobacco users making quit attempts and more increasing their chance of success by using cessation programs including the Alaska Tobacco Quit Line in order to quit.</li> </ul>												
 <i>PROVIDER-BASED SECONDARY PREVENTION</i>												
The division will integrate how risk factors for cardiovascular disease are addressed by removing barriers that prevent practitioners from simultaneously treating high blood pressure and tobacco use.												
 Following are examples of expected impacts of these community level activities:												
<ul style="list-style-type: none"> <li>- Describe the current practice standards of health care providers for treating tobacco users with high blood pressure.</li> <li>- Describe the barriers preventing health care practitioners from simultaneously prescribing tobacco cessation medications while treating high blood pressure.</li> <li>- Training and technical assistance to health care providers to systematically treat tobacco use and high blood pressure using an algorithm approach.</li> </ul>												
 <i>MEDIA</i>												
Research shows that counter-marketing promotes quitting, decreases the likelihood that individuals will start to use tobacco, and supports community efforts to create tobacco-free social norms. The division will expand the existing statewide tobacco prevention and control media program to increase the duration and intensity of statewide urban and rural tobacco prevention media, including more specific messages targeting youth and populations known to have high rates of tobacco use (Alaska Natives, Alaska Native youth, smokeless tobacco users, Alaskans with lower educational attainment, low income Alaskans), and more messages that describe the link between tobacco use and heart disease and stroke.												
 Following are examples of expected impacts of these community level activities:												
<ul style="list-style-type: none"> <li>- More incentives to quit tobacco through widespread understanding of heart disease and stroke as major health effects of tobacco use.</li> <li>- More widespread awareness of the health effects of secondhand smoke.</li> <li>- More widespread awareness of cessation resources, including the Alaska Tobacco Quit Line, by population segments with high rates of tobacco use.</li> <li>- Evaluation of expanded media efforts in order to ensure that they effectively reach Alaskans, especially population segments most affected by tobacco use.</li> <li>- Increased education for health care providers regarding tobacco cessation treatment protocols while treating high blood pressure.</li> </ul>												
 <i>CHANGE IN RESULTS TO BE ACHIEVED WITH INCREMENT FUNDING:</i>												
This increment request is a long-term investment in the health of Alaskans. If funded, it will provide multiple Alaskan communities with resources that can be used to begin the work to reduce the burden of tobacco use and to increase positive health outcomes of all Alaskans. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the activities bulleted above), 2) interim impact goals (e.g., decreased exposure to secondhand smoke, decreased tobacco consumption, increased quit attempts), and 3) desired long-term outcomes (e.g., reduced												

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<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2008 AMD: Alaska's Healthy Future:												
Tobacco Prevention and Control (continued)												
<i>tobacco use, reduced illness and disability due to cancer, heart disease, stroke, respiratory disease).</i>												
<i>This increment will bring Alaska closer to the minimum amount (\$8,100.0) recommended by the U.S. Centers for Disease Control and Prevention as needed to fund a successful comprehensive tobacco prevention and control program for our state. This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU and the DHSS agency budget for reduction of cancer deaths and heart disease deaths.</i>												
<i>Last year's additional investment of \$500.0 appropriated in an FY 07 operating budget increment is currently supporting development and implementation of comprehensive urban and rural school tobacco prevention programs. Successful implementation of these programs has been shown in other states to lead to decreases in tobacco use among children in participating schools.</i>												
<b>MISSIONS AND MEASURES REFERENCE:</b>												
<i>Public Health M&amp;M for heart disease death rate (A:3)</i>												
<i>Public Health M&amp;M for cancer death rate (A:4)</i>												
<i>Public Health M&amp;M for prevalence of tobacco use in Alaskan youth (A2:1)</i>												
<i>The requested \$1,000.0 Tob Ed/Ces funds will support activities as follows:</i>												
<i>Contractual - \$500.0</i>												
<i>These funds will support expansion of the statewide tobacco prevention and control media program; contracts for the provision of additional technical assistance to school, community, and cessation grantees; initiation of a joint program with the Heart Disease and Stroke Prevention Program to increase referrals by health care providers to cessation resources and improve management and treatment of high blood pressure; and, expansion of capacity for the Alaska Tobacco Quit Line.</i>												
<i>Grants - \$500.0</i>												
<i>These funds will be used to enhance grant awards to community-based tobacco prevention and control grantees, and to increase the number and funding levels of cessation grants available to health care centers.</i>												
1168 Tob ED/CES (DGF)		1,000.0										
FY2008 Reduce Alaska's Healthy Future: Tobacco Prevention & Control request	Dec	-1,000.0	0.0	0.0	-500.0	0.0	0.0	-500.0	0.0	0	0	0
1168 Tob ED/CES (DGF)		-1,000.0										
FY2008 Restores funding for Alaska's Healthy Future program: Tobacco Prevention & Control	Inc	1,000.0	0.0	0.0	500.0	0.0	0.0	500.0	0.0	0	0	0
<i>Amendment #1 adopted in House Finance Sub Committee action on 3/12/07.</i>												
<i>Restores funding for the Alaska's Healthy Future program at the Governor's requested level with the \$1m Tobacco Education Cessation funds (language per amendment #1).</i>												
1168 Tob ED/CES (DGF)		1,000.0										
FY2009 Tobacco Prevention and Control	Inc	813.0	0.0	0.0	428.0	0.0	0.0	385.0	0.0	0	0	0
<b>WHAT IS NEEDED:</b>												
<i>This increment will allow the Division of Public Health to address the following areas, as a part of the</i>												

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<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2009 Tobacco Prevention and Control (continued)												
<i>comprehensive, evidence-based statewide Alaska Tobacco Prevention and Control (TPC) Program, to stem the tide of increasing poor health and health care costs, and decreasing quality and length of life in Alaska due to tobacco use.</i>												
<i>Contractual - \$428.0</i>												
<i>These funds will go towards the successful Community-Based Tobacco Prevention Grant Program for additional technical assistance as follows:</i>												
<i>--the initiation of a statewide tobacco media library and mail-out center, to be housed on the web, and provide media created by the Alaska Tobacco Prevention and Control Program to Alaskans statewide</i>												
<i>--the programmatic phase of a joint program with the Heart Disease and Stroke Prevention Program to address hypertension and tobacco use</i>												
<i>--a new statewide youth prevention pilot project to provide training to adults and teens interested in starting youth action groups in their communities focused on tobacco prevention, as well as small grants to these groups to fund projects and activities</i>												
<i>--a training project to provide the most current tobacco cessation training and continuing education to healthcare providers in the state.</i>												
<i>Grants - \$385.0</i>												
<i>These funds will be used to enhance grant awards to the Community-Based Tobacco Prevention Grant Program to increase their work in coalition building, youth prevention, policy making and/or counter-marketing; and to provide new Community-Based Tobacco Prevention Grant awards to communities and regions that have not received funding before, including communities focusing on special populations. The Community-Based Tobacco Prevention Grant Program has a proven record of success, and these additional funds will continue using these nationally-recognized, evidence-based strategies.</i>												
<i>Missions and Measures:</i>												
<i>A: Result--Outcome Statement: Healthy People in Healthy Communities</i>												
<i>A2: Strategy-Reduce Suffering, Death, and Disability Due to Chronic Disease</i>												
1168 Tob ED/CES (DGF)		813.0										
FY2010 Tobacco prevention and control	Inc	555.0	0.0	0.0	227.0	0.0	0.0	328.0	0.0	0	0	0
<i>DPH's Tobacco Prevention and Control component requests \$555.0 to enhance the Tobacco Education Cessation program.</i>												
<i>This request will fund strategies to help Alaskan communities reduce tobacco use. The funding will pay for \$328.0 to enhance successful, evidence-based community and school grants and \$227.0 in technical assistance to provide better targeted expertise at the local level - including developing and distributing locally-targeted communications materials.</i>												
<i>This will build on successes achieved over the past 12 years as Alaska developed a statewide, comprehensive, evidence-based tobacco prevention and control program funded through the Tobacco Use and Cessation Fund. As a result of these efforts, the percentage of adults who smoke has dropped from 27.7% in 1996 to 21.5% in 2007. This is a statistically significant decrease that means:</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2010 Tobacco prevention and control (continued)												
<ul style="list-style-type: none"> <li>o There are 27,000 fewer smokers in Alaska now than in 1996;</li> <li>o Nearly 8,000 tobacco-related deaths will be averted; and</li> <li>o Nearly \$300 million in medical costs will be saved.</li> </ul>												
<p>Yet there are still approximately 94,000 adults in Alaska who smoke. More than 65 percent of adult tobacco users in Alaska report that they want to quit. The Center for Disease Control (CDC) developed evidence-based guidelines for tobacco prevention and control, including recommended funding levels for states. The Alaska program is funded at \$1.6 million below the current CDC recommendation.</p>												
<p>The number one cause of death in Alaska is cancer; tobacco use is the top preventable contributor to cancer. Ninety percent of lung cancer is tobacco related. Many other health conditions are related to tobacco use. These include heart disease, stroke, emphysema, asthma, upper respiratory diseases, diabetes, and low birth weight babies.</p>												
Details of this request:												
<p>Grants - \$328.0</p> <p>These funds will be used to enhance grant awards to the existing Community-based Tobacco Prevention Grant Program, the K-12 School-Based Grant Program, and the Cessation Interventions Grant Program.</p> <ul style="list-style-type: none"> <li>o Increase community grantee coordinators to a minimum of 1.0 FTE: (\$193.0)</li> </ul>												
<p>This funding will permit the TPC program to require each community-based grantee to employ a coordinator at a minimum of a 1.0 FTE (currently .75 FTE). The coordinator is essential to organizing community efforts aimed at coalition building, counter-marketing strategies and youth-focused prevention activities supporting regional and community policy efforts.</p> <ul style="list-style-type: none"> <li>o Evaluation training for grantees: (\$35.0)</li> </ul>												
<p>All grantees will be required to attend a one-day training in Anchorage specific to tobacco program evaluation. These funds will support grant coordinator travel for one to two staff per grantee to Anchorage.</p> <ul style="list-style-type: none"> <li>o Expansion of the school-based grantee program: (\$100.0).</li> </ul>												
<p>One new K-12 School-based grant will be awarded to a community not currently served by the TPC program.</p>												
<p>Contractual - \$227.0</p> <p>These funds will be used to provide technical assistance (TA) focused specifically on communications to the three Tobacco Grant Programs, as well as evaluation of this effort. To sustain the success of all these programs and improve their reach to high-risk populations, more expertise at the local, community-based level is needed. Grantees will receive technical assistance to develop tobacco cessation and prevention messages tailored to specific populations, such as pregnant women, Alaska Natives and individuals of low socioeconomic status.</p>												
The TA will consist of the following:												
<p>1) Statewide Communication Consultation: (\$127.0)</p> <p>Consultation will include statewide training to build community-specific capacity and provide infrastructure for</p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2010 Tobacco prevention and control (continued)												
<i>tailored, strategic, media development and distribution.</i>												
2) Disparities Training: (\$75.0)												
<i>Development and implementation of a tobacco disparities track at the annual Alaska Tobacco Control Alliance Summit. The training will focus on building the Leadership for Eliminating Alaskan Disparities (LEAD) Coalition's capacity to implement the 2007 Disparities Strategic Plan statewide.</i>												
3) Evaluation: (\$25.0)												
<i>The TPC's Surveillance and Evaluation Unit is instrumental when developing plans to address efforts at the community and priority population level in Alaska. The TPC program is committed to rigorous data collection and analysis and will use these funds to increase the dissemination of local and regional data to better serve the needs of all grantees and programs, as well as provide the necessary training and technical assistance regarding the interpretation and use of these publications for grantees and partner organizations.</i>												
DHSS Priority: Health and Wellness (Prevention)												
<i>End Result of "Healthy People in Healthy Communities": Strategy A2 - Reduce suffering, death and disability due to chronic disease; Target #1 - Less than 17% of high school youth in Alaska smoke</i>												
1168 Tob ED/CES (DGF)		555.0										
FY2011 Empowering Alaskans to Take Personal Responsibility:	Inc	400.0	0.0	0.0	40.0	0.0	0.0	360.0	0.0	0	0	0
Sustained Progress in Tobacco Prevention and Control												
<i>This increment will promote and protect the health of Alaskans by reducing death and disability associated with tobacco use.</i>												
<i>Funding is needed to build on the progress made by the Tobacco Prevention and Control program to reduce smoking and smokeless tobacco use, with a focus on priority populations. Over the past 12 years, Alaska successfully developed a statewide, comprehensive, evidence-based tobacco prevention and control program funded through the Tobacco Use and Cessation Fund. As a result of these efforts, the percentage of adults who smoke has dropped from 27.7% in 1996 to 21.5% in 2007. To realize further reductions in the prevalence of smoking, achieve additional savings in health care costs resulting from reduced tobacco use, and increasing quality and length of life, the comprehensive, evidence-based statewide Tobacco Prevention and Control Program must be sustained and efforts to reach disparate populations with higher prevalence rates must be increased.</i>												
<i>A smokeless tobacco prevention and cessation project will be piloted in rural Alaska, where nearly a quarter of the population uses smokeless tobacco. Funds will also be made available through established grant programs for expanded tobacco prevention and control work with high prevalence populations. Additional funds will be used to expand the scope and reach of the Cessation Interventions grant program of the Tobacco Prevention and Control program.</i>												
<i>Outcomes will be measured in terms of progress toward Healthy Alaskans 2010 tobacco use targets among Alaskan adults and youth of all racial and ethnic backgrounds living in all areas of the state. Key targets are: Adult Smoking Rate (14%), Adult Smokeless Rate (3%), High School Smoking Rate (17%), and High School Smokeless Rate (8%).</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2011 Empowering Alaskans to Take Personal Responsibility: Sustained Progress in Tobacco Prevention and Control (continued) 1168 Tob ED/CES (DGF) 400.0												
FY2012 Sustaining Progress in Tobacco Prevention and Control	Inc	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
<p><i>This funding would support an expanded network of health care professionals trained to address tobacco use with their patients. The funding would broaden outreach throughout Alaska to inform the public on the dangers of tobacco use and increase the number of providers who are referring tobacco users for cessation services. The contract is estimated to provide funding for 4-6 jobs outside of state government and the expansion of the types of providers aware of and referring clients to cessation services.</i></p> <p><i>Tobacco remains a significant public health problem in Alaska, killing nearly 600 people annually and generating almost \$380 million in medical costs and lost productivity each year. Every \$1 spent on tobacco prevention and control saves \$3 in health care related costs. Alaska has made considerable progress in reducing the burden of tobacco use by implementing a sustained, comprehensive tobacco prevention and control program that includes a tobacco Quit-line, media, community programs, and grants to schools and healthcare organizations. Since the inception of the program adult smoking rates have declined significantly and youth smoking rates have been cut in half.</i></p> <p><i>Despite the progress made, tobacco use remains a critical health issue in Alaska and disproportionately affects Alaska Natives, individuals of low socioeconomic status, and rural residents. Forty-one percent of Alaska Natives adults smoke, compared to the state average of 22%. Alaska Native youth are also more likely to smoke than their non-Native peers (32% vs. 13%). Smoking prevalence among adults of lower socioeconomic status is 38%, and 36% of adults living in rural areas report being current smokers.</i></p> <p><i>The Alaska Tobacco Prevention and Control (TPC) Program will build on the success demonstrated by the Community and Tobacco Cessation grant programs. These programs have succeeded in educating Alaskan communities and populations regarding the negative effects of tobacco use, and have provided resources to implement and sustain prevention and cessation efforts. Grants to the nine Cessation Grant Program grantees have supported the kinds of sustainable changes in healthcare system policy that mean more tobacco users get screened and referred for treatment.</i></p> <p><i>Funds will be used to coordinate a statewide tobacco outreach and training effort, provide strong leadership and subject matter expertise, education and resources to raise the awareness of providers and other agencies to support implementation of sustainable tobacco screening and education policy in health care provider communities and treatment systems. The TPC will provide training, technical assistance and community assessment to all health care providers and agencies throughout Alaska, not just the current grantee pool, identifying gaps and providing necessary expertise to assist in the implementation of sustainable systems necessary to effectively identify, intervene and refer for nicotine dependence treatment. Healthcare providers and agencies would include private and public healthcare professionals, tribal health entities, Dental Health Aides, Community Health Aides, Behavioral Health Aides, social service agencies and treatment facilities.</i></p> <p><i>Providers, facilities, agencies, and tribal health entities statewide rely on the Tobacco Prevention and Control Program to provide them the established, coordinated provision of resources to effectively implement systems that</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Health (continued)</b>												
<b>Tobacco Prevention and Control (continued)</b>												
FY2012 Sustaining Progress in Tobacco												
Prevention and Control (continued)												
<i>have been demonstrated to improve tobacco cessation. Without funding the TPC will not be able to provide the level of oversight and leadership expected by health care providers. Without funding tobacco use will continue to disproportionately affect Alaska Natives, individuals of low socioeconomic status, and rural residents. Fewer Alaskan adults and youth will be free from the harmful effects of tobacco, due to these effective, data-driven programs. The financial burden to the Alaskan public of the cost of tobacco-related morbidity and mortality will not be reduced.</i>												
1168 Tob ED/CES (DGF)		750.0										
* Allocation Total *		5,248.0	0.0	0.0	1,825.0	0.0	0.0	3,423.0	0.0	0	0	0
** Appropriation Total **		32,760.7	2,761.6	332.4	12,025.3	6,528.9	63.4	10,419.1	630.0	20	0	-2

**Senior and Disabilities Services**

**Senior and Disabilities Services Administration**

FY2006 Replace unavailable federal funds for the Nursing Facilities Transition Program	Inc	225.0	0.0	0.0	225.0	0.0	0.0	0.0	0.0	0	0	0
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*This federal grant was awarded to the state September 30, 2001. The program has transitioned 53 people from nursing home facilities into the community at an average cost of \$1,900 per transition. Ten people were transitioned in FY2003, 34 in FY2004 and as of September 15 - 13 in FY2005. The program staff estimates that we will transition 35 to 50 per year at a cost of approximately \$2,000 per person for transition costs for a total annual grant cost of \$70,000 to \$100,000. Currently, we are averaging about 5 per month.*

*The budget under the federal grant is:*

Personal Services	\$ 70.0
Travel	15.0
Commodities	39.0
Supplies	1.0
Grants	100.0

*The services provided from this grant have been extremely varied and may include chore services, PCA services, cleaning, lifeline, ramp, transportation, moving costs, wheelchair repair, handrail, and some Environmental Modifications. The services are enough to physically get the person into the community so that they qualify for waiver services.*

*The main function of the program staff has been to expedite waiver approval so we can be sure that the person will have services and supports after they are transitioned. This program has been staffed by a long-term, non-permanent position with a permanent position being established in the FY2005 Management Plan.*

*The annual savings is approximately \$85,000 per person. Based on the annual costs for FY2003, nursing facility costs for this group of individuals would have been \$6,132,365; whereas the waiver costs for the same group was \$2,843,921 for a savings of \$3,288,444 per year. The savings is reapplied to the SDS Medicaid Component, and reduces the need for the building of additional Nursing Facilities throughout the state.*

*In order to continue moving clients from Nursing Facilities to Community Services, this GF increment is needed, as many of the initial services which this program pays for are not covered by Medicaid. The federal grant was*



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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2006 Replace unavailable federal funds for the Nursing Facilities Transition Program (continued)												
<i>awarded for three years; and we have had a no cost extension due to the slow start up. The grant is slated to end in September, 2005.</i>												
<i>Success stories abound, including some with unique Alaska situations. One of those stories involves a gentleman from Kenny Lake, who was in a facility in Anchorage. He no longer needed to be in the nursing facility and could be supported in the community. The fact that this gentleman lived on a homestead without running water didn't deter him from going home. The grant funds were used to pay for transportation, PCA services and care coordination services for a trial visit to the homestead. Determination was made that it was possible for him to reside at home with community supports and services. He has been home several months.</i>												
<i>Another success story is a man from Kipnuk who had been in Anchorage either in the hospital or the nursing facility for a year. He had a motherless sixteen-year-old son at home. The grant funds paid for transportation, room and board for a caregiver from the village to receive training in Anchorage in his care and to escort him home. The caregiver reported that the man was met by many friends and relatives who carried him off the plane, loaded him onto an ATV, took him home and carried him into his home. He continues to thrive at home, and truthfully, probably will have improved physical health due to mental stress and anguish having been eliminated.</i>												
1004 Gen Fund (UGF)		225.0										
FY2006 Realign federal funds for the Nursing Facilities Transition Program	Dec	-225.0	0.0	0.0	-225.0	0.0	0.0	0.0	0.0	0	0	0
<i>This federal grant was awarded to the state September 30, 2001. The program has transitioned 53 people from nursing home facilities into the community at an average cost of \$1,900 per transition. Ten people were transitioned in FY2003, 34 in FY2004 and as of September 15 - 13 in FY2005. The program staff estimates that we will transition 35 to 50 per year at a cost of approximately \$2,000 per person for transition costs for a total annual grant cost of \$70,000 to \$100,000. Currently, we are averaging about 5 per month.</i>												
<i>The budget under the federal grant is:</i>												
Personal Services		\$ 70.0										
Travel		15.0										
Commodities		39.0										
Supplies		1.0										
Grants		100.0										
<i>The services provided from this grant have been extremely varied and may include chore services, PCA services, cleaning, lifeline, ramp, transportation, moving costs, wheelchair repair, handrail, and some Environmental Modifications. The services are enough to physically get the person into the community so that they qualify for waiver services.</i>												
<i>The main function of the program staff has been to expedite waiver approval so we can be sure that the person will have services and supports after they are transitioned. This program has been staffed by a long-term, non-permanent position with a permanent position being established in the FY2005 Management Plan.</i>												
<i>The annual savings is approximately \$85,000 per person. Based on the annual costs for FY2003, nursing facility</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2006 Realign federal funds for the Nursing Facilities Transition Program (continued)												
<i>costs for this group of individuals would have been \$6,132,365; whereas the waiver costs for the same group was \$2,843,921 for a savings of \$3,288,444 per year. The savings is reapplied to the SDS Medicaid Component, and reduces the need for the building of additional Nursing Facilities throughout the state.</i>												
<i>In order to continue moving clients from Nursing Facilities to Community Services, this GF increment is needed, as many of the initial services which this program pays for are not covered by Medicaid. The federal grant was awarded for three years; and we have had a no cost extension due to the slow start up. The grant is slated to end in September, 2005.</i>												
<i>Success stories abound, including some with unique Alaska situations. One of those stories involves a gentleman from Kenny Lake, who was in a facility in Anchorage. He no longer needed to be in the nursing facility and could be supported in the community. The fact that this gentleman lived on a homestead without running water didn't deter him from going home. The grant funds were used to pay for transportation, PCA services and care coordination services for a trial visit to the homestead. Determination was made that it was possible for him to reside at home with community supports and services. He has been home several months.</i>												
<i>Another success story is a man from Kipnuk who had been in Anchorage either in the hospital or the nursing facility for a year. He had a motherless sixteen-year-old son at home. The grant funds paid for transportation, room and board for a caregiver from the village to receive training in Anchorage in his care and to escort him home. The caregiver reported that the man was met by many friends and relatives who carried him off the plane, loaded him onto an ATV, took him home and carried him into his home. He continues to thrive at home, and truthfully, probably will have improved physical health due to mental stress and anguish having been eliminated.</i>												
1002 Fed Rcpts (Fed)		-225.0										
FY2006 Increased Service for the Adult Protective Services Program	Inc	68.9	58.9	7.5	2.0	0.5	0.0	0.0	0.0	1	0	0
<i>This program is responsible for the protection of vulnerable adults. The staff is charged with preventing or stopping harm from occurring to those vulnerable Alaskans who are 18 years old or older. Vulnerable adults are those individuals who have a physical or mental impairment or condition that prevents them from protecting themselves or from seeking help from someone else.</i>												
<i>The services that are provided include: 1) information and referral; 2) investigation of reports; 3) protective placement; and 4) guardianship or conservatorship counseling.</i>												
<i>The population of the state has been aging. As a result of this increase in the age of Alaska residents and the increase in age related disorders such as Alzheimers and Dementia, the division is requesting one additional staff member to handle the increased caseload. Currently, the average monthly caseload for each Social Worker in the program is 45. This additional staff person will reduce the caseload to 39.</i>												
06-#034 Social Worker II												
<i>Failure to fund this increment will impact the responsiveness of the division to reports of harm to this vulnerable population.</i>												
1004 Gen Fund (UGF)		68.9										
FY2006 Reduction in Component's MHTAAR Projects	Dec	-129.5	-78.8	-7.5	-30.7	-7.5	-5.0	0.0	0.0	0	0	0

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2006 Reduction in Component's MHTAAR Projects (continued)												
<i>Reduction of the Rural Long Term Care Development program by &lt;3.2&gt; in Line 300; eliminate authorization for the Delegation of Adult Protective Services - rural areas which was not implemented and the funding was restricted in FY2005 &lt;75.0&gt;; and elimination of the extra support from the Trust for Quality Assurance &lt;51.3&gt;</i>												
1092 MHTAAR (Other)		-129.5										
FY2006 Delete I/A Authorization	Dec	-61.5	0.0	0.0	-61.5	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Senior and Disabilities Services will not be receiving this RSA from the Governor's Council on Disabilities and Special Education.</i>												
1007 I/A Rcpts (Other)		-61.5										
FY2006 AMD: Increase Federal Receipts for Quality Assurance and other Federal Grants	Inc	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment for additional federal authorization is needed in order to receive and expend federal funds anticipated in FY06. The increase includes authority to expend a new federal grant award for Quality Assurance and Quality Improvement in Home and Community-Based Services. It will also allow sufficient authority to allow for federally approved carry-forward of federal funds from prior years for two other federal grants.</i>												
<i>Sufficient authorization to spend these federal receipts is essential to the quality assurance effort to evaluate and ensure accountability for all programs administered by the Division of Senior and Disabilities Services. It is also needed to provide adequate expenditure authorization for reimbursable services agreements with Department of Revenue Long-Term Care Ombudsman Office, the University of Alaska, and the Alaska Commission on Aging to provide support to clients of the division's programs as well as to cover increased RSA costs with the Department of Administration.</i>												
1002 Fed Rcpts (Fed)		500.0										
FY2006 Ch. 89, SLA 2005 (HB 106) Senior Care Program	FisNot	59.0	36.0	0.5	15.0	7.5	0.0	0.0	0.0	1	0	0
1189 SeniorCare (DGF)		59.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	14.6	14.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		7.3										
1037 GF/MH (UGF)		7.3										
FY2007 Alaska Senior Care Program Information Office Second Year Fiscal Note Increase Ch. 89 SLA 05 (HB 106)	Inc	7.5	0.0	0.0	0.0	7.5	0.0	0.0	0.0	0	0	0
<i>Increased costs in FY07 for full year operation of the Alaska Senior Care Program information office as reflected on the fiscal note for Chapter 89 SLA 2005 (HB 106). This increment nets one time office equipment and furniture funding with increased personal services costs.</i>												
1189 SeniorCare (DGF)		7.5										
FY2007 Alaska Senior Care Program Information Office Second Year Fiscal Note Increase	Inc	4.5	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Increased costs in FY07 for full year operation of the Alaska Senior Care Program information office as reflected on the fiscal note for Chapter 89 SLA 2005 (HB 106). This increment nets one time office equipment and furniture funding with increased personal services costs.</i>												
1189 SeniorCare (DGF)		4.5										
FY2007 Increase Medicaid Assessment Contracts to Manage Medicaid costs	Inc	900.0	0.0	0.0	900.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Senior and Disabilities Services (DSDS) contracts with private contractors to perform Medicaid</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2007 Increase Medicaid Assessment												
Contracts to Manage Medicaid costs												
(continued)												
assessments for beneficiaries receiving services under the Personal Care Attendant (PCA) program and the four (4) Medicaid waivers in the DSDS RDU. These assessments determine the client's Medicaid eligibility, help determine the level of care required by that individual and indicate what services are required to improve their quality of life. They also help to manage costs to these Medicaid programs, by ensuring that beneficiaries are only receiving services to which they are entitled. This helps ensure that the greatest number of beneficiaries can be served with the resources that are available.												
The cost of these contracts is increasing because the contractor has had to increase what they charge to help offset the rising cost of travel due to fuel price increases and to offer pay increases to the nurses performing the assessments to keep them from seeking alternate employment once they have been trained. The current contractor is still able to perform these assessments at less cost than the state could perform them, because they have contracted nurses in many locations where assessments need to be performed and state employees would have to travel there at a greater expense to the State. In addition, the contractor will be performing about 3 times the number of assessments because of regulation changes in the PCA Medicaid program. These assessments help to justify services authorized on a Plan of Care which is used to prior authorize services through the MMIS payment system. Because beneficiaries are only receiving the services to which they are entitled, this will help control Medicaid costs and ensure that the greatest number of clients can be served with available resources.												
1002 Fed Rcpts (Fed)		600.0										
1003 G/F Match (UGF)		300.0										
FY2007 Enhance Adult Protective Services and Quality Assurance Integrity	Inc	300.0	250.0	10.0	25.0	5.0	10.0	0.0	0.0	4	0	0
The Adult Protective Services (APS) unit of the Division of Senior and Disabilities Services (DSDS) helps to prevent or stop harm (abandonment, abuse, exploitation, neglect or self-neglect) from occurring to vulnerable adults who have a physical/mental impairment or a condition that prevents them from protecting themselves or from seeking help from someone else. Services that are provided include: 1) information and referral; 2) investigation of reports of harm; 3) protective placement; and 4) guardianship counseling.												
Reported cases of harm and subsequent caseloads assigned to APS staff have grown in recent years, both as a result of the increase to the elderly population (a national trend) in Alaska and as a result of an increase in age-related disorders such as Alzheimer's and Dementia. This increase can also be attributed to the newly increased responsiveness of this unit which is getting out by word of mouth to Alaska residents and increases the level of faith that something will be done with reports that are received. While the APS unit has grown by one position in FY06, DSDS does not believe this additional position plus the existing 6 positions will be able to absorb all of the increased caseload effectively. If each report of harm/neglect cannot be given the attention it requires, Alaskan seniors will suffer and may experience injury or death. This increment requests two additional positions in the unit to help reduce overall caseload assigned to each staff member, allowing them to more effectively (and personally) handle the cases they are assigned.												
The number of active investigations performed by the Adult Protective Services unit has grown from 1,227 in FY04 to 1,684 (projected) in FY06. This represents an increase of 37.3%. At the same time, there has only been one additional position assigned to this work unit, an increase of only 16.7%. Based on the first three months of this fiscal year, there are estimated to be an average of 140 new investigations each month in FY06. That is an increase from 102 new investigations each month in FY04. This upward trend in cases is expected to continue												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2007 Enhance Adult Protective Services and Quality Assurance Integrity (continued)												
<i>into FY07 and beyond. The average duration of each investigation is approximately three months, although they can extend six months or longer, especially if the case requires court involvement. With the two new positions asked for in this increment, DSDS may be able to keep up with anticipated growth in FY07. However, anticipating continued growth, DSDS intends to ask for 3 new positions for this unit in FY08.</i>												
<i>The case workers assigned to these investigations are currently handling a caseload that is four times the national average. APS investigators, including the supervisor, are carrying active caseloads of approximately 100 cases. It should be noted that our caseload figures have been recalculated from prior year figures based on current data available. The recommended average according to the National APS Organization is 25. In researching this topic, 17 states were contacted. Caseloads assigned to individual social workers ranged from 12 to 50. None of these state agencies serve the entire state as in Alaska, and so have much smaller areas over which they spread their service coverage. It was expressed by those APS organizations with caseloads of 50 that this is the maximum caseload a single social worker can effectively handle.</i>												
<i>The requested two new social service specialist II positions (PCN 06-#132 &amp; 06-#133, salary range 16) would enable DSDS to reduce the caseload to approximately 81 cases per caseworker, thereby making them more effective at handling their assigned caseloads and ensuring that we will be able to maintain maximum responsiveness to reports of harm to this vulnerable population.</i>												
<i>The Quality Assurance (QA) unit of DSDS helps to ensure the quality and integrity of programs and services provided to seniors and vulnerable adults. The QA section investigates allegations of program abuse and fraud by clients and/or provider agencies and ensures that services to DSDS beneficiary groups are being responsibly administered and maintained in accordance with all applicable federal and state laws and regulations. By ensuring funds are being appropriately spent, this unit assists provider agencies in maximizing their available funds and providing services to the greatest number of beneficiaries possible. This unit also investigates allegations against Division staff, as reported by outside agencies and individuals to ensure program integrity within our Division.</i>												
<i>Adding two Medical Assistance Adminsitrator I positions (PCN 06-#134 &amp; 06-#135), salary range 16, to the Quality Assurance unit will help ensure integrity of services and appropriateness of funds expended by provider agencies. These positions will help ensure appropriate use of Medicaid money, thereby saving the state thousands of dollars per year and ensuring that the greatest client population can be served.</i>												
1002 Fed Rcpts (Fed)		150.0										
1003 G/F Match (UGF)		150.0										
FY2007 Reduction of authorized funding for Rural Long Term Care Coordinator MHTARR Project	Dec	-1.2	-1.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funding authorization in FY07 was reduced by the Mental Health Trust for FY07 by \$1.2</i>												
1092 MHTAAR (Other)		-1.2										
FY2008 Rural Long Term Care Development MHTAAR increase	Inc	20.7	20.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaska Mental Health Trust Authority increased the MHTAAR funds available to support the Rural Long Term Care Coordination project. The goal of this project is to assist with the development of sufficient long-term care services so Trust beneficiaries and other elders do not have to leave their community when they have extensive</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2008 Rural Long Term Care Development												
MHTAAR increase (continued)												
<i>care needs that their families cannot provide. The rural long term care coordinator works with rural communities to analyze long-term care needs and assists in locating resources to meet the needs of people with Alzheimers Disease or Related Dementia. This increment provides additional needed personal services funding.</i>												
1092 MHTAAR (Other)		20.7										
FY2008 AMD: Reduce Travel Budget	Dec	-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division is committed to reducing travel and containing costs by committing to "advance purchase" and mileage tickets which will help to reduce expensive last-minute fare costs.</i>												
1002 Fed Rcpts (Fed)		-25.0										
1003 G/F Match (UGF)		-25.0										
FY2008 AMD: Delete Vacant positions	Dec	-141.1	-141.1	0.0	0.0	0.0	0.0	0.0	0.0	-4	0	0
<i>Delete 4 FTE's personal services and support costs.</i>												
<i>This request deletes positions vacant for more than one year from this component. Because these positions have been vacant for over a year, the impact to the division's ability to provide direct services will be minimal.</i>												
1002 Fed Rcpts (Fed)		-71.1										
1003 G/F Match (UGF)		-70.0										
FY2008 AMD: Improve Medicaid Assessment and Reduce Unnecessary Contracts	Dec	-650.0	0.0	0.0	-650.0	0.0	0.0	0.0	0.0	0	0	0
<i>The division is planning to phase out the contract that currently completes medical assessments for beneficiaries that apply for Medicaid services. This will give the division better control over completion of these assessments and help ensure that they are completed in a timely and consistent manner. The division will fill the vacant positions that have been budgeted and approved for this purpose. No new positions will have to be requested in FY08 to complete the transfer of medical assessments from the existing contractor to staff.</i>												
1002 Fed Rcpts (Fed)		-325.0										
1003 G/F Match (UGF)		-325.0										
FY2008 AMD: Expand Division Ability to Respond to Reports of Harm - Adult Protective Services	Inc	213.9	151.5	5.0	44.4	13.0	0.0	0.0	0.0	2	0	0
<i>The Adult Protective Services Program is responsible for the protection of vulnerable adults. The staff is charged with preventing or stopping harm from occurring to those vulnerable Alaskans who have a physical or mental impairment that prevents them from protecting themselves or from seeking help from someone else. Having adequate staffing in the Adult Protective Services Unit is essential for the division to be able to provide investigations of reports of harm, abuse or neglect in a timely manner. The longer it takes an adult protective services case worker to investigate a report of harm, the longer a vulnerable adult may experience physical harm, neglect or be taken advantage of financially.</i>												
<i>Adult protective services caseloads have increased from 168 cases per worker in FY2004 to 240 cases per worker in FY2006. New positions were added to the FY07 budget and have been filled, so the growth in the caseload per worker has started to decrease. Adding additional positions in FY08 should help bring caseloads down to a number that's closer to the national caseload average. With enough staffing, Adult Protective Services staff will be able to investigate reports of harm in a timely manner and reduce the amount of time vulnerable adults are exposed to harm.</i>												
<i>This change will add two new Social Services Specialist II positions to the DSDS budget as phase 2 of a request that first appeared in the FY07 Governor's Budget. DSDS is trying to anticipate and request the number of case</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2008 AMD: Expand Division Ability to Respond to Reports of Harm - Adult Protective Services (continued) <i>workers needed to keep up with growth in the Alaska senior population.</i>												
<i>Missions and Measures Reference Senior and Disabilities Services RDU:</i>												
<i>Result C: Ensure manageable caseload number in Adult Protective Services and Quality Assurance Units to provide timely investigations.</i>												
<i>TARGET #1: Reduce APS staff assigned case loads by 10% and length of time a case is open by 10%.</i>												
<i>MEASURE #1: Average length of time required to close a case in days per worker.</i>												
1002 Fed Rcpts (Fed)		106.9										
1003 G/F Match (UGF)		107.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-246.8	-246.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-231.1										
1092 MHTAAR (Other)		-9.8										
1189 SeniorCare (DGF)		-5.9										
FY2008 Senior Care program is scheduled to sunset on 6/30/07 and the associated Senior Care Fund source will become invalid.	Dec	-66.1	0.0	0.0	0.0	0.0	0.0	0.0	-66.1	0	0	0
1189 SeniorCare (DGF)		-66.1										
FY2009 MH Trust: Housing - Rural long term care development <i>Grant 68.05</i> <i>This project has been a technical assistance resource through DHSS Senior and Disabilities Services for several years. It has been very successful in working with rural communities to analyze long-term care needs and in locating resources to meet those needs. A staff person 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 will include participation in the 'Aging and Disability Resource Center' project and ongoing technical assistance about development and operational issues to ensure successful feasibility analysis of projects and will result in an increase in home- and community-based service delivery capacity in rural Alaska.</i>	Inc0TI	135.0	80.0	18.2	31.8	5.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		135.0										
FY2010 Correct Unrealizable Fund Sources in the Salary Adjustment for the Existing Bargaining Unit Agreements <i>Within the Senior and Disabilities Services Administration component, personal service costs for the Director, Deputy Director, Chief of operations, training coordinator, administrative and IT staff are 'allocated' among all the SDS programs via the Public Agency Cost Allocation Plan, which means that only approximately 40% of their costs are federally reimbursable. Additional federal authority above a total of \$110.1 would therefore be uncollectible and thus not available to offset the increased personal service costs resulting from recent bargaining unit agreement language.</i>	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-28.2										
1004 Gen Fund (UGF)		28.2										
FY2010 TEFRA Level of Care Determinations RSA <i>This change records requests interagency receipts authorization to allow Senior and Disabilities Services (SDS) to</i>	Inc	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2010 TEFRA Level of Care Determinations												
RSA (continued)												
<i>spend and collect previously unbudgeted revenue received from Public Assistance. This authorization supports budgeted PCN 06-2380 and related support costs.</i>												
 <i>Public Assistance provides funding for one position in the Developmental Disabilities/Children With Complex Medical Conditions Waiver unit to make Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) Intermediate Care Facility for Mentally Retarded (ICF/MR) level of care decisions for new applicants and renewals. Total case load is approximately 380-400 cases per year and is growing each year. This position will work directly with the Public Assistance Long Term Care Coordinator and any designees in the administration of this part of the TEFRA Medicaid program. This increment allows SDS to collect interagency receipts from Public Assistance to pay for this position.</i>												
1007 I/A Rcpts (Other)		100.0										
FY2010 Add New Positions for Eligibility Assessments	Inc	330.5	261.4	43.6	20.0	5.5	0.0	0.0	0.0	3	0	0
<i>The Division of Senior and Disabilities Services (SDS) is requesting three permanent, full-time positions (PCN 06-#547, 06-#548, 06-#549) to perform eligibility assessments for Medicaid applicants. The demand for eligibility assessments continues to grow commensurate with the increased number of seniors moving to and/or retiring in Alaska. Without additional staff, the time from when an assessment is requested to when it is completed will continue to increase, causing clients to have to wait longer for the services they need until the assessment is completed. This increased wait time will force clients to move into Assisted Living Homes or Nursing Homes, frequently located outside of their community, away from family and at a much higher cost to the State. The waiver agreements with the Centers for Medicare and Medicaid mandate that assessments will be completed within 90 days of request. For some time the Division has been averaging 120 days to complete assessments and is struggling to maintain that timeline with an annual growth in requests for services between 5% and 10%. More problematic is that the Division has seven lawsuits related to timeliness of services, assessments and due process. The state's case in these lawsuits becomes weaker as the Division falls further behind in timeliness of assessments. Irrespective of the outcomes of the lawsuits, without these positions, SDS estimates that the average number of days from request to assessment will rise to 145+ days by the end of FY2010. If these positions are approved, SDS estimates that the average would drop to 135 days.</i>												
1002 Fed Rcpts (Fed)		165.5										
1003 G/F Match (UGF)		165.0										
FY2010 MH Trust: Housing - Grant 68.06 Rural long term care development	IncOTI	200.0	90.0	20.0	85.0	5.0	0.0	0.0	0.0	0	0	0
<i>This Mental Health Trust Projects funds one position (currently PCN 02-1545) and their administrative support costs including contractual authorization to invest in partner agencies to work with rural communities to analyze long-term care needs and locate resources to meet those needs.</i>												
 <i>This project has been a technical assistance resource through Senior and Disabilities Services for several years. It has been very successful in working with rural communities to analyze long-term care needs and in locating resources to meet those needs. A staff person 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 will include participation in the Aging and Disability Resource Center project and ongoing technical assistance about development and operational issues to ensure successful feasibility analysis of projects and will result in an increase in home- and community-based service delivery capacity in rural Alaska.</i>												
1092 MHTAAR (Other)		200.0										



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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2010 AMD: MH Trust: Housing - Grant 68.06 Rural long term care development	Dec	-65.0	0.0	0.0	0.0	0.0	0.0	-65.0	0.0	0	0	0
<i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being reduced.</i>												
1092 MHTAAR (Other)		-65.0										
FY2010 AMD: MH Trust: Brain Injury - 2045 Traumatic Brain Injury Service Coordination	IncOTI	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
<i>Very few Alaskans with traumatic brain injury (TBI) qualify for existing service coordination services. This pilot project would provide service coordination services, similar to care coordination provided to Home and Community Based (HCBS) Waiver recipients, to individuals with TBI and their families not otherwise eligible for such services from other agencies or programs due to the diagnosis, age, or other eligibility requirements that prevent them from receiving such services. The TBI Service Coordination project will be implemented through DHSS, Senior and Disabilities Services.</i>												
<i>A \$150.0 MHTAAR increment is being requested in FY10 for this pilot project.</i>												
1092 MHTAAR (Other)		150.0										
FY2011 Home and Community Based (HCB) Waiver Compliance	Inc	1,000.0	890.0	110.0	0.0	0.0	0.0	0.0	0.0	0	1	0
<i>Implementation of the Corrective Action Plan (CAP) required by the Centers for Medicare and Medicaid Services (CMS) in response to findings from a site visit conducted in May of 2009 requires additional staff. These positions will also ensure that the division does not fall behind on future forecasted workloads.</i>												
<i>The following positions have been transferred from other components and will be reclassified to Health Program Manager I or Health Program Manager IIs:</i>												
<i>PCN 06-0117;</i>												
<i>PCN 06-0341;</i>												
<i>PCN 06-1492;</i>												
<i>PCN 06-1494;</i>												
<i>PCN 06-1968;</i>												
<i>PCN 06-8539;</i>												
<i>PCN 06-8623.</i>												
<i>The reduction of one part-time position in Juvenile Justice/Nome Youth Facility, due to a time-status change, nets out the following new part-time position:</i>												
<i>PCN 06-#806 - Office Assistant II.</i>												
<i>The positions will operate out of Anchorage to complete assessments associated with HCB Waivers.</i>												
1002 Fed Rcpts (Fed)		500.0										
1003 G/F Match (UGF)		500.0										
FY2011 MH Trust: Brain Injury - 2468.01 Traumatic Brain Injury Service Coordination	Inc	200.0	200.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This GF/MH increment will support Traumatic Brain Injury (TBI) Care Coordinator program and a Community TBI Grant (CTBIG) program. Based on outcomes in other states, the TBI Care Coordination program has been demonstrated to reduce emergency department visits; deter more costly care by keeping people within their own</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2011 MH Trust: Brain Injury - 2468.01												
Traumatic Brain Injury Service Coordination												
(continued)												
<i>homes; and along with other program services, increase readiness for vocational rehabilitation/employment. These programs will provide services to individuals that increase independence as well as serve as a benchmark for a Medicaid Waiver or changes to the existing Medicaid program to better serve Alaskans with TBI.</i>												
<i>The CTBIG program addresses the needs of individuals with TBI who need rehabilitation and support to re-learn and to maintain activities of daily living and other skills necessary to live independently, to improve capacity and productivity, and to reduce the need for long-term residential care. Services that a person with a TBI may receive from the program vary depending upon the unique needs of each individual.</i>												
<i>The TBI Care Coordination program is estimated to serve 70 Alaskans with TBI. The Community TBI Grants program, based on current adult grant program expenditures, could serve an estimated 95 Alaskans based on an estimated annual cost of \$3,183/recipient.</i>												
1037 GF/MH (UGF)		200.0										
FY2011 MH Trust: Housing - Grant 68.07 Rural long term care development	Inc0TI	140.0	63.0	14.0	60.2	2.8	0.0	0.0	0.0	0	0	0
<i>This project has been a technical assistance resource through the Senior and Disabilities Services division (SDS) for several years. It has been very successful in working with rural communities to analyze long-term care needs and in locating resources to meet those needs. A staff person 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 will include participation in the Aging and Disability Resource Center project and ongoing technical assistance about development and operational issues to ensure successful feasibility analysis of projects and will result in an increase in home- and community-based service delivery capacity in rural Alaska.</i>												
1092 MHTAAR (Other)		140.0										
FY2011 Additional Funding for MH Trust: Brain Injury - 2468.01	Inc0TI	250.0	207.5	0.0	0.0	0.0	0.0	42.5	0.0	0	0	0
Traumatic Brain Injury Service Coordination												
<i>This MHTAAR increment will support Traumatic Brain Injury (TBI) Care Coordinator program and a Community TBI Grant (CTBIG) program. Based on outcomes in other states, the TBI Care Coordination program has been demonstrated to reduce emergency department visits; deter more costly care by keeping people within their own homes; and along with other program services, increase readiness for vocational rehabilitation/employment. These programs will provide services to individuals that increase independence as well as serve as a benchmark for a Medicaid Waiver or changes to the existing Medicaid program to better serve Alaskans with TBI.</i>												
<i>The CTBIG program addresses the needs of individuals with TBI who need rehabilitation and support to re-learn and to maintain activities of daily living and other skills necessary to live independently, to improve capacity and productivity, and to reduce the need for long-term residential care. Services that a person with a TBI may receive from the program vary depending upon the unique needs of each individual.</i>												
<i>The TBI Care Coordination program is estimated to serve 70 Alaskans with TBI. The Community TBI Grants program, based on current adult grant program expenditures, could serve an estimated 95 Alaskans based on an estimated annual cost of \$3,183/recipient.</i>												
1092 MHTAAR (Other)		250.0										

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2011 AMD: Additional Resources Required for Compliance with the Corrective Action Plan Mandated by CMS	Inc	942.0	550.0	140.0	160.0	60.0	32.0	0.0	0.0	0	0	0
A \$1,000.0 increment was included in the FY11 Governor's scenario for Home and Community Based waiver compliance. The division now has a better understanding of the requirements and an updated projection of the funding needed for FY11 is \$1,942.0.												
This funding will be used to:												
1) fund positions recommended by the Federal Centers for Medicare and Medicaid Services (CMS);												
2) outfit the workspaces of the employees including computer, workstation and communications equipment;												
3) improve existing communications; and												
4) explore the replacement of the division's current assessment process and instrument.												
The division has requested resources that were partially funded in the past; however, with the current emphasis that CMS has placed on compliance with their expectations there is added urgency to obtain the appropriate resources needed in order to retain the ability to use their waiver and entitlement programs.												
If funded, SDS will be able to deliver core services and implement the program enhancements agreed to in the Corrective Action Plan (CAP) mandated by CMS. If this request is not approved, the division will be unable to meet the program performance requirements, and commitments documented in the CAP.												
1002 Fed Rcpts (Fed)		424.0										
1003 G/F Match (UGF)		423.0										
1004 Gen Fund (UGF)		95.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-27.3	0.0	-27.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-14.6										
1004 Gen Fund (UGF)		-1.9										
1037 GF/MH (UGF)		-10.8										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	2.9	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase												
: \$2.9												
1037 GF/MH (UGF)		2.9										
FY2012 MH Trust: Brain Injury - Acquired & Traumatic Brain Injury Pgm Research Analyst & Registry Support	IncM	136.0	0.0	0.0	136.0	0.0	0.0	0.0	0.0	0	0	0
There are more than 10,000 Alaskans living with disability due to brain injury. There are currently 262 Alaskans with Acquired and Traumatic Brain Injury (ATBI) each year that qualify for medical assistance. The current State of Alaska and statewide resources available to best prevent, treat, and support (long-term) Alaskans after brain injury are extremely scarce; they do not meet the current needs or the increasing demand. Without the proper resources Alaskans with brain injury are at risk of job loss, divorce, substance abuse, bankruptcy, and homelessness, often negatively impacting many State of Alaska departments and service systems. 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 TBI survivors and												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2012 MH Trust: Brain Injury - Acquired & Traumatic Brain Injury Pgm Research Analyst & Registry Support (continued)												
<i>their families. The statutory ATBI Program is in its infancy. It has taken the State of Alaska and partners nearly 15 years to develop the appropriate data, complete the necessary needs assessments and consumer satisfaction surveys, analyze best practices in other states, and develop a plan for long-range budget recommendations which have been detailed in the 10 Year Plan for TBI in Alaska (to view the full report, go to www.alaskabraininjury.net). Up until FY11, all ATBI program activities have been funded through federal and MHTAAR funds. Federal TBI Act funds, which provided system development resources, have not been awarded in over two years. MHTAAR funds have continued to be instrumental in the planning and successful demonstration of best practice activities. FY11 provided the first GF/MH increment for the ATBI Program.</i>												
1092 MHTAAR (Other)		136.0										
FY2012 Traumatic/Acquired Brain Injury Program.	Inc	300.0	0.0	0.0	0.0	0.0	0.0	0.0	300.0	0	0	0
1037 GF/MH (UGF)		300.0										
FY2012 MH Trust: Housing - Grant 68.08 Rural long term care development	IncM	140.0	102.5	27.0	7.5	3.0	0.0	0.0	0.0	0	0	0
<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. A staff person (PCN 02-1545) 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. This program was funded in FY11 with \$140.0 MHTAAR.</i>												
1092 MHTAAR (Other)		140.0										
FY2012 Senior and Disabilities Services Assessment/Waiver Units Stabilization & Expansion	Inc	450.0	275.0	0.0	100.0	75.0	0.0	0.0	0.0	0	0	0
<i>This increment ensures staffing needs are met for employees to conduct and manage the documentation/paperwork requirements, prior authorization and overutilization management for the waiver initial assessments and annual reassessments for the Older Alaskans and Adults with Physical Disabilities waiver programs. This increment will allow staff in the Assessment Unit to manage the required paperwork, including the assessments, level of care determinations and completed plans of care that must be mailed to each participant pursuant to timelines established in Superior Court.</i>												
<i>Failure to fund this increment will result in the inability of the Assessment and Waiver units to process prior authorizations, analyze services overutilization, manage the paperwork requirements, and cause SDS to be out of compliance with federal and state requirements, potentially leading to the loss of the waiver programs and a return to Superior Court for breach of settlement terms.</i>												
1004 Gen Fund (UGF)		450.0										
FY2012 Personal Care Assistance Staff and Program Stabilization	Inc	950.0	650.0	50.0	200.0	50.0	0.0	0.0	0.0	0	0	0
<i>The Division of Senior and Disabilities Services requests \$950.0 to ensure compliance with initial assessment and annual reassessment requirements for the personal care attendant program. This will allow funding for employees to address assessment and reassessment needs and the burgeoning document management of this program that has grown 16% in the last fiscal year.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2012 Personal Care Assistance Staff and Program Stabilization (continued)												
<i>Approximately 3,000 individuals are currently on the Personal Care Assistance Program and are not also on a Waiver program. They must be reassessed face-to-face in their homes annually. Failure to provide this funding means that those beneficiaries currently eligible for services based on their functional limitations and vulnerability without assistance will not be assessed annually for eligibility for continued benefits. Additionally, for the more than 100 new applicants for services each month, an assessor will not be able to timely assess individuals for their eligibility for the benefit. Failure to conduct timely annual assessments and timely initial eligibility determinations may jeopardize the health and welfare of this vulnerable population.</i>												
1002 Fed Rcpts (Fed)		200.0										
1003 G/F Match (UGF)		750.0										
FY2012 Waiver Corrective Action Plan Recovery and Program Stabilization	Inc	1,250.0	350.0	200.0	450.0	250.0	0.0	0.0	0.0	0	0	0
<i>The Division of Senior and Disabilities Services (SDS) requests \$1,250.0 towards the projected budget shortfall resulting from ongoing operating expenses required to meet program needs. Current staffing levels are needed to complete essential job functions, required by state and federal laws, to operate and manage the Home and Community Based Waiver programs. SDS is required to conduct face-to-face assessments annually for all Waiver participants (approximately 3,000) in their homes, to review and approve annual care plans and any amendment presented throughout the year.</i>												
<i>Failure to provide this funding will mean SDS will have to dismiss staff in an effort to balance the budget, leaving the required work undone and recipients/waiver participants at risk. In addition, consequences will include an inability to access the programs for new applicants and non-compliance with federal waiver requirements resulting in the Centers for Medicare and Medicaid Services potentially not renewing the waivers and civil litigants taking SDS back to court for failing to meet our court-mandated timeline obligations for conducting critical elements of waiver management.</i>												
1002 Fed Rcpts (Fed)		500.0										
1003 G/F Match (UGF)		750.0										
FY2012 AMD: Increased Costs to Comply With the Centers for Medicare and Medicaid Services Approved Corrective Action Plan	Inc	250.0	250.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Senior and Disabilities Services (SDS) is responsible for conducting annual face-to-face assessments, level of care determinations, and plan of care reviews in order to be in compliance with the Code of Federal Regulations (CFR) requirements for the four Home and Community Based Waiver programs as outlined in the currently approved Center for Medicaid and Medicare Services (CMS) approved waiver plans. SDS had not been compliant with these requirements, resulting in the June 2009 moratorium that prevented placing Alaskans on any of the four Medicaid waiver programs managed by SDS. Through negotiations with CMS, the moratorium was lifted, but SDS was required to develop a Corrective Action Plan (CAP) and assure that SDS will maintain timely assessments.</i>												
<i>SDS anticipates a shortfall in personal services due to employing non-permanent employees necessary to perform functions associated with the CAP that are beyond the capability of the permanent staff. These positions helped the division eliminate a significant assessment backlog.</i>												
<i>Failure to provide this funding may require SDS to dismiss staff in an effort to balance the budget, leaving the required work undone and recipients/waiver participants at risk. In addition, consequences may include an inability</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2012 AMD: Increased Costs to Comply With the Centers for Medicare and Medicaid Services Approved Corrective Action Plan (continued)												
<i>to access the programs for new applicants and non-compliance with Federal waiver requirements resulting in the Centers for Medicare and Medicaid Services potentially not renewing the waivers and civil litigants taking SDS back to court for failing to meet our court-mandated timeline obligations for conducting critical elements of waiver management. Non-renewal of waivers will also result in the loss of hundreds of millions of dollars of services to aging and vulnerable Alaskan populations. These waiver programs allow the state to provide long-term care in less restrictive, more cost effective home and community-based settings for Alaskan seniors needing certain levels of care. These programs were developed in response to the high costs and limited availability of nursing home care. If these other care options were not available, Alaska would face two alternatives: the need to build more nursing homes and/or the loss of residents to other states for services.</i>												
<i>The FY2012 Governor's Budget included an increase of \$1,250.0. This amendment provides an additional \$250.0 based on a FY2011 supplemental request.</i>												
1004 Gen Fund (UGF)		250.0										
FY2013 Adult Protective Services and Provider Quality Assurance	Inc	550.0	465.0	25.0	45.0	15.0	0.0	0.0	0.0	0	0	0
<i>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.</i>												
<i>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.</i>												
<i>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.</i>												
<i>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.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2013 Adult Protective Services and Provider Quality Assurance (continued)												
<p><i>As part of its administration of four Home and Community-Based Services (HCBS) waivers approved by the 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></p> <p><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></p> <p><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></p> <p><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></p>												
1002 Fed Rcpts (Fed)		275.0										
1003 G/F Match (UGF)		275.0										
FY2013 MH Trust: Brain Injury - Grant 3178.02 Acquired & Traumatic Brain Injury Pgm Research Analyst & Registry Support	IncM	136.0	0.0	0.0	136.0	0.0	0.0	0.0	0.0	0	0	0
<p><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></p>												
1092 MHTAAR (Other)		136.0										
FY2013 MH Trust: Housing - Grant 68.09 Rural Long Term Care Development	IncM	140.0	107.9	21.6	7.5	3.0	0.0	0.0	0.0	0	0	0

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior and Disabilities Services Administration (continued)</b>												
FY2013 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										
<b>* Allocation Total *</b>		<b>8,403.0</b>	4,713.5	607.6	2,333.2	500.3	37.0	-22.5	233.9	7	1	0
<b>General Relief/Temporary Assisted Living</b>												
FY2008 AMD: General Relief/Temporary Assisted Living	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
Shortfall												
<i>The General Relief/Temporary Assisted Living program has experienced significant growth over the last few years due to an increase in the aging population in Alaska. This program pays for temporary assisted living costs in assisted living homes for adults over the age of 18 that are experiencing harm, abuse or neglect, until such time that other funding sources can be identified (e.g., Medicaid Waiver). Many of these individuals are homeless or living in an unacceptable environment. Adult Protective Services case workers must remove them from their current living situation for placement in assisted living homes. Ideally, the assisted living home would be a temporary arrangement, but because finding alternate funding sources can be difficult, many beneficiaries of this program receive support for an extended period. The General Relief/Temporary Assisted Living Program can be the only thing keeping beneficiaries off the street.</i>												
<i>In FY06, the DSDS requested an increment of \$750.0 to help fund this program. This increment was not approved. Approximately \$1.0 million of additional funds had to be provided to keep this program functioning in FY06 through a supplemental and reallocation of division funds. There was no increase in funding in FY07, so this request is for additional program funds in this component to offset anticipated growth in this program in FY2007-2008. The division anticipates that program growth will exceed \$500.0 thousand dollars, but will make every attempt to manage this program. Program regulations will also be reviewed and revised as needed to minimize the length of time that seniors rely on this program for safe housing support.</i>												
<i>Educating care coordinators and direct service providers at care coordination training events about how to correctly refer beneficiaries to the General Relief/Temporary Assisted Living program will be incorporated into the current training curriculum. Training about whom to refer to this program and when to refer them should help referring agents to correctly match consumer needs with this program.</i>												
<i>Missions and Measures Reference Senior and Disabilities Services RDU:</i>												
<i>End Result A: Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services.</i>												
<i>Strategy B1: Develop, implement and maintain an on-going system of review and improvement through Technical Assistance Plans for each grantee and provider agency. Provide 8 care coordination training sessions each year in Alaskan communities.</i>												



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<b>Senior and Disabilities Services (continued)</b>												
<b>General Relief/Temporary Assisted Living (continued)</b>												
FY2008 AMD: General Relief/Temporary Assisted Living Shortfall (continued)												
1004 Gen Fund (UGF)		500.0										
FY2008 Partially reduce General Relief/Temporary Assisted Living Shortfall increment request	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
1004 Gen Fund (UGF)		-100.0										
FY2011 AMD: Additional Funds for General Relief Component	Inc	3,800.0	0.0	0.0	0.0	0.0	0.0	3,800.0	0.0	0	0	0
<i>Based on recent projections this component will expend \$3.8 million more funds than authorized in both FY10 and FY11. The number of clients, and the related costs, are greater in FY10 than FY09. Expenditures for the first four months of FY10 are 15% above the same period in FY09. This trend is anticipated to continue throughout the year and total projected costs are approximately \$7.3 million.</i>												
<i>This component needs a supplemental appropriation of \$3.8 million in FY10 to meet program expenses. In prior years, General Relief costs have been approximately \$6.3 million and were covered through a transfer of GF from Senior and Disabilities Medicaid Services. However, Senior and Disabilities Medicaid Services is also facing shortfalls and is requesting a FY10 supplemental and an FY11 increment, so this transfer will not be possible.</i>												
<i>Senior and Disabilities Services, in compliance with legislative intent language, reviews policies to ensure only qualified applicants receive relief, and only for the period for which they qualify. Senior and Disabilities Services will continue to comply with intent language while requesting funding consistent with observed trends.</i>												
1004 Gen Fund (UGF)		3,800.0										
FY2012 AMD: Meet General Relief Increased Utilization Needs	Inc	825.0	0.0	0.0	0.0	0.0	0.0	825.0	0.0	0	0	0
<i>The Division of Senior and Disabilities Services (SDS) requests a \$825.0 general fund increment to meet the increased costs of the General Relief component. The General Relief program is intended to meet the most basic needs of many Alaskans who lack the personal resources to meet an emergent need and who are ineligible for assistance from other programs. The program provides residential care and financial assistance to needy adults who require the protective oversight of an assisted living home.</i>												
<i>The division is serving an increasing number of clients and working to enable these adults to obtain the level of care they would otherwise receive in their own home or the least restrictive setting possible. In FY2010, SDS served an average of 494 individuals monthly through the General Relief program. In total, 961 unique individuals were served throughout the year for an average expenditure of \$7,447 per individual. The average cost per recipient in FY2009, for 898 unique recipients, was \$7,058. Based on the average monthly rate of utilization to date in FY2011 and the FY2010 actual rate of utilization, the division anticipates serving on average a minimum of 510 clients monthly during FY2011. The increased utilization is reflective of longer lengths of stay and higher compensation to providers necessitated by increased medical and behavioral needs of recipients. The division anticipates the increased utilization will continue in FY2012.</i>												
<i>The Division of Senior and Disabilities Services, in compliance with legislative intent language, reviews policies to ensure only qualified applicants receive relief, and only for the period for which they qualify. Senior and Disabilities Services will continue to comply with intent language while requesting funding consistent with observed trends.</i>												
<i>This amendment provides FY2012 funding based on an increase of \$825.0 in the FY2011 supplemental request.</i>												
1004 Gen Fund (UGF)		825.0										

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<b>Senior and Disabilities Services (continued)</b>												
<b>General Relief/Temporary Assisted Living (continued)</b>												
<b>* Allocation Total *</b>		5,025.0	0.0	0.0	0.0	0.0	0.0	5,025.0	0.0	0	0	0
<b>Senior Community Based Grants</b>												
FY2007 Decrease to Authorized MHTAAR Funds	Dec	-75.0	0.0	0.0	0.0	0.0	0.0	-75.0	0.0	0	0	0
<i>Reduction to MHTAAR authorization for Geriatric Education &amp; Training in FY07.</i>												
1092 MHTAAR (Other)		-75.0										
FY2007 Care coordination and in-home services for non-Medicaid eligible Alzheimer's Disease and related dementia	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
1037 GF/MH (UGF)		125.0										
1092 MHTAAR (Other)		125.0										
FY2008 Decrease MHTAAR Funding for Discontinue Elders with Co-Occurring Disorders project	Dec	-80.0	0.0	0.0	0.0	0.0	0.0	-80.0	0.0	0	0	0
<i>Discontinue Elders with Co-Occurring Disorders project - (\$80.0).</i>												
1092 MHTAAR (Other)		-80.0										
FY2008 AMD: Replace MHTAAR funds for Alzheimer's Disease and Related Disorders Support Services	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alzheimer's Disease &amp; Related Disorders (ADRD) Education, Support and Mini Grants program provides statewide education and support services to people with Alzheimer's Disease or Related Disorders and their caregivers, as well as providing education about ADRD to the general public, healthcare professionals, professional caregivers, agencies and organizations. This program has been responsible for the statewide distribution of mini-grants to individuals experiencing ADRD. These mini-grants can include, but are not limited to, therapeutic devices, access to medical, vision, dental and special health-care and other supplies or services that might remove or reduce barriers to an individual's ability to function in a community and as independently as possible. This program has been funded by the Alaska Mental Health Trust Authority, but this funding will run out at the end of FY07.</i>												
<i>This population group is one of the most medically fragile populations among State beneficiaries. In FY07, the Legislature approved \$250.0 for this program with \$125.0 from GF/MH (replacing MHTAAR funds from prior years) and \$125.0 from the Mental Health Trust Authority who agreed to extend funding for an additional year. The total project budget is \$250.0 for FY08.</i>												
1037 GF/MH (UGF)		125.0										
1092 MHTAAR (Other)		-125.0										
FY2009 Funding for Aging and Disability Resource Centers	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>Aging and Disability Resource Center's (ADRC's) will work with local senior and disability providers to create and maintain a comprehensive list of services (with eligibility requirements) available in that region and will distribute that information to all providers. Professional ADRC staff in each region will work with the state to develop and implement a general intake process and screening tool that will streamline access to appropriate and available assistance and will refer the individual to the next step of assessment and eligibility determination when appropriate. The Aging and Disability Resource Centers will be developed using the No-Wrong-Door concept in which consumers will be able to enter the system through multiple access points.</i>												
<i>The Aging and Disability Resource Center concept was developed and implemented through a joint venture between the federal Centers for Medicare and Medicaid Services and the Administration on Aging in order to</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior Community Based Grants (continued)</b>												
FY2009 Funding for Aging and Disability												
Resource Centers (continued)												
<i>streamline access to long term care. The State of Alaska implemented this model in 2004 through it's Independent Living Centers and has made a commitment in the 2007-2011 State Plan on Aging to continue and expand this concept. Current funding for this program ends June 30, 2008.</i>												
<i>Funding for this project will be granted to private agencies that will establish and administer the ADRC's.</i>												
1037 GF/MH (UGF)		125.0										
1092 MHTAAR (Other)		125.0										
FY2009 MH Trust: AB-Alaska Commission on Aging - Primary Care Clinics	Inc	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
Grant 1448												
<i>This project will provide funding to Alaska's Community Health Centers (CHCs) to augment the low rates of Medicare reimbursement for services and to provide access to care for Alaska's seniors. The funding will help alleviate the strain on the CHCs resulting from their providing a medical home to many seniors statewide who have been refused care by physicians in private practice due to low Medicare reimbursement rates. These individuals can be served at the CHCs in their area. Alaska is one of 36 states that do not currently provide direct funding for Community Health Centers. During the current primary care crisis for seniors who have Medicare as their primary insurer, a growing number are being refused care by physicians due to Medicare's low reimbursement rate. CHCs may be the only providers willing to see Medicare patients in some parts of the state. In 2005, the CHCs served 5,468 Alaskans age 65 and over - more than 13 percent of Alaskans in that age group enrolled in Medicare (and also a 12 percent increase over 2004). The Senior and Disabilities Services grants section will determine an allocation formula to distribute funds to Community Health Centers according to population.</i>												
1037 GF/MH (UGF)		350.0										
FY2009 MH Trust: Beneficiaries Projects - Mini grants for Alzheimer's Disease and Related Dementia beneficiaries	IncOTI	260.3	0.0	0.0	0.0	0.0	0.0	260.3	0.0	0	0	0
Grant 74.04												
<i>The mini-grants for Alzheimer's Disease and Related Dementia (ADRD) beneficiaries program has been funded by the Alaska Mental Health Trust since FY99 and is administered through the DHSS Senior and Disabilities Services grantee, Alzheimer's Association of Alaska. 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, dental, 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. Assistance with basic living needs not covered by current grants, such as transportation and clothing will also be considered. These services help Trust beneficiaries attain and maintain healthy and productive lifestyles. These items support beneficiaries to achieve and amaintain a reasonable quality of life and are key supports to maintaining families' self-sufficiency and ability to care for a family member.</i>												
1092 MHTAAR (Other)		260.3										
FY2009 Adjust Rates for Family Caregivers, Nutrition, Transportation and Support	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
1004 Gen Fund (UGF)		1,000.0										
FY2010 MH Trust: ACoA - Grant 1927.01 Aging and Disability Resource Centers	IncOTI	125.0	0.0	0.0	0.0	0.0	0.0	125.0	0.0	0	0	0

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior Community Based Grants (continued)</b>												
FY2010 MH Trust: ACoA - Grant 1927.01 Aging and Disability Resource Centers (continued)												
SDS is requesting \$125.0 MHTAAR authorization to distribute to three (3) grantee agencies throughout Alaska that are currently acting as Aging and Disability Resource Centers. These agencies are "no-wrong-door" agencies that can provide valuable information about how to access services to both seniors and persons with developmental disabilities. These agencies provide a valuable community service to vulnerable adults that are seeking Long Term Care either in their home or community based institution.												
Aging and Disability Resource Centers (ADRC's) serve as a visible, trusted place for people to go to for information and assistance with accessing services that support them in the community. The integration of information regarding long term care can reduce the frustration and feelings of being overwhelmed experienced by people when trying to understand and access available long term care options. ADRC services are unique from other information and referral services because they have the added focus of assisting with streamlining the entrance into long term care services as well as targeted efforts to reach ADRC Users who are able to privately pay for services. The primary target populations are the elderly with Alzheimers Disease or related dimentia, or people at risk of these conditions, and people with disabilities. However, assistance is provided for anyone who seeks information or referral services on any long-term care issue. The project will be administered by DHSS Senior and Disabilities Services and will unify the referral process for beneficiaries under this service division.												
ARDC's provide assistance to seniors and persons with disabilities with completing applications, long-term care options, counseling and decision support. In FY09, management of the ARDC's is transitioning from Alaska Housing Finance Corporation and the State Independent Living Council to the Division of Senior and Disabilities Services. Regional ARDC's currently operate in Anchorage, Southeast Alaska and the Kenai Peninsula. ARDC's will evolve into a statewide information resource, accessible to all Alaskans via phone, internet and agency outreach. They will also be able to pre-screen individuals for Medicaid and other program eligibility.												
The intent is to obtain an annual budget of \$750.0 including MHTAAR for this program by the end of FY2011 so additional regional centers may be funded. Full funding of this program will result in the establishment of two additional ARDC's in locations not currently served by the existing centers. Potential locations include Fairbanks/Interior Alaska, Northwest Alaska regiona dn Southwest Alaska region.												
1092 MHTAAR (Other)		125.0										
FY2010 MH Trust: Beneficiary Projects - Grant 74.05 Mini grants for ARDR beneficiaries	IncOTI	260.3	0.0	0.0	0.0	0.0	0.0	260.3	0.0	0	0	0
The mini-grants for Alzheimer's Disease and Related Dementia (ARDR) beneficiaries program has been funded by the Trust since FY99 and is administered through the DHSS Senior and Disabilities Services grantee, Alzheimer's Association of Alaska. 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. Assistance with basic living needs not covered by current grants, such as transportation, clothing and the like, will also be considered. These services help Trust beneficiaries attain and maintain healthy and productive lifestyles. These items are determined to support beneficiaries in achieving stability/comfort and are key supports to maintaining families' self-sufficiency and ability to care for a family member. Consumer mini-grants are an important component of a system delivering individualized services that promote stability.												
1092 MHTAAR (Other)		260.3										

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior Community Based Grants (continued)</b>												
FY2010 Maintain the current level of senior grants and services available in most regions of the state	Inc	609.9	0.0	0.0	0.0	0.0	0.0	609.9	0.0	0	0	0
1004 Gen Fund (UGF)		609.9										
FY2011 MH Trust: ACoA - Grant 1927.02 Aging and Disability Resource Centers	IncOTI	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>Aging and Disability Resource Centers (ADRC) serve as a visible, trusted place for people to get information and assistance with accessing services that support them in the community. The integration of information regarding long-term care can reduce the frustration and feelings of being overwhelmed experienced by people when trying to understand and access available long-term care options. ADRC services are unique from other information and referral services, because they have the added focus of assisting with streamlining the entrance into long-term care services as well as targeted efforts to reach ADRC users who are able to privately pay for services. The primary target populations are the elderly with Alzheimer's Disease or related dementia, or people at risk of these conditions, and people with disabilities. However, assistance is provided for anyone who seeks information or referral services on any long-term care issue. The project will be administered by the Senior and Disabilities Services division (SDS) and will unify the referral process for beneficiaries under this service division.</i></p> <p><i>ADRCs provide assistance to seniors and persons with disabilities with completing applications, long-term care options, counseling and decision support. In FY09, management of the ADRCs transitioned from Alaska Housing Finance Corporation and the State Independent Living Council to SDS. Regional ADRCs currently operate in Anchorage, Southeast Alaska and the Kenai Peninsula. ADRCs will evolve into a statewide information resource, accessible to all Alaskans via phone, internet and agency outreach. ADRCs will also be able to pre-screen individuals for Medicaid and other program eligibility.</i></p> <p><i>Full implementation of this program will result in the establishment of two additional ADRCs in locations not currently served by the existing centers. Potential locations include Fairbanks/Interior Alaska, Northwest Alaska region and Southwest Alaska region.</i></p>												
1092 MHTAAR (Other)		125.0										
FY2012 MH Trust: ACoA - Grant 1927.03 Aging and Disability Resource Centers	IncM	125.0	0.0	0.0	0.0	0.0	0.0	125.0	0.0	0	0	0
<p><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 ADRCs are minimally funded and staffed. ADRCs are federally mandated as the entrance into the states long-term care services delivery system and are identified as a strategy under the Department of Health and Social Services priority for long-term care. ACoA recommends an increment to SDSs 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></p>												
1092 MHTAAR (Other)		125.0										
FY2012 Home Delivered Meals and Congregate Meals	Inc	300.0	0.0	0.0	0.0	0.0	0.0	0.0	300.0	0	0	0
1004 Gen Fund (UGF)		300.0										
FY2013 MH Trust: ACoA -Adult Day Services	Inc	225.0	0.0	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</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Senior Community Based Grants (continued)</b>												
FY2013 MH Trust: ACoA -Adult Day Services (continued)												
<i>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										
FY2013 MH Trust: ACoA -Adult Day Services (Fund 90% of request)	Dec	-22.5	0.0	0.0	0.0	0.0	0.0	-22.5	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)		-22.5										
FY2013 MH Trust: ACoA -Senior In-Home Services (SIH Services)	Inc	250.0	0.0	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										
FY2013 CC: Senior In-Home Services Grants	Inc	175.0	0.0	0.0	0.0	0.0	0.0	175.0	0.0	0	0	0
1037 GF/MH (UGF)		175.0										
FY2013 MH Trust: ACoA - Grant 1927.04 Aging and Disability Resource Centers	IncM	125.0	0.0	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 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</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Senior Community Based Grants (continued)</b>												
FY2013 MH Trust: ACoA - Grant 1927.04 Aging and Disability Resource Centers (continued)												
capacity to provide formalized options counseling, eligibility screening, assessment procedures, and to expand services into an area not covered by the existing ADRCs.												
1092 MHTAAR (Other)		125.0										
<b>* Allocation Total *</b>		<b>4,253.0</b>	<b>0.0</b>	<b>0.0</b>	<b>125.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,828.0</b>	<b>300.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Community Developmental Disabilities Grants</b>												
FY2006 Reduce MHTAAR Authorization	Dec	-120.0	0.0	0.0	0.0	0.0	0.0	-120.0	0.0	0	0	0
Reduced MHTAAR funding for the following projects:												
Inclusive Recreation <50.0> End of Project												
Positive Behavior Support <70.0> End of Project												
1092 MHTAAR (Other)		-120.0										
FY2007 Reduce funding for AK State School for the Deaf & Hard of Hearing per funding received from Dept of Ed	Dec	-15.0	0.0	0.0	0.0	0.0	0.0	-15.0	0.0	0	0	0
Department of Education has reduced its funding for the Alaska State School for the Deaf and Hard of hearing by \$15.0. This decrement reflects this funding decrease for the outgoing grant to the ARC of Anchorage which is the grantee agency responsible for carrying out the services outlined in the RSA.												
1007 I/A Rcpts (Other)		-15.0										
FY2008 Decrease MHTAAR Funding for Dental Training Program Trust project	Dec	-50.0	0.0	0.0	-50.0	0.0	0.0	0.0	0.0	0	0	0
Dental Training Program Trust project discontinued - (\$50.0).												
1092 MHTAAR (Other)		-50.0										
FY2009 Request General Funds due to Elimination of Proshare Financing	Inc	1,148.1	0.0	0.0	0.0	0.0	0.0	1,148.1	0.0	0	0	0
In SFY 08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services; however, these services are provided by other divisions. Senior and Disabilities Services/Community Developmental Grants used the ProShare program to provide services which include but are not limited to: Care Coordination, Chore Services, Day Habilitation, Independent Living Support, Behavioral Training, Intensive Active Treatment, Residential Services, Respite Care, Specialized Adaptive Equipment and Vocational Services. This transfer is necessary to give the division the funding needed to continue these services.												
1004 Gen Fund (UGF)		1,148.1										
FY2009 MH Trust: Beneficiaries Projects - Mini grants for beneficiaries with disabilities	IncOTI	227.5	0.0	0.0	0.0	0.0	0.0	227.5	0.0	0	0	0
Grant 124.04												
The mini-grants for beneficiaries with disabilities program has been funded by the Alaska Mental Health Trust since FY99 and is administered through Senior and Disabilities Services grantees under the Short Term Assistance and Referral Project. Mini-grants provide Trust beneficiaries with a broad range of equipment and												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Community Developmental Disabilities Grants (continued)</b>												
FY2009 MH Trust: Beneficiaries Projects - Mini grants for beneficiaries with disabilities (continued)												
<i>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, dental, 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>												
1092 MHTAAR (Other)		227.5										
FY2009 Discontinue Private ProShare Refinancing	Inc	4,815.7	0.0	0.0	0.0	0.0	0.0	4,815.7	0.0	0	0	0
<i>This increment replaces federal funding with general funds due to the discontinuation of the Private ProShare Medicaid program by the federal Medicaid agency.</i>												
<i>The department has made payments to hospitals and community health care providers for several years under the ProShare program as an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are funded entirely with general funds.</i>												
<i>ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative strategy to optimize Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions that would otherwise have issued general fund grants for these services provided Health Care Services with the matching GF through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.</i>												
<i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed under federal law and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost its appeal with the U.S. Department of Health and Human Services Department Appeals Board.</i>												
<i>The department is committed to continue funding these services at the current level to support its mission to provide health care for Alaskans in need. In order to maintain current service levels, the department is requesting additional GF in the divisions that refinanced grants/services to replace this lost federal money.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>Dept-Core Services--Promote independence of Alaska senior and people with physical or developmental disabilities</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												



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<b>Senior and Disabilities Services (continued)</b>												
<b>Community Developmental Disabilities Grants (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
HCS-A--Mitigate service reductions by replacing general funds with alternate funds												
HCS-B--Provide affordable access to quality health care services to eligible Alaskans												
DPH-A--Healthy people in healthy communities												
DPH-A-A4--Assure access to early preventative services and quality health care												
SDS-A--Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services												
1004 Gen Fund (UGF)		4,815.7										
FY2010 Behavioral Risk Management Services for Sex Offenders												
Add \$125.8 I/A receipts to accept funding from the Department of Corrections and grant them out to the Center for Psychosocial Development.												
The Department of Corrections provides funding through interagency receipts for specialized sex offender services to individuals that meet the functional definition of developmental disability. These funds are attached to an existing outgoing SDS grant to the Center for Psychosocial Development and will provide behavioral risk management services to include risk assessment, psychoeducational groups, socio-sexual skill training, individual therapy, specialized clinical case management and technical assistance and support.												
1007 I/A Rcpts (Other)		125.8										
FY2010 MH Trust: Beneficiary Projects - Grant 124.05 Mini grants for beneficiaries with disabilities	IncOTI	227.5	0.0	0.0	0.0	0.0	0.0	227.5	0.0	0	0	0
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.												
1092 MHTAAR (Other)		227.5										
FY2011 MH Trust: Benef Projects - Grant 124.06 Mini grants for beneficiaries with disabilities	IncOTI	227.5	0.0	0.0	0.0	0.0	0.0	227.5	0.0	0	0	0
The mini-grants for beneficiaries with disabilities program has been funded by the Alaska Mental Health Trust Authority (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, 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.												
1092 MHTAAR (Other)		227.5										
FY2012 MH Trust: Benef Projects - Grant 124.07 Mini grants for beneficiaries with disabilities	IncM	227.5	0.0	0.0	0.0	0.0	0.0	227.5	0.0	0	0	0
The Mini-grants for Beneficiaries with Disabilities program has been funded by the Trust since FY99 and is												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Community Developmental Disabilities Grants (continued)</b>												
FY2012 MH Trust: Benef Projects - Grant												
124.07 Mini grants for beneficiaries with disabilities (continued)												
<i>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. The FY12 MHTAAR increment (\$227.5) maintains the FY11 funding level &amp; momentum of effort.</i>												
1092 MHTAAR (Other)		227.5										
FY2013 MH Trust: Gov Cncl- Services for the Deaf												
	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 &amp; 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										
FY2013 MH Trust: Gov Cncl- Services for the Deaf (Fund 90% of request)												
	Dec	-15.0	0.0	0.0	0.0	0.0	0.0	-15.0	0.0	0	0	0
<i>Administered by the Division of Senior &amp; 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)		-15.0										
FY2013 MH Trust: Benef Projects - Grant 124.08 Mini Grants for Beneficiaries with Disabilities												
	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										

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<b>Senior and Disabilities Services (continued)</b>												
<b>Community Developmental Disabilities Grants (continued)</b>												
FY2013 MH Trust: Benef Projects - Grant 124.08 Mini Grants for Beneficiaries with Disabilities (Program Expansion)	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>												
1092 MHTAAR (Other)		25.0										
<b>* Allocation Total *</b>		<b>7,202.1</b>	<b>0.0</b>	<b>0.0</b>	<b>75.8</b>	<b>0.0</b>	<b>0.0</b>	<b>7,126.3</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Home and Community Based Care</b>												
FY2006 Reduce the MHTAAR Funding in Home and Community Based Care	Dec	-684.5	0.0	0.0	-75.0	0.0	0.0	-609.5	0.0	0	0	0
<i>Reduction in MHTAAR funding for the following projects:</i>												
<i>Elders with co-occurring disorders &lt;197.0&gt; MH Trust funding reduction.</i>												
<i>ADRD Support Services &lt;250.0&gt; End of project</i>												
<i>Geriatric Education and Training &lt;50.0&gt; MH Trust funding reduction.</i>												
<i>Innovative Respite/chore &lt;187.5&gt; End of project.</i>												
1092 MHTAAR (Other)		-684.5										
<b>* Allocation Total *</b>		<b>-684.5</b>	<b>0.0</b>	<b>0.0</b>	<b>-75.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-609.5</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Commission on Aging</b>												
FY2006 Reduce Alaska Mental Health Trust Projects	Dec	-9.9	-2.4	-7.5	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This decrement reduces the following Alaska Mental Health Trust Authority projects to allowable amounts by the Trust:</i>												
<i>Board Development/Rural Issues (\$7.5)</i>												
<i>ACOA Planner (\$2.4)</i>												
1092 MHTAAR (Other)		-9.9										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	5.8	5.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		5.8										
FY2007 Delete MHTAAR Funding Associated with Commission on Aging Project	Dec	-0.7	-0.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This is to delete \$0.7 from the MHTAAR ACOA Planner project.</i>												
1092 MHTAAR (Other)		-0.7										
FY2008 Decrease MHTAAR Funding	Dec	-12.1	0.0	0.0	-12.1	0.0	0.0	0.0	0.0	0	0	0
<i>This is to decrease two Mental Health Trust Authority Projects:</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Commission on Aging (continued)</b>												
FY2008 Decrease MHTAAR Funding (continued)												
-\$7.5 Board Development/Rural Issues - ACOA												
-\$4.6 ACOA Planner												
1092 MHTAAR (Other)		-12.1										
FY2008 AMHTA recommendations - Healthy Body, Healthy Brain campaign	Inc	25.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0	0	0
1092 MHTAAR (Other)		25.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-46.0	-46.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-36.4										
1092 MHTAAR (Other)		-9.6										
FY2009 MH Trust: AB-Alaska Commission on Aging - Healthy Body/Brain Campaign	Inc0TI	25.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0	0	0
Grant 1447												
<i>The Healthy Body, Healthy Brain Campaign is an ongoing project that began in FY08 with the goal of reaching baby boomers and seniors with the message that they can help prevent Alzheimer's Disease and Related Dementias through lifestyle choices such as physical activity, healthy eating, mental challenges, and fun with others. This additional funding will help directly promote a lifestyle that helps prevent chronic diseases like diabetes and heart disease. This project is critical to educating our growing senior population on one of the few prevention methods for Alzheimer's Disease and is a partnership of Trust funding and state funding.</i>												
1092 MHTAAR (Other)		25.0										
FY2009 MH Trust: Cont - Alaska Commission on Aging Planner	Inc0TI	75.5	70.0	5.5	0.0	0.0	0.0	0.0	0.0	0	0	0
Grant 151.04												
<i>This project funds one of the two Alaska Commission on Aging (ACOA) planner positions (one GF/MH and one MHTAAR funded). The planner is responsible for supporting the Executive Director coordinate between the ACOA and the Trust, including gathering data for reporting, coordination of advocacy and planning, and preparing on-going grant progress reports to the ACOA and AMHTA. 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. Outcomes and reporting requirements are negotiated with the Trust annually.</i>												
1092 MHTAAR (Other)		75.5										
FY2009 Mental Health Trust Proposal - Outreach, Staff Development, and Strategic Planning	Inc0TI	58.5	0.0	23.5	35.0	0.0	0.0	0.0	0.0	0	0	0
Travel												
<i>Dillingham Outreach Travel Meeting - Estimated cost for hotel, charter flights, car rental, per diem, &amp; incidentals \$11,500</i>												
Board/Staff Development												
<i>Send 3 Commissioners and 2 staff to the National Council on Aging/American Society on Aging Conference in Las Vegas, Nevada</i>												
<i>Estimated Cost (@\$2,400 per person) \$12,000</i>												
Services												
<i>Partner with the Rasmuson Foundation, Alaska State Hospital and Nursing Association, and the Trust in their long-term care strategic planning efforts or to examine factors affecting the health and well-being of older</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Commission on Aging (continued)</b>												
FY2009 Mental Health Trust Proposal - Outreach, Staff Development, and Strategic Planning (continued)												
<i>Alaskans that relate to planning for services along the long-term care continuum \$35,000</i>												
Total FY09 \$58,500												
1092 MHTAAR (Other)		58.5										
FY2010 MH Trust: Cont - Grant 151.05 ACOA Planner	IncOTI	84.8	84.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This project funds one of the two Alaska Commission on Aging (ACOA) planner positions (one GF/MH and one MHTAAR funded). 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, i.e. participating in the development of state plans, collaborative projects, etc. Outcomes and reporting requirements are negotiated with the Trust annually.</i>												
1092 MHTAAR (Other)		84.8										
FY2011 MH Trust: Cont - Grant 151.06 ACOA Planner	IncOTI	87.3	87.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This project funds one of the two Alaska Commission on Aging (ACOA) planner positions (one GF/MH and one MHTAAR funded). The planner is responsible for supporting the Executive Director in coordination between the ACOA and the Alaska Mental Health Trust Authority (Trust), including gathering data for reporting, coordination of advocacy and planning, and preparing on-going 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, i.e. participating in the development of state plans, collaborative projects, etc. Outcomes and reporting requirements are negotiated with the Trust annually.</i>												
1092 MHTAAR (Other)		87.3										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-1.3	0.0	-1.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.8										
1037 GF/MH (UGF)		-0.5										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	2.3	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$2.3</i>												
1007 I/A Rcpts (Other)		2.3										
FY2012 MH Trust: Cont - Grant 151.07 ACOA Planner	IncM	91.0	91.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<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,</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Commission on Aging (continued)</b>												
FY2012 MH Trust: Cont - Grant 151.07 ACOA Planner (continued)												
<i>working on collaborative projects, and other duties. Outcomes and reporting requirements are negotiated with the Trust annually.</i>												
1092 MHTAAR (Other)		91.0										
FY2013 MH Trust: Cont - Grant 151.08 ACOA Planner (06-1513)												
<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>												
1092 MHTAAR (Other)	IncM	109.1	91.0	5.1	10.0	3.0	0.0	0.0	0.0	0	0	0
<b>* Allocation Total *</b>		<b>494.3</b>	<b>383.1</b>	<b>25.3</b>	<b>57.9</b>	<b>3.0</b>	<b>0.0</b>	<b>0.0</b>	<b>25.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Governor's Council on Disabilities and Special Education</b>												
FY2006 Adjustment of Alaska Mental Health Trust Funding												
<i>This decrement deletes Alaska Mental Health Trust Projects ending in FY05 and also reduces projects that were scaled down during the Trust process.</i>												
<i>Projects Ending in FY05:</i>												
<i>Inclusive Childcare (\$100.0)</i>												
<i>Board-Trust Partnership (\$38.3)</i>												
<i>Projects Reduced in FY06:</i>												
<i>Partners in Policymaking (\$50.0)</i>												
<i>Recruitment - Direct Service Workers (\$52.3)</i>												
<i>Research Analyst III (\$2.4)</i>												
1092 MHTAAR (Other)		-243.0										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	8.9	8.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		8.9										
FY2007 Decrement of Excess Federal Funds due to loss of two federal grants												
<i>The GCDSE has lost two federal grants which makes it necessary to delete excess federal funds in this component.</i>												
1002 Fed Rcpts (Fed)		-298.2	0.0	0.0	-298.2	0.0	0.0	0.0	0.0	0	0	0
FY2007 Decrement of multiple Alaska Mental Health Trust Authority projects funding and non-permanent position												
	Dec	-101.4	-19.4	-10.0	-70.0	-2.0	0.0	0.0	0.0	0	0	-1

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<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2007 Decrement of multiple Alaska Mental Health Trust Authority projects funding and non-permanant position (continued)												
<i>This decrement decreases the following Alaska Mental Health Trust Authority projects:</i>												
<i>Partners in Policymaking is decreased (\$50.0)</i>												
<i>Recruitment Direct Service Workers is decreased (\$50.7)</i>												
<i>Research Analyst is decreased (\$0.7)</i>												
<i>The net result of this transaction is a decrement of (\$101.4).</i>												
<i>This decrement also deletes one non-permanant position.</i>												
1092 MHTAAR (Other)		-101.4										
FY2008 Comprehensive Recruitment/Marketing Strategies	Inc	350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0
<i>This is to add two new Mental Health Trust Authority Projects for Governor's Council on Disabilities and Special Education. The two projects are responding to the need to develop a comprehensive workforce plan, serving all Trust beneficiary areas, to articulate an agreed upon set of actions to facilitate the preparation and continuing education of qualified health workforce. The beneficiaries include Alaskans who experience mental illness, developmental disabilities, chronic alcoholism, or alzheimer's disease and related dementia. The purpose of these projects is to increase communication between systems and initiatives to foster a more coordinated strategy that maximizes resources and decrease duplication and expands current workforce efforts.</i>												
<i>\$175.0 Develop a Comprehensive "grow your own" Recruitment Strategy for Youths to 1) get career options; 2) rural/urban needs; and 3) cultural background and values.</i>												
<i>\$175.0 Develop Comprehensive Marketing Strategies in and out of Alaska for Beneficiary Area Service Careers.</i>												
1092 MHTAAR (Other)		350.0										
FY2008 Decrease MHTAAR Funding	Dec	-153.7	0.0	0.0	-153.7	0.0	0.0	0.0	0.0	0	0	0
<i>This is to decrease two Mental Health Trust Authority Projects.</i>												
<i>-100.0 for Partners in Policymaking</i>												
<i>-53.7 for Recruitment - Direct Service Workers - Workforce Development</i>												
1092 MHTAAR (Other)		-153.7										
FY2008 PERS adjustment of unrealizable receipts	Dec	-30.8	-30.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-21.3										
1092 MHTAAR (Other)		-9.5										
FY2008 Add Mental Health Trust recommendation to fund the Micro Enterprise Designated Grant program.	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
1092 MHTAAR (Other)		100.0										
FY2009 Alaskans With Disabilities Who Are Victims of Violence Federal Grant	Inc	89.5	0.0	0.0	89.5	0.0	0.0	0.0	0.0	0	0	0
<i>The Governor's Council on Disabilities and Special Education (Council) successfully reapplied for funding from the Department of Justice, Office on Violence against Women, to build upon past activities to meet the needs of women with disabilities who are the victims of physical or sexual assault or stalking. This project focuses on building regional collaboration in Southcentral Alaska where the majority of Alaskans with disabilities who are</i>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2009 Alaskans With Disabilities Who Are												
Victims of Violence Federal Grant (continued)												
<i>victims of violence live and where the most complete and complex service systems exist.</i>												
<i>Alaska's FY 2004 project, Alaskans Speak Up (ASU), developed valuable tools and resources enabling disability providers and victim advocates to better respond to individual victims' needs and to collaborate agency to agency. It did not, however, fundamentally alter the relationship between two systems serving a shared population. The 3 year project initiated in FY 2008 (10/1/07 - 9/30/10) will promote regional service collaboration and capacity-building, creating a more effective and sustainable service paradigm.</i>												
<i>During the first year, a regional needs assessment will be conducted. The assessment will inventory disability and victim advocacy system resources and relationships, detecting training and technical assistance needs. It will assess capacity to collect and share data across systems. Collaboration, capacity and skill building will be the first year focus, continuing through the project's life. The team will use its expertise and experience to promote cross-training to increase accessibility, expand staff knowledge and skills, and improve referral policies and systems. This has been initiated on a limited scale, via local Disability Advocacy Response Team (DART) seminars and training people with disabilities as ASU trainers.</i>												
<i>Once the regional assessment is completed, a regional strategic plan focusing on collaboration, training, resource, and technical assistance needs identified through the assessment will be developed. By the end of year one, the assessment and strategic plan will be complete; the team will ensure women with disabilities are involved in assessment and planning. The assessment will identify cross-system challenges, as well as unique system and cultural needs. Strategic planning will address these policy issues as well as guide enhanced and improved service delivery.</i>												
<i>During year two, the team will provide advocacy, outreach, training, and technical assistance to enhance regional collaboration and to promote delivery of and access to appropriate services to individuals with disabilities, which is often impeded by policy and procedure that is inadequately responsive to individual circumstances. Year three will see systematic building of capacity around the implementation of a DART model adapted to the region and work on sustaining project activities over time. The team will ensure this model will continue to function beyond 2009 and promote replication in other communities.</i>												
<i>The Council did not receive notification that it was awarded funding until September 12, 2007. In order to fully receive the award, the Council will need an additional \$89.5 of budget authority.</i>												
<i>Violence against women in Alaska far exceeds the national average and women with disabilities are far more likely to experience violence than women without disabilities. Without the additional authority, the Council will not be able to address one of the most pressing issues affecting women with disabilities.</i>												
1002 Fed Rcpts (Fed)		89.5										
FY2009 MH Trust: Beneficiary Projects - Microenterprise capital	IncOTI	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
Grant 200.05												
<i>This project provides resources for small business technical assistance and development of an 'incubator' to provide ongoing support to individuals with a disability to establish small businesses. The Governor's Council on Disabilities and Special Education will administer this grant in collaboration with their federal grant for employment/training. This project is an ongoing part of the Alaska Mental Health Trust Authority's asset building projects emphasizing increases in opportunities for home ownership, small business ventures and higher</i>												



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<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2009 MH Trust: Beneficiary Projects - Microenterprise capital (continued) <i>education. 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 consumer input and direction in the services they receive.</i>												
1092 MHTAAR (Other)		100.0										
FY2009 MH Trust: Workforce Dev - AK Alliance for Direct Service website, training, conference <i>Alaska Alliance for Direct Service Workers (AADSC): The Trust Workforce Development Focus Area is supporting the Alaska Alliance for Direct Service Workers in their work on recruitment and retention strategies. The work will include continued maintenance of the AADSC website for recruitment of direct service workers, training for supervisors, and support for the Full Lives Conference for direct service workers. The AADSC will also continue to provide leadership for the recruitment and the retention subcommittees throughout the implementation of the workforce development strategies.</i>	IncOTI	100.0	0.0	10.0	80.0	10.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		100.0										
FY2009 MH Trust: Cont - Research Analyst III <i>Grant 105.04 The Mental Health Trust Authority: Continuing project for the Governor's Council on Disabilities and Special Education: Research Analyst III is a continuing project to provide the Governor's Council on Disabilities and 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>This position was funded in FY08 with \$86.0 MHTAAR and has been increased in FY09 to \$90.0 MHTAAR.</i>	IncOTI	90.0	80.0	4.0	4.0	2.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		90.0										
FY2009 MH Trust: Workforce Dev - Marketing Strategies for beneficiary area service careers <i>Grant 1382.01 The Workforce Development Focus Area Retention Subcommittee will develop marketing strategies in collaboration with the Trust's Strategic Communication Committee that promotes the Trust beneficiary-related service careers to the general population by highlighting the importance of the work and the variety of work available within the industry. The marketing strategies will also target non-traditional job seekers into the industry and provide an action step for job seekers interested in starting a career working with Trust beneficiaries. The work will be led by the Alaska Alliance for Direct Service Workers.</i>	IncOTI	175.0	0.0	0.0	175.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		175.0										
FY2009 MH Trust: Workforce Dev - "Grow your own" recruitment strategy for youth <i>Grant 1381.01 The Trust Workforce Development Focus Area Recruitment Strategy "Grow Your Own" will encourage youth</i>	IncOTI	175.0	0.0	0.0	175.0	0.0	0.0	0.0	0.0	0	0	0

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<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2009 MH Trust: Workforce Dev - "Grow your own" recruitment strategy for youth (continued)												
(14-29 years) to participate in career exploratory activities, including career awareness and exploration that are tied to classroom learning and work-based experiences, to increase the long-term availability of direct service professionals in Alaska. Additionally, work will be done with organizations with specific expertise in youth development to further career exploratory experiences and career preparatory activities. The Alaska Alliance for Direct Service Workers and the Alaska Health Education Center will be responsible for leadership on this strategy, working with the appropriate organizations and school districts to achieve outcomes in this strategy.												
1092 MHTAAR (Other)		175.0										
FY2009 Mental Health Trust Proposal - Research, Analysis, and Replacement Copier	IncOTI	100.0	0.0	0.0	84.0	0.0	16.0	0.0	0.0	0	0	0
<p>The Governor's Council on Disabilities &amp; Special Education proposes three items for funding for FY09. First, the Council is requesting funds to hire a contractor to research Nebraska's developmental disability provider profiles as well as models from other states, and to gather similar information in Alaska. The Nebraska example describes outcomes for individuals served and profiles agency characteristics, such as the length of employment of staff, training staff receive, and reasons individuals have left the agency. A quality of life questionnaire is used to determine client outcomes such as social belonging, economic security, growth and development and perception of well being. The contractor will establish a system for collecting similar data and conducting a quality of life questionnaire that can be implemented in future years by existing state and provider staff.</p> <p>A second activity will involve a third-party analysis of residential services in Alaska. This analysis is timely, as community-based residential services have grown tremendously since Harborview was closed, and as the number of individuals served through waivers has increased. This analysis will utilize the quality of life survey and provider profiles, as well as focus groups to describe common elements of community-based residential services that lead to success. Focus groups will consist of residential staff, individuals supported in residential environments, as well as family members (both those with sons or daughters who receive residential supports as well as those with adult sons or daughters who live at home). The state council on developmental disabilities in North Carolina convened a group of innovative programs from across the country to describe and document best practices. The common features of these innovative and best practices with demonstrated outcomes will be incorporated into the third-party analysis and recommendations. A paper and presentation of the highlights from the analysis will be disseminated widely to disability provider organizations, direct care staff and families.</p> <p>The last request is for funding to replace an aging copier that frequently requires repair. Because of the large volume of copying required to conduct Council business, it is necessary to obtain equipment that maximizes staff efficiency and which can handle a very high load. A state procurement official was contacted to estimate the cost of replacing the copier, which is expected to be about \$16,000 with a trade-in.</p> <p>Contractual</p> <p>Contractor to replicate Nebraska's Developmental Disabilities Provider Profile \$40,000 Purchase of Quality of Life Questionnaire Manual, Survey Forms and Conversion Table \$4,000 Third-party analysis of residential services \$40,000 Subtotal Contractual \$84,000</p> <p>Equipment</p>												

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<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2009 Mental Health Trust Proposal - Research, Analysis, and Replacement Copier (continued) <i>Purchase of a new copier for the Governor's Council \$16,000</i>												
<i>FY09 TOTAL \$100,000</i>												
1092 MHTAAR (Other)		100.0										
FY2010 MH Trust: Benef Projects - Grant 200.06 Microenterprise capital <i>This project provides resources for small business technical assistance and development of an 'incubator' to provide ongoing support to individuals with a disability establishing small businesses. The Governor's Council on Disabilities and Special Education will administer this grant in collaboration with their federal grant for employment/training. This project is an ongoing part of the Trust's asset building projects emphasizing increases in opportunities for home ownership, small business ventures and higher education. 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 consumer input and direction in the services they receive.</i>	IncOTI	100.0	0.0	5.0	95.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		100.0										
FY2010 MH Trust: Workforce Dev - AK Alliance for Direct Service <i>Alaska Alliance for Direct Service Workers (AADSC): The Trust Workforce Development Focus Area is supporting the Alaska Alliance for Direct Service Workers in their work on recruitment and retention strategies. The work will include continued maintenance of the AADSC website for recruitment of direct service workers, training for supervisors, and support for the Full Lives Conference for direct service workers. The AADSC will also continue to provide leadership for the Recruitment and Retention subcommittees throughout the implementation of the Workforce Development strategies.</i>	IncOTI	125.0	0.0	10.0	110.0	5.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR (Other)		125.0										
FY2010 MH Trust: Cont - Grant 105.05 Research Analyst III <i>The MH Trust: AB-Gov Cncl: Research Analyst III is a continuing project to provide the Governor's Council on Disabilities and 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>	IncOTI	100.4	91.2	7.2	0.0	2.0	0.0	0.0	0.0	0	0	0
<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>This position was funded in FY09 with \$90.0 MHTAAR and in FY10 at \$100.4 MHTAAR to maintain the momentum of effort.</i>												
1092 MHTAAR (Other)		100.4										
FY2010 MH Trust: Workforce Dev - Grant 1382.02 Marketing Strategies for beneficiary area service careers <i>The Workforce Development Focus Area Retention Subcommittee will develop marketing strategies in</i>	IncOTI	165.0	0.0	15.0	140.0	10.0	0.0	0.0	0.0	0	0	0

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<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2010 MH Trust: Workforce Dev - Grant												
1382.02 Marketing Strategies for beneficiary												
area service careers (continued)												
<i>collaboration with the Trust's Strategic Communication Committee that promotes the Trust beneficiary-related service careers to the general population by highlighting the importance of the work and the variety of work available within the industry. The marketing strategies will also target non-traditional job seekers into the industry and provide an action step for job seekers interested in starting a career working with Trust beneficiaries. The work will be led by the Alaska Alliance for Direct Service workers.</i>												
1092 MHTAAR (Other)		165.0										
FY2010 MH Trust: Workforce Dev - Grant 1382.02 Marketing Strategies for beneficiary area svc	Dec	-165.0	0.0	0.0	-165.0	0.0	0.0	0.0	0.0	0	0	0
<i>Gov Amd line item reduction had to changed from grants to services line in order to prevent a negative line item as a result of the Gov Amd transactions within this component.</i>												
<i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being reduced.</i>												
1092 MHTAAR (Other)		-165.0										
FY2010 MH Trust: Workforce Dev - Grant 1381.02 "Grow your own" recruitment strategy for youth	IncOTI	180.0	0.0	0.0	180.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Trust Workforce Development Focus Area Recruitment Strategy "Grow Your Own" will encourage youth (14-29 years) to participate in career exploratory activities, including career awareness and exploration that are tied to classroom learning and work-based experiences, to increase the long-term availability of direct service professionals in Alaska. Additionally, work will be done with organizations with specific expertise in youth development to further career exploratory experiences and career preparatory activities. The Alaska Alliance for Direct Service workers and the Alaska Health Education Center will be responsible for leadership on this strategy, working with the appropriate organizations and school districts to achieve outcomes.</i>												
1092 MHTAAR (Other)		180.0										
FY2010 MH Trust: Workforce Dev - Grant 1381.02 Grow your own recruitment strategy youth	Dec	-39.0	0.0	0.0	-39.0	0.0	0.0	0.0	0.0	0	0	0
<i>Gov Amd line item reduction had to changed from grants to services line in order to prevent a negative line item as a result of the Gov Amd transactions within this component.</i>												
<i>Due to the economic recession and plummeting stock markets, the Trust has decreased its financial projections for FY2010 since original budget approval in September 2008. This project is being reduced.</i>												
1092 MHTAAR (Other)		-39.0										
FY2010 Serve children with a 25% developmental delay, train grantees for assessment and screening to this new 25% level	Inc	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
<i>Per the Mental Health Trust, this increment should be GF/MH and not general fund.</i>												
1037 GF/MH (UGF)		300.0										
FY2011 MH Trust: Workforce Dev - Grant 1381.03 "Grow your own" recruitment strategy for youth	IncOTI	10.0	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Alaska Mental Health Trust Authority (Trust) Workforce Development Focus Area Recruitment Strategy "Grow Your Own" will encourage youth (14-19 years) to participate in career exploratory activities, to increase the long-term availability of direct service professionals in Alaska. These activities include career awareness and exploration that are tied to classroom learning and work-based experiences. Additionally, work will be done with</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2011 MH Trust: Workforce Dev - Grant												
1381.03 "Grow your own" recruitment strategy												
for youth (continued)												
<i>organizations with specific expertise in youth development to further career exploratory experiences and career preparatory activities. The Alaska Alliance for Direct Service workers and the Alaska Health Education Center will be responsible for leadership on this strategy, working with the appropriate organizations and school districts to achieve outcomes.</i>												
1092 MHTAAR (Other)		10.0										
FY2011 MH Trust: Benef Projects - Grant 2713 Peer operated services	IncOTI	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<i>Grant funding will be provided to establish family resource services and services to youth with developmental disabilities. Experienced families will help other families whose children are on the waitlist for developmental disability services. An emphasis will be placed on person-centered planning and helping families access generic community resources that will reduce the need for more costly disability-specific services. Also adults with developmental disabilities will provide services to youth with developmental disabilities. An emphasis will be placed on helping youth develop skills needed to secure employment and access to generic community resources, reducing the need for more intensive disability-specific services.</i>												
1092 MHTAAR (Other)		50.0										
FY2011 MH Trust: Cont - Grant 105.06 Research Analyst III	IncOTI	103.4	103.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Research Analyst III position supported by this increment provides the Governor's Council on Disabilities and Special Education (Gov Council) with information about the needs of individuals with developmental disabilities. The position and associated travel and operating funds help ensure Gov Council activities are conducted within the framework of the Mental Health Trust Authority's (Trust) guiding principles while still meeting Congressional requirements. The Research Analyst is a staff member of the Gov Council and funds go directly to the Gov Council.</i>												
<i>The Gov Council is federally funded to fulfill specific roles mandated by Congress. It is an expectation of the Trust that the Gov Council will participate in planning, implementing and funding a comprehensive integrated mental health program that serves people with developmental disabilities and their families. This position enables the Gov 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>												
1092 MHTAAR (Other)		103.4										
FY2011 MH Trust: Benef Projects - Grant 200.07 Microenterprise capital	IncOTI	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>This project provides resources for small business technical assistance and development of an 'incubator' to provide ongoing support to individuals with a disability establishing small businesses. The Governor's Council on Disabilities and Special Education will administer this grant in collaboration with their federal grant for employment/training. This project is an ongoing part of the Alaska Mental Health Trust Authority's (Trust) asset building projects, emphasizing increases in opportunities for home ownership, small business ventures and higher education. 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 consumer input and direction in the services they receive.</i>												
1092 MHTAAR (Other)		100.0										
FY2011 MH Trust: Workforce Dev - Grant 2344.03 Workforce Dev, Marketing, Recruitment & Conferences	IncOTI	175.0	0.0	0.0	175.0	0.0	0.0	0.0	0.0	0	0	0

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2011 MH Trust: Workforce Dev - Grant												
2344.03 Workforce Dev, Marketing,												
Recruitment & Conferences (continued)												
<i>The Alaska Mental Health Trust Authority (Trust) Workforce Development Focus Area is supporting the Alaska Alliance for Direct Service Careers (AADSC) in their work on recruitment and retention strategies. The work will include continued maintenance of the AADSC website for recruitment of direct service workers, training for supervisors, and support for the Full Lives Conference for direct service workers. The AADSC will also continue to provide leadership for the recruitment and retention subcommittees throughout the implementation of the Workforce Development strategies.</i>												
1092 MHTAAR (Other)		175.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-3.0	0.0	-3.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		-3.0										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered	FisNot	2.7	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Employees Salary Increase												
<i>FY2011 Noncovered Employees Year 1 increase</i>												
<i>: \$2.7</i>												
1002 Fed Rcpts (Fed)		2.7										
FY2012 MH Trust: Cont - Grant 105.07 Research Analyst III												
<i>The Research Analyst III is a continuing project to provide the Governor's Council on Disabilities &amp; 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. 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. The FY12 MHTAAR increment (\$110.0) maintains the FY11 funding level &amp; momentum of effort.</i>												
1092 MHTAAR (Other)		110.0										
FY2012 MH Trust: Benef Projects - Grant 200.08	IncM	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0.0	0	0	0
Microenterprise capital												
<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 the success of this program, FY12 funding recommendation is increasing to allow for more beneficiary small business start-up grants. The Trust's recommendation for FY12 is MHTAAR \$125.0 and GF/MH \$25.0. This is a continuing project.</i>												
1092 MHTAAR (Other)		125.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>												
<b>Governor's Council on Disabilities and Special Education (continued)</b>												
FY2013 MH Trust: Dis Justice - AK Safety Planning & Empowerment Network (ASPEN)	Inc	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
<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>												
<i>The FY13 MHTARR increment for this project builds upon the Governor's Domestic Violence and Sexual Assault Initiative.</i>												
1092 MHTAAR (Other)		150.0										
FY2013 MH Trust: Benef Projects - Grant 200.09 Microenterprise Capital	IncM	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0.0	0	0	0
<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 the success of this program, FY2012 funding recommendation is increasing to allow for more beneficiary small business start-up grants.</i>												
1092 MHTAAR (Other)		125.0										
FY2013 MH Trust: Cont - Grant 105.08 Research Analyst III (06-0534)	IncM	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 &amp; 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										
<b>* Allocation Total *</b>		2,290.8	444.7	39.2	1,513.9	27.0	16.0	250.0	0.0	0	0	-1
<b>** Appropriation Total **</b>		26,983.7	5,541.3	672.1	4,030.8	530.3	53.0	15,597.3	558.9	7	1	-1

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services</b>												
<b>Public Affairs</b>												
FY2009 Reduce Size of Public Information Office 25%. Unallocated reduction, position count to be determined by department	Dec	-570.8	-570.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-570.8										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	2.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$2.0												
1007 I/A Rcpts (Other)		2.0										
FY2012 Switch GF Fund Types	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This change is to switch the general fund sources for this component. This will correct the mix of GF, such as GF Match, which this component does not collect. This funding was transferred in from other divisions in the 2005 reorganization.</i>												
1003 G/F Match (UGF)		-113.0										
1004 Gen Fund (UGF)		113.0										
<b>* Allocation Total *</b>		<b>-568.8</b>	<b>-568.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Quality Assurance and Audit</b>												
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.3	0.0	-0.3	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.3										
<b>* Allocation Total *</b>		<b>-0.3</b>	<b>0.0</b>	<b>-0.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Agency-wide Unallocated Reduction</b>												
FY2006 Find qualifying GF reductions opportunities rather than create new programs.	Dec	-3,180.0	0.0	0.0	0.0	0.0	0.0	0.0	-3,180.0	0	0	0
<i>In October 2004, the Dept. of Health &amp; Social Services, Division of Public Assistance (DPA) was awarded a federal TANF High Performance Bonus of \$3.18 million. DPA received this bonus payment for its exceptional performance in federal fiscal year 2003 in moving welfare recipients from public assistance to the workforce. Alaska received the maximum bonus allowed for ranking highly in the nation in 2003 for the "job entry" category - the percent of people placed in jobs. Alaska also received bonus funds for offering services to families so they can have affordable, quality child care.</i>												
<i>The following represents the Department's proposed spending plan for investing the federal TANF performance bonus funds:</i>												
<i>Public Health RDU Women Children and Family Health component</i>												
<i>Statutory Rape Reduction Project</i>												
<i>The Division of Public Health undertook a statewide campaign to reduce the incidence of sexual assault of young girls through a campaign funded in part by Division of Public Assistance, Temporary Assistance to Needy Families (TANF) in FY02 and FY03. These requested funds will continue upon that campaign. TANF share of project financing is \$480.0.</i>												
<i>Behavioral Health RDU Behavioral Health Grants component</i>												
<i>Substance Abuse Prevention/Intervention - Statewide Multi-media Education Campaign</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Agency-wide Unallocated Reduction (continued)</b>												
FY2006 Find qualifying GF reductions opportunities rather than create new programs. (continued)												
<i>This project is to develop broad, diverse and comprehensive multi-media campaign aimed at children, youth and parents and the public to involve all Alaskans in recognizing the damage alcohol causes. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Reach Out Now Utilizing materials developed for this national model, will provide community grants to agencies working with their community's school programs. Program will focus on a school-based educational approach, with trained agency staff providing information, and then developing an ongoing dialogue with 11-12 year olds about alcohol and drugs. TANF share of project financing is \$500.0.</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free Training and leadership for young people who might be experiencing peer pressure to drink. Community grants to youth organizations who would like to partner with the state to increase public awareness of this issue and mobilize action to decrease early on-set drinking and utilize youth as leaders/mentors among their peers. TANF share of project financing is \$500.0.</i>												
<i>Behavioral Health RDU AK Fetal Alcohol Syndrome Program component Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free The TANF funded part of this project will fund Community Based Prevention and Service Improvement. This project will fund community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD. TANF share of project financing is \$500.0.</i>												
<i>Boards and Commissions RDU Gov's Advisory Council on Faith-Based and Community Initiatives component Creation of Faith Based and Community Initiative Council Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives and the Office of Faith Based and Community Initiatives in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems. TANF share of project financing is \$105.0.</i>												
<i>Public Assistance RDU PA Administration component Other Federal TANF funded services and initiatives promoting self-sufficiency and client services within the parameters eligible for TANF funding. While Alaska's TANF caseload has been decreasing the number of extremely low-income working families needing Child Care Assistance, PASS II/III has increased. The TANF share of project financing for additional Child Care Assistance is \$595.0.</i>												
1003 G/F Match (UGF)		-3,180.0										
FY2006 Restore GF reduction	Inc	3,180.0	0.0	0.0	0.0	0.0	0.0	0.0	3,180.0	0	0	0
<i>In October 2004, the Dept. of Health &amp; Social Services, Division of Public Assistance (DPA) was awarded a federal TANF High Performance Bonus of \$3.18 million. DPA received this bonus payment for its exceptional performance in federal fiscal year 2003 in moving welfare recipients from public assistance to the workforce. Alaska received the maximum bonus allowed for ranking highly in the nation in 2003 for the "job entry" category -</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Agency-wide Unallocated Reduction (continued)</b>												
FY2006 Restore GF reduction (continued)												
<i>the percent of people placed in jobs. Alaska also received bonus funds for offering services to families so they can have affordable, quality child care.</i>												
 <i>The following represents the Department's proposed spending plan for investing the federal TANF performance bonus funds:</i>												
 <i>Public Health RDU                      Women Children and Family Health component</i>												
<i>Statutory Rape Reduction Project</i>												
<i>The Division of Public Health undertook a statewide campaign to reduce the incidence of sexual assault of young girls through a campaign funded in part by Division of Public Assistance, Temporary Assistance to Needy Families (TANF) in FY02 and FY03. These requested funds will continue upon that campaign. TANF share of project financing is \$480.0.</i>												
 <i>Behavioral Health RDU                      Behavioral Health Grants component</i>												
<i>Substance Abuse Prevention/Intervention - Statewide Multi-media Education Campaign</i>												
<i>This project is to develop broad, diverse and comprehensive multi-media campaign aimed at children, youth and parents and the public to involve all Alaskans in recognizing the damage alcohol causes. TANF share of project financing is \$500.0.</i>												
 <i>Substance Abuse Prevention/Intervention - Reach Out Now</i>												
<i>Utilizing materials developed for this national model, will provide community grants to agencies working with their community's school programs. Program will focus on a school-based educational approach, with trained agency staff providing information, and then developing an ongoing dialogue with 11-12 year olds about alcohol and drugs. TANF share of project financing is \$500.0.</i>												
 <i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>Training and leadership for young people who might be experiencing peer pressure to drink. Community grants to youth organizations who would like to partner with the state to increase public awareness of this issue and mobilize action to decrease early on-set drinking and utilize youth as leaders/mentors among their peers. TANF share of project financing is \$500.0.</i>												
 <i>Behavioral Health RDU      AK Fetal Alcohol Syndrome Program component</i>												
<i>Substance Abuse Prevention/Intervention - Leadership Initiatives to Keep Children Alcohol-Free</i>												
<i>The TANF funded part of this project will fund Community Based Prevention and Service Improvement. This project will fund community-based FASD improved services programs focusing on interventions and services such as respite care, case management, mental health services, substance abuse services, job training/vocational rehabilitation and services to work with women at risk for giving birth to a child with an FASD. TANF share of project financing is \$500.0.</i>												
 <i>Boards and Commissions RDU      Gov's Advisory Council on Faith-Based and Community Initiatives component</i>												
<i>Creation of Faith Based and Community Initiative Council</i>												
<i>Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives and the Office of Faith Based and Community Initiatives in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems. TANF share of</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Agency-wide Unallocated Reduction (continued)</b>												
FY2006 Restore GF reduction (continued)												
project financing is \$105.0.												
Public Assistance RDU PA Administration component												
Other Federal TANF funded services and initiatives promoting self-sufficiency and client services within the parameters eligible for TANF funding. While Alaska's TANF caseload has been decreasing the number of extremely low-income working families needing Child Care Assistance, PASS II/III has increased. The TANF share of project financing for additional Child Care Assistance is \$595.0.												
1003 G/F Match (UGF)		3,180.0										
FY2007 Salary adjusting fund source shift to general funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		436.9										
1004 Gen Fund (UGF)		-989.4										
1007 I/A Rcpts (Other)		440.1										
1037 GF/MH (UGF)		-229.1										
1061 CIP Rcpts (Other)		15.2										
1092 MHTAAR (Other)		33.1										
1108 Stat Desig (Other)		143.1										
1156 Rcpt Svcs (DGF)		94.5										
1168 Tob ED/CES (DGF)		41.8										
1180 A/D T&P Fd (DGF)		9.0										
1189 SeniorCare (DGF)		4.8										
FY2009 Unallocated general medicaid rebasing reduction	Dec	-46,000.0	0.0	0.0	0.0	0.0	0.0	0.0	-46,000.0	0	0	0
1002 Fed Rcpts (Fed)		-23,000.0										
1004 Gen Fund (UGF)		-23,000.0										
<b>* Allocation Total *</b>		<b>-46,000.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-46,000.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Commissioner's Office</b>												
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	43.1	43.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		35.6										
1003 G/F Match (UGF)		6.4										
1004 Gen Fund (UGF)		0.8										
1061 CIP Rcpts (Other)		0.3										
FY2006 Ch. 53, SLA 2005 (HB 98) Commissioner increase	FisNot	35.1	35.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		35.1										
FY2008 PERS adjustment of unrealizable receipts	Dec	-100.3	-100.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-49.8										
1007 I/A Rcpts (Other)		-50.5										
FY2009 Increase Interagency funds for 3 positions	Inc	456.5	456.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
This is to increase interagency receipts for PCN's 06-1868, 06-3001 and 06-2002. These positions were transferred into this component without funds in FY08 as part of the DHSS realignment. Interagency funds for these positions will come from Health Care Services, Public Health and the department's divisions.												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Commissioner's Office (continued)</b>												
FY2009 Increase Interagency funds for 3 positions (continued)												
1007 I/A Rcpts (Other)		456.5										
FY2009 Comprehensive Rate Increase Across All Programs	Inc	49,852.0	0.0	0.0	0.0	0.0	0.0	49,852.0	0.0	0	0	0
<i>The Department of Health and Social Services has contracted with Meyers and Stauffer to review rates for various programs including several components of the Medicaid program. Results of the rate study will provide department decision makers data on a variety of subjects including:</i>												
1. How long has it been since a particular rate has been adjusted?												
2. What is a reasonable rate?												
3. How will the department best equalize rates across all programs?												
<i>Programs identified for possible inclusion in a rate adjustment are:</i>												
<i>Medicaid Facility Rates - Inpatient Pysch Hospitals</i>												
<i>Increase Outpatient Behavioral Health Rates</i>												
<i>Increase Child Care Program Rates</i>												
<i>Foster Care Base Rate Increase</i>												
<i>Therapeutic Foster Care</i>												
<i>Medicaid Facility Rates - Hospitals</i>												
<i>Increase Rates for Emergency Transportation</i>												
<i>Change Primary Dispensing Rate</i>												
<i>Increase Medicaid Indian Health Service Dental Services Rates</i>												
<i>Increase Dental Rates to non-IHS Providers</i>												
<i>Medicaid Facility Rates - Nursing Homes</i>												
<i>Assisted Living Home Rate Increases</i>												
<i>Home &amp; Community Based Waiver Rate Increases</i>												
<i>PCA Rate Increases</i>												
<i>Fed % = 51.02% SFY09 avg. FMAP</i>												
1002 Fed Rcpts (Fed)		25,434.5										
1003 G/F Match (UGF)		24,417.5										
FY2009 Unallocated legislative reduction to position growth - Dec to allocate	Dec	-100.0	-100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-100.0										
FY2009 AMD: Comprehensive Rate Increase Across All Programs - Delete Placeholder	Dec	-49,852.0	0.0	0.0	0.0	0.0	0.0	-49,852.0	0.0	0	0	0
<i>The department has refined the Comprehensive Rate Package and each proposal is listed in the individual components in the Governor's Amended Scenario. This change record reverses the placeholder that was included in the FY2009 Governor's budget.</i>												
1002 Fed Rcpts (Fed)		-25,434.5										
1003 G/F Match (UGF)		-24,417.5										
FY2010 Increase Interagency Receipts for Workforce Development Coordinator	Inc	97.8	97.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

## Numbers and Language

### Departmental Support Services (continued)

FY2010 Increase Interagency Receipts for  
Workforce Development Coordinator  
(continued)

1007 I/A Rcpts (Other)	97.8
FY2010 Grantee Partnership Project	

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<p>on and guidance to all Behavioral Health Workforce</p> <p>S, other state agencies, the University, the Mental</p> <p>the expertise and results achieved by this position are</p> <p>as the state, those organizations have agreed to share</p> <p>two-thirds of the position's salary to be paid through</p>											
Inc	196.1	88.0	6.2	101.9	0.0	0.0	0.0	0.0	0	0	0

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Commissioner's Office (continued)</b>												
FY2010 Grantee Partnership Project (continued)												
- Develop and train grantees and Department staff on how to use Logic Models, which will guide program managers through a strategic planning process.												
The Rasmuson Foundation has committed \$519,150 over three years to this project and the Mental Health Trust has committed \$50,000 for FY09. Upon review and continued progress, the Mental Health Trust Authority has indicated a willingness to award another \$50,000 in FY2010 and again in FY2011. The Mat-Su Health Foundation has partnered with the Foraker Group to provide Logic Model Training to the Department staff as well as non-profit organizations statewide through a direct grant from the Mat-Su Health Foundation to the Foraker Group.												
The funding detail below presents the combination of this change record fund source and its companion MHTAAR change record of \$50.0. The total request for this project for FY2010 is \$346.1.												
Purpose and use of funds by funding source:												
SDPR- \$196.1- Rasmuson Foundation funding												
-\$100.0 Personal Services for Project Coordinator												
-\$4.5 Travel for Project Coordinator and GPP committee members												
-\$91.6 Contractual for Consultant(s) to advise management, provide grantee liaison, and project evaluation/measuring staff perception and project evaluation.												
GF- \$100.0												
-33.1 Personal Services for Project Coordinator												
-\$4.5 Travel for Project Coordinator and GPP committee members												
-\$62.4 Contract - RFP proofreader to ensure consistency throughout the Department, training internal staff and grantee on new Streamline Small Grant process, online application for proposals submitted in response to the Departments RFP, and training/testing of new online RFP system for grantees, program managers and grant administrators. Software coding and testing in support of online proposal submission.												
MHTAAR- \$50.0												
-\$15.0 Contractual for professional development and grantee training												
-\$35.0 Travel for staff and grantees												
1108 Stat Desig (Other)		196.1										
FY2010 MH Trust: Grantee Partnership Project	IncOTI	50.0	0.0	35.0	15.0	0.0	0.0	0.0	0.0	0	0	0
Budget the funding authority of the Rasmuson Foundation, Mental Health Trust Authority and state's matching for the Grantee Partnership Project (GPP).												
The Grantee Partnership Project is a department-wide effort to increase the efficiency and effectiveness of the DHSS grant making process. The goals of the project are to:												
1) reduce the administrative burden for DHSS while ensuring adequate fiduciary control;												
2) increase customer/grantee satisfaction; and												
3) reduce administrative burden for grantees to interface with the department.												
The Department of Health and Social Services expends approximately \$140,000,000 per year in support of social service to citizens of Alaska funded through grant programs administered by the Department. The process of												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Departmental Support Services (continued)  
Commissioner's Office (continued)**

FY2010 MH Trust: Grantee Partnership Project  
(continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*allocating and awarding funds to and subsequent management of these awards through closure, for a wide array of providers and communities, is time consuming and burdensome for the Department. The entire process within the Department from the development of the Requests for Proposal, through conducting proposal evaluation committee meetings, to making the grant awards and monitoring ongoing compliance with grant requirements, occupies the time of hundreds of staff. From a grantee perspective, developing grant proposals, ensuring programmatic and fiscal compliance with grant requirements and compiling and filing reports also takes numerous staff hours. In many instances these reports contain information about what grantees are doing but very little about what is being accomplished (outcomes). In addition a number of grantees have to submit separate reports for each grant they receive. In many cases, the process remains paper-based.*

*The Department, with assistance from the Rasmuson Foundation, contracted for an internal and external business process review with Cliff Consulting, Inc. The review identified the strengths and weaknesses of the Department's grant process, areas of possible improvement for the Department as well as the non-profit sector, and recommendations for the partners to pursue.*

*The Grantee Partnership Project will begin by implementing recommendations provided by the partnering group and approved by steering committee. Ongoing efforts will be to:*

- Develop policies and procedures for Department internal communication to ensure a timely process of issuing RFPs, RFLOIs, Grant Awards, Payment Advances, and Technical Assistance, while gathering only the appropriate reporting information required for evaluation.*
- Improve grantee relations by working together as partners in efforts to provide the highest level of services and to increase the amount of services available to the citizens of Alaska.*
- Streamline the grant process to eliminate the administrative inefficiencies that reduce success among programs and limit the amount of direct services to the citizens of Alaska.*
- Develop and train grantees and Department staff on how to use Logic Models, which will guide program managers through a strategic planning process.*

*The Rasmuson Foundation has committed \$519,150 over three years to this project and the Mental Health Trust has committed \$50,000 for FY09. Upon review and continued progress, the Mental Health Trust Authority has indicated a willingness to award another \$50,000 in FY2010 and again in FY2011. The Mat-Su Health Foundation has partnered with the Foraker Group to provide Logic Model Training to the Department staff as well as non-profit organizations statewide through a direct grant from the Mat-Su Health Foundation to the Foraker Group.*

*The funding detail below presents the combination of this change record fund source and its companion MHTAAR change record of \$50.0. The total request for this project for FY2010 is \$346.1.*

*Purpose and use of funds by funding source:*

*SDPR- \$196.1- Rasmuson Foundation funding  
-\$100.0 Personal Services for Project Coordinator  
-\$4.5 Travel for Project Coordinator and GPP committee members  
-\$91.6 Contractual for Consultant(s) to advise management, provide grantee liaison, and project evaluation/measuring staff perception and project evaluation.*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Commissioner's Office (continued)</b>												
FY2010 MH Trust: Grantee Partnership Project (continued)												
GF- \$100.0												
-33.1 Personal Services for Project Coordinator												
-\$4.5 Travel for Project Coordinator and GPP committee members												
-\$62.4 Contract - RFP proofreader to ensure consistency throughout the Department, training internal staff and grantee on new Streamline Small Grant process, online application for proposals submitted in response to the Departments RFP, and training/testing of new online RFP system for grantees, program managers and grant administrators. Software coding and testing in support of online proposal submission.												
MHTAAR- \$50.0												
-\$15.0 Contractual for professional development and grantee training												
-\$35.0 Travel for staff and grantees												
1092 MHTAAR (Other)		50.0										
FY2010 Rasmuson Foundation, Mental Health Trust Authority and the state's matching for the Grantee Partnership Project	Inc	100.0	45.0	3.0	52.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		100.0										
FY2011 Replace Unrealizable Interagency Receipts from Health Care Services	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace a reduction in interagency receipts from the division of Health Care Services to maintain core services provided by the Commissioner Office. A review of the cost allocation plan found Health Care Services was not charged correctly and continuing to charge Health Care Services at this level may result in audit findings, potential federal compliance issues, and the potential return of federal funding. While the additional costs could be borne by the divisions, no additional funding to cover this increase has been requested by the divisions and a reduction in core services provided throughout the department will result.												
1004 Gen Fund (UGF)		175.0										
1007 I/A Rcpts (Other)		-175.0										
FY2011 Correct Unrealizable Fund Sources in the Health Insurance increases for Noncovered Employees	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Interagency receipts are received in this component from reimbursable service agreements with other divisions in the department. Increasing the interagency receipts in this component could reduce the ability of the divisions to provide core services.												
The statutory designated program receipts are from a grant with the Rasmuson Foundation. The grant amount cannot be increased to cover these costs.												
1004 Gen Fund (UGF)		11.4										
1007 I/A Rcpts (Other)		-9.3										
1108 Stat Desig (Other)		-2.1										
FY2011 MH Trust: Workforce Dev - Grant 2347.01 Workforce Development Manager	IncOTI	60.0	0.0	42.0	18.0	0.0	0.0	0.0	0.0	0	0	0
The shared workforce development position is equally funded by the Alaska Mental Health Trust Authority, the University of Alaska and the Department of Health and Social Services. The position acts as the single point of contact for the department, Trust and University on all workforce development project and activities. The position assists or completes the following:												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Commissioner's Office (continued)</b>												
FY2011 MH Trust: Workforce Dev - Grant												
2347.01 Workforce Development Manager												
(continued)												
1) Promote understanding of the behavioral health workforce initiative with state and national stakeholders -- including those within the DHSS -- i.e. the Division of Behavioral Health (DBH), the Office of Children's Services (OCS), the Division of Juvenile Justice (DJJ), the Division of Senior and Disabilities Services (DSDS) and the Pioneer Homes; 2) create and maintain common tracking and accountability systems for on-going projects; 3) work with provider groups and key constituents on promoting promising and evidenced-based practices; 4) produce publications as needed (in conjunction with the DHSS/Trust/UA Public Information Office); 5) convene and staff the Behavioral Health Initiative Project oversight committee; 6) work with DBH, OCS, DJJ, DSDS and the Pioneer Homes to actively involve designated staff in the development and implementation of department-wide workforce development areas; 7) assist in the implementation of the findings and recommendations made through Administrative Order 237 as they apply to DHSS; 8) work with the Western Interstate Commission on Higher Education (WICHE) to convene and staff the Mental Health Trust Workforce Development focus area; 9) oversee and guide the three formal workgroups and the committees created to address specific workforce issues; and 10) develop an annual work plan and strategic plan that addresses the needs of the existing and new projects.												
1092 MHTAAR (Other)		60.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-6.9	0.0	-6.9	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-2.0										
1004 Gen Fund (UGF)		-4.1										
1037 GF/MH (UGF)		-0.8										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	22.6	22.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase												
: \$22.6												
1002 Fed Rcpts (Fed)		6.0										
1003 G/F Match (UGF)		2.5										
1004 Gen Fund (UGF)		3.4										
1007 I/A Rcpts (Other)		8.3										
1108 Stat Desig (Other)		2.4										
FY2011 Ch. 96, SLA 2010 (SB 172) ALASKA HEALTH CARE COMMISSION	FisNot	500.0	192.7	40.0	236.8	30.5	0.0	0.0	0.0	2	0	0
1002 Fed Rcpts (Fed)		165.0										
1003 G/F Match (UGF)		335.0										
FY2012 MH Trust: Workforce Dev - Grant 2347.02 Workforce Development Coordinator	IncM	115.0	115.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The shared workforce development position is equally funded by the Trust, the University of Alaska and the Department of Health and Social Services. The position acts as the single point of contact for the department, Trust and University on all workforce development project and activities. The position assists or completes the following: 1) Promote understanding of the behavioral health workforce initiative with state and national stakeholders including those within the DHSS i.e. the Division of Behavioral Health (DBH), the Office of Children's Services (OCS), the Division of Juvenile Justice (DJJ), the Division of Senior and Disabilities Services (DSDS) and the Pioneer Homes; 2) create and maintain common tracking and accountability systems for on-going projects; 3) work with provider groups and key constituents on promoting promising and evidenced based practices; 4) produce publications as needed (in conjunction with the DHSS/Trust/UA Public Information Office); 5) convene												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Commissioner's Office (continued)</b>												
FY2012 MH Trust: Workforce Dev - Grant												
2347.02 Workforce Development Coordinator												
(continued)												
and staff the Behavioral Health Initiative Project oversight committee; 6) work with DBH, OCS, DJJ, DSDS and the Pioneer Homes to actively involve designated staff in the development and implementation of department-wide workforce development areas; 7) assist in the implementation of the findings and recommendations made through Administrative Order 237 as they apply to DHSS; 8) convene and staff the Mental Health Trust Workforce Development focus area; and oversee and guide the three formal workgroups and the committees created to address specific workforce issues; and 9) develop an annual work plan and strategic plan that addresses the needs of the existing and new projects.												
1092 MHTAAR (Other)		115.0										
FY2013 MH Trust: Workforce Dev - Grant 2347.04 Workforce Development Coordinator	IncM	115.0	115.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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.												
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										
FY2013 CC: Delete GF portion of funding moved to the svcs. line for legal and judicial svcs. & for Health Ins Exchange costs	Dec	-115.0	0.0	0.0	-115.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-115.0										
<b>* Allocation Total *</b>		<b>1,469.0</b>	<b>1,010.5</b>	<b>119.3</b>	<b>308.7</b>	<b>30.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Office of Program Review</b>												
FY2006 Implement New Payment Error Rate Measurement Program	Inc	1,047.7	396.4	60.0	484.5	15.0	91.8	0.0	0.0	5	1	0
The State of Alaska, Department of Health and Social Services, is seeking to expand the Program Integrity/Quality Improvement functions in the Office of Program Review. This expansion is necessary to comply with new federal regulations to conduct Medicaid Program and State Children's Health Insurance Program (SCHIP- a.k.a. Denali KidCare) Payment Error Rate Measurement (PERM) pursuant to 42 CFR Parts 431 and 457. This rule requires State agencies to estimate improper payments in the Medicaid Program and SCHIP program.												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Office of Program Review (continued)</b>												
FY2006 Implement New Payment Error Rate Measurement Program (continued)												
<p><i>The Improper Payments Information Act of 2002 (Public Law 107-300) requires Federal agencies to annually review and identify those programs and activities that may be susceptible to significant erroneous payments, estimate the amount of improper payments and report those estimates to the Congress, and if necessary, submit a report on actions the agency is taking to reduce erroneous payments. The effect of this rule is that States are now to be required to produce improper payment estimates for their Medicaid and SCHIP programs and to identify existing and emerging vulnerabilities. Once identified, these vulnerabilities can be addressed by States through actions taken to reduce the rate of improper payments and produce corresponding savings at both the State and Federal levels.</i></p> <p><i>The PERM program will commence on July 1, 2005 with Phase I. Beginning in October, 2005, (Phase II) the Department will be expected to review a statistically valid sample of approximately 800-1200 claims/line items from each program (Medicaid and SCHIP) per year. There will be an impact on the resources in each Division managing Medicaid Services to assist the PERM staff with access to policies, procedures and data. Division staff may be called upon to assist in the interpretation of medical records pertaining to claims associated with services that Division manages. The PERM process includes expectations for corrective actions. Divisions will need resources to implement corrective actions resulting from PERM findings.</i></p>												
1002 Fed Rcpts (Fed)		523.8										
1003 G/F Match (UGF)		523.9										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	39.3	39.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		31.1										
1004 Gen Fund (UGF)		8.2										
FY2008 AMD: Delete Position	Dec	-105.6	-105.6	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>This position is being deleted to streamline and make efficiencies within the Office of Program Review.</i>												
1002 Fed Rcpts (Fed)		-105.6										
FY2008 Delete funding for positions established in the Office of Program Review and transferred to Office of Faith Based	Dec	-268.1	-118.1	-25.0	-110.0	-15.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-134.0										
1003 G/F Match (UGF)		-134.1										
FY2008 PERS adjustment of unrealizable receipts	Dec	-61.1	-61.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other)		-61.1										
<b>* Allocation Total *</b>		<b>652.2</b>	<b>150.9</b>	<b>35.0</b>	<b>374.5</b>	<b>0.0</b>	<b>91.8</b>	<b>0.0</b>	<b>0.0</b>	<b>4</b>	<b>1</b>	<b>0</b>
<b>Office of Faith Based &amp; Community Initiatives</b>												
FY2008 Federal Grant Award Office of Faith-Based and Community Initiatives	Inc	500.0	170.9	28.0	80.0	21.1	0.0	200.0	0.0	0	0	0
<p><i>This increment is for a federal grant award received in FY07. The funds are from the federal Health and Human Services Compassion Capital Fund for a demonstration project to help local faith-based, grassroots and community organizations strengthen their outreach.</i></p> <p><i>The Alaska Office of Faith-Based and Community Initiatives (AOFBCI) was created through an Administrative Order 221, signed by the Governor. The AOFBCI's mission is to enhance the health and well-being of Alaskans</i></p>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Office of Faith Based &amp; Community Initiatives (continued)</b>												
FY2008 Federal Grant Award Office of Faith-Based and Community Initiatives (continued)												
by strengthening and expanding human and social service partnerships between faith-based, non-profit and government organizations. The AOFBCI is supported by a state-wide Advisory Council. Core services of the AOFBCI are to provide a single point of contact for faith-based and community organizations to receive information, assistance and referrals; provide guidance and support for increased collaboration among faith-based and community organizations; and provide grant writing training, organizational development and other technical assistance to help faith-based and community organizations develop increased capacity to provide programs to those in need.												
The proposed (state-wide) project will help grass roots organizations improve and increase the "back office" skills and abilities in order to meet service missions, build community partnerships and become more successful in efforts to obtain funding to expand programs and services.												
Project objectives include: expanding the knowledge of Alaska's faith-based and community organizations; providing training and technical assistance to faith-based and community organizations whose mission align with FBCI priorities; and provide financial assistance in the form of sub-awards to faith-based and community organizations for the purpose of capacity building.												
AOFBCI staff experienced in program development, administration, management and evaluation will manage the project. Cooperating partners will include private consultants and organizations specializing in capacity building training and technical assistance (to be determined through a Request for Proposal process), local tribal service entities, community volunteers, an Americorp member and a student intern from the University of Alaska - Human Service program.												
1002 Fed Rcpts (Fed)		500.0										
FY2008 Restore Office of Faith Based & Community Initiatives funding and positions	Inc	414.3	203.8	22.0	156.0	27.0	5.5	0.0	0.0	4	0	0
Amendment #3 adopted in House Finance Sub Committee action on 3/12/07.												
This amendment restores \$414.3 - establishing the four positions and funding for the Governor's Office of Faith-Based and Community Initiatives in the Dept. of Health & Social Services (language per amendment #3).												
1003 G/F Match (UGF)		212.1										
1004 Gen Fund (UGF)		202.2										
FY2008 CC: Amend Restoration of Office of Faith Based & Community Initiatives funding and positions request	Dec	-202.2	-97.2	-11.0	-78.0	-13.5	-2.5	0.0	0.0	-2	0	0
5/10/07: CC reduced 2 positions.												
Amendment #3 adopted in House Finance Sub Committee action on 3/12/07.												
This amendment restores \$414.3 - establishing the four positions and funding for the Governor's Office of Faith-Based and Community Initiatives in the Dept. of Health & Social Services (language per amendment #3).												
1004 Gen Fund (UGF)		-202.2										
FY2008 Grants for areas ineligible for Human Services Grant	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
The Alaska Office of Faith-Based and Community Initiatives (AOFBCI) was created through an Administrative Order 221, signed by the Governor. The AOFBCI's mission is to enhance the health and well-being of Alaskans												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Office of Faith Based &amp; Community Initiatives (continued)</b>												
FY2008 Grants for areas ineligible for Human Services Grant (continued)												
by strengthening and expanding human and social service partnerships between faith-based, non-profit and government organizations. The AOFBCI is supported by a state-wide Advisory Council. Core services of the AOFBCI are to provide a single point of contact for faith-based and community organizations to receive information, assistance and referrals; provide guidance and support for increased collaboration among faith-based and community organizations; and provide grant writing training, organizational development and other technical assistance to help faith-based and community organizations develop increased capacity to provide programs to those in need.												
The proposed (state-wide) project will help grass roots organizations improve and increase the "back office" skills and abilities in order to meet service missions, build community partnerships and become more successful in efforts to obtain funding to expand programs and services.												
Project objectives include: expanding the knowledge of Alaska's faith-based and community organizations; providing training and technical assistance to faith-based and community organizations whose mission align with FBCI priorities; and provide financial assistance in the form of sub-awards to faith-based and community organizations for the purpose of capacity building.												
AOFBCI staff experienced in program development, administration, management and evaluation will manage the project. Cooperating partners will include private consultants and organizations specializing in capacity building training and technical assistance (to be determined through a Request for Proposal process), local tribal service entities, community volunteers, an Americorp member and a student intern from the University of Alaska - Human Service program.												
1004 Gen Fund (UGF)		500.0										
FY2008 Ch. 58, SLA 2007 (SB 76) - Tuition for Out-of-Home-Care Children	FisNot	41.4	21.4	0.0	20.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		41.4										
FY2009 Decrease Federal Receipts due to expiring federal compassion grant	Dec	-500.0	-74.1	-39.0	-149.3	-34.6	-3.0	-200.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-500.0										
FY2009 Delete component positions	Dec	-259.3	-259.3	0.0	0.0	0.0	0.0	0.0	0.0	-4	0	0
1002 Fed Rcpts (Fed)		-3.0										
1003 G/F Match (UGF)		-212.1										
1004 Gen Fund (UGF)		-44.2										
<b>* Allocation Total *</b>		<b>494.2</b>	<b>-34.5</b>	<b>0.0</b>	<b>28.7</b>	<b>0.0</b>	<b>0.0</b>	<b>500.0</b>	<b>0.0</b>	<b>-2</b>	<b>0</b>	<b>0</b>
<b>Administrative Support Services</b>												
FY2006 Increase Federal Authorization for DOA - Core Service Chargeback	Inc	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0
The Department of Administration charges central Core Services. Higher rates are charged for Mail Services, Leasing Services, Human Resource Services, Accounting and Payroll, and Computer Services and Telecommunications. In addition, increases have occurred in general categories for some of the central chargeback services for the department. An increase in federal funds is necessary because based on the												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Administrative Support Services (continued)</b>												
FY2006 Increase Federal Authorization for DOA												
- Core Service Chargeback (continued)												
department cost allocation program federal sources can be tapped for these charges. The rates are based on overhead and factors.												
1002 Fed Rcpts (Fed)		500.0										
FY2006 Increase Federal Funds for Multi-State Grants Program	Inc	61.2	61.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Position using existing position												
This increment is to fund the position which oversees the multi-state program grants. The position was originally funded with Interagency Receipts but due to the reorganization we can now collect the federal directly.												
1002 Fed Rcpts (Fed)		61.2										
FY2006 Human Resources Consolidation Increased Costs	Inc	282.6	0.0	0.0	282.6	0.0	0.0	0.0	0.0	0	0	0
Additional funds are necessary to fund increased costs in the Division of Personnel for the allocation of consolidated human resource services. This increment covers this department's share of the increased costs and change in rate allocation methodology.												
1004 Gen Fund (UGF)		282.6										
FY2006 Deletes Incorrect Fund Sources	Dec	-0.2	-0.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
This deletes \$0.2 of incorrect fund sources.												
1168 Tob ED/CES (DGF)		-0.1										
1180 A/D T&P Fd (DGF)		-0.1										
FY2006 Delete I/A Funding Transferred Incorrectly	Dec	-199.4	-199.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
This deletes Interagency funds that were incorrectly moved from the FY2005 Integration.												
1007 I/A Rcpts (Other)		-199.4										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	36.2	36.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		25.0										
1003 G/F Match (UGF)		4.5										
1004 Gen Fund (UGF)		6.5										
1061 CIP Rcpts (Other)		0.2										
FY2007 Improve Revenue Management/Cost Allocation System	Inc	232.5	222.4	1.5	7.8	0.8	0.0	0.0	0.0	2	0	0
The Department of Health and Social Services, Administrative Services component is requesting the addition of three new positions. These positions will be responsible for the department's revenue/cost allocation management system.												
The Department of Health and Social Services currently uses a set of Microsoft Excel spreadsheets to implement the Cost Allocation Plan/Revenue Management functions. Due to the nature of the work involved and the growing size of the spreadsheets currently employed to do this work, the Department is putting itself at great risk of a failure that will cripple the ability to properly earn Federal revenue. Because of the importance to the Department for this fundamental process and the instability of the current solution, it is critical that we develop a more stable and robust process. Losing our ability to accurately earn Federal revenue would seriously impact the service delivery for the entire Department.												
The existing methods of utilizing the spreadsheets for this function are getting increasingly complex and prone to error. The spreadsheets can only be accessed by one individual at a time. Due to the complexity and size of these spreadsheets, they periodically become corrupted and must be restored from backup, losing hours of												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Administrative Support Services (continued)</b>												
FY2007 Improve Revenue Management/Cost Allocation System (continued)												
<i>valuable work product. Other errors can occur that negatively impact the ability to maximize the earning of Federal revenue. In addition, only two staff members in the fiscal section understand the intricacies of how revenues are collected. The number of grant awards has increased so dramatically that existing staff cannot keep up with the workload.</i>												
<i>The Department accountants are required to allocate expenditures recorded in AKSAS using over 50 different allocation statistics that change every quarter. The spreadsheet is manually updated and subject to "computer bugs" and human error due to its size. Currently, the revenue section is unable to meet deadlines for federal reporting and internal revenue management. Additional staff will assist in meeting deadlines.</i>												
<i>The Department of Health and Social Services earns over \$900 million in federal funds annually. The current antiquated system of allocating costs, federal reporting and federal claiming causes delays in posting revenue as well as some inaccuracies in the revenue. A 1% claiming error is over \$9 million. The State of Alaska and the department need to make certain that our federal financial system is as close to 100% correct as possible so that Alaska receives its appropriate and fair share of federal funding.</i>												
<i>The additional staff will provide added resources to improve the accuracy and timeliness of federal reports and provide added capability to the Department Cost Allocation System. Many different federal reports are due either 45 or 60 days after the end of the quarter. DHSS has been unable to meet that requirement, thus jeopardizing federal funds.</i>												
1004 Gen Fund (UGF)		232.5										
FY2007 Salary Increases for DHSS Nurses	Inc	2,115.3	0.0	0.0	2,115.3	0.0	0.0	0.0	0.0	0	0	0
<i>The Department of Health and Social Services is requesting additional funding to provide for a wage increase for Nursing positions in the department. DHSS is experiencing difficulties in recruiting and keeping nursing staff across the department. The current salary levels paid to nurses employed by the State of Alaska are not competitive with the private sector.</i>												
<i>The money is being requested in the contractual line since the positions are not budgeted in this budgetary component. This will also hold this funding separate while the department works with DOA Division of Personnel on alternative salary increase mechanisms. The funding would be allocated to divisions and paid through a Reimbursable Services Agreement (RSA) in FY2007 and requests to transfer funding to respective divisions in a future budget year request.</i>												
<i>The job classifications used for these calculations include: Nurse I, II, III, IV; Nurse (Psych) II, III, IV; Nurse Consultant I, II; Public Health Nurse I, II, III, IV, V; Chief and Assistant Chief of Public Health Nursing; and licensed Practical Nurse.</i>												
1004 Gen Fund (UGF)		2,115.3										
FY2008 Shortfall due to Deficit Reduction Act for Title IV E	Dec	-149.0	0.0	0.0	0.0	0.0	0.0	0.0	-149.0	0	0	0
<i>The Department expects to lose federal funds based on the Deficit Reduction Act for Title IV-E and the Rosales Act for indirect costs charged to federal programs for the Commissioner's Office and Finance and Management Services.</i>												
<i>The Department of Health and Social Services, Administrative Support Services component requests \$143.0 of</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Administrative Support Services (continued)</b>												
FY2008 Shortfall due to Deficit Reduction Act for Title IV E (continued)												
<i>general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes.</i>												
<i>Rosales and Unlicensed Relative Placements</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits the state's ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Administrative Support Services component estimates the reduced ability to claim federal funds for services provided to Office of Children's Services IV-E eligible children through the Administrative Support Services component, Division Support Unit to be \$143.0. Rosales accounts for about 15% of the foster care population resulting in a parallel drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered reimbursable at 50%.</i>												
<i>End Result Outcome Statement I: The efficient and effective delivery of administrative services. Not approving this increment will lead to an additional workload for current staff resulting in a less efficient and effective delivery of administrative services.</i>												
1002 Fed Rcpts (Fed)		-149.0										
FY2008 Replace federal funding due to Deficit Reduction Act for Title IV E	Inc	149.0	0.0	0.0	0.0	0.0	0.0	0.0	149.0	0	0	0
<i>The Department expects to lose federal funds based on the Deficit Reduction Act for Title IV-E and the Rosales Act for indirect costs charged to federal programs for the Commissioner's Office and Finance and Management Services.</i>												
<i>The Department of Health and Social Services, Administrative Support Services component requests \$143.0 of general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes.</i>												



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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Administrative Support Services (continued)</b>												
FY2008 Replace federal funding due to Deficit												
Reduction Act for Title IV E (continued)												
<i>Rosales and Unlicensed Relative Placements</i>												
<p><i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i></p> <p><i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits the state's ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i></p> <p><i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i></p> <p><i>The Administrative Support Services component estimates the reduced ability to claim federal funds for services provided to Office of Children's Services IV-E eligible children through the Administrative Support Services component, Division Support Unit to be \$143.0. Rosales accounts for about 15% of the foster care population resulting in a parallel drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered reimbursable at 50%.</i></p> <p><i>End Result Outcome Statement I: The efficient and effective delivery of administrative services. Not approving this increment will lead to an additional workload for current staff resulting in a less efficient and effective delivery of administrative services.</i></p>												
1004 Gen Fund (UGF)		149.0										
FY2008 AMD: Eliminate Vacant Positions	Dec	-548.4	-548.4	0.0	0.0	0.0	0.0	0.0	0.0	-6	0	0
<i>In review of long-term vacant positions, coupled with several business process reviews, Finance and Management Services (FMS) plans to delete 3 accounting clerks, 1 accountant and 2 administrative manager positions.</i>												
1002 Fed Rcpts (Fed)		-308.2										
1003 G/F Match (UGF)		-86.4										
1004 Gen Fund (UGF)		-152.6										
1061 CIP Rcpts (Other)		-1.2										
FY2008 PERS adjustment of unrealizable receipts	Dec	-680.5	-680.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-490.5										
1007 I/A Rcpts (Other)		-159.4										
1061 CIP Rcpts (Other)		-6.9										
1108 Stat Desig (Other)		-18.9										
1156 Rcpt Svcs (DGF)		-4.8										
FY2009 Increment for Interagency Receipts from Public Health	Inc	79.7	79.7	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Administrative Support Services (continued)</b>												
FY2009 Increment for Interagency Receipts from Public Health (continued)												
<i>This increment funds one new position for the Division Support Unit - Division of Public Health. Current levels of accounting support need to be increased by one full-time position. Increasing the RSA will provide one Accountant III position (PCN 06-#423) dedicated to the revenue and expenditure tracking for C&amp;L, as well as preparation of the required Centers for Medicaid and Medicare reports.</i>												
1007 I/A Rcpts (Other)		79.7										
FY2010 AMD: Public Health Nursing RSA and Medicaid Claims Reduced	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Medicaid claim generated by Public Health Nursing's RSA was overstated because the approved cost allocation methodology wasn't followed. The claim is based on a random moment time study of Field Nurses. The cost allocation methodology has two stages: time spent on Medicaid allowable activities and proportion of Medicaid eligible population or MER. The cost allocation only used the first stage and ignored the second (MER).</i>												
<i>The RSA and the random moment time study methodology is used to allocate department-wide indirect costs. Because the time study results were overstated, the division has budgeted excess federal receipts and needs to replace them with general funds.</i>												
1002 Fed Rcpts (Fed)		-800.0										
1004 Gen Fund (UGF)		800.0										
FY2011 Reduce Excess Federal Authority	Dec	-300.0	-300.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Due to uncollectable federal revenue in Administrative Support Services, we are proposing to reduce federal authority in this component. This unit funds the core services of FMS: fiscal, revenue, budget, grants and contracts, internal audit and regulation development in addition to the administrative support for the divisions.</i>												
1002 Fed Rcpts (Fed)		-300.0										
FY2011 Delete Grants Administrator (PCNs 06-0023) and Accounting Clerk (PCN 06-0612)	Dec	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-2	0	0
<i>Delete vacant Grants Administrator (PCNs 06-0023) and Accounting Clerk (PCN 06-0612) positions.</i>												
FY2011 Replace unrealizable interagency receipts due to the loss of Medicaid School Based Claims funding 3/5/10 budget amendment.	Inc	700.0	0.0	0.0	700.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		700.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-2.4	0.0	-2.4	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.6										
1004 Gen Fund (UGF)		-1.8										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	7.7	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$7.7</i>												
1002 Fed Rcpts (Fed)		1.1										
1004 Gen Fund (UGF)		6.1										
1007 I/A Rcpts (Other)		0.5										
FY2012 Switch GF Fund Types	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This change is to switch the general fund sources for this component. This will correct the different mix of GF,</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Administrative Support Services (continued)</b>												
FY2012 Switch GF Fund Types (continued)												
<i>such as GF Match and GF Mental Health, which this component does not collect. This funding was transferred in from other divisions in the 2005 reorganization.</i>												
1003 G/F Match (UGF)		-1,470.9										
1004 Gen Fund (UGF)		1,565.5										
1037 GF/MH (UGF)		-94.6										
<b>* Allocation Total *</b>		<b>2,284.3</b>	<b>-1,321.3</b>	<b>-0.9</b>	<b>3,605.7</b>	<b>0.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-5</b>	<b>0</b>	<b>0</b>
<b>Hearings and Appeals</b>												
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	11.7	11.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		0.7										
1003 G/F Match (UGF)		11.0										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.5	0.0	-0.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-0.5										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	5.6	5.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>FY2011 Noncovered Employees Year 1 increase : \$5.6</i>												
1002 Fed Rcpts (Fed)		1.2										
1003 G/F Match (UGF)		4.4										
<b>* Allocation Total *</b>		<b>16.8</b>	<b>17.3</b>	<b>-0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Medicaid School Based Administrative Claims</b>												
FY2011 Replace Unrealizable Federal Receipts for Medicaid School Based Claims	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Replace unrealizable interagency receipts for Medicaid School Based Claims. Federal collections will now be remitted to the Public School Foundation program fund. Without this fund source change there will be insufficient funding to pay for core services, stabilize the Departmental Support Services budget, and pay for positions and other costs in Admin Support Services and Information Technology.</i>												
1002 Fed Rcpts (Fed)		-700.0										
1004 Gen Fund (UGF)		700.0										
FY2011 AMD: Remove GF Funding that was to Stabilize the Admin Support Services Budget	Dec	-700.0	0.0	0.0	-700.0	0.0	0.0	0.0	0.0	0	0	0
<i>This corrects an error in the proposed FY11 budget. The increment was incorrectly reflected in the Medicaid School Based Admin Claims component. It is being correctly placed in the Administrative Support Services component.</i>												
1004 Gen Fund (UGF)		-700.0										
FY2011 Federal reimbursement for claims should not be classified as regular federal receipts: delete them	Dec	-5,543.8	0.0	0.0	-5,543.8	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-5,543.8										
L FY2011 A portion of federal reimbursement is retained by the program for operating costs	Lang	215.0	0.0	0.0	215.0	0.0	0.0	0.0	0.0	0	0	0
1188 Fed Unrstr (Fed)		215.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Medicaid School Based Administrative Claims (continued)</b>												
L FY2011 50% of federal reimbursement is retained by the program for distribution to participating school districts	Lang	2,664.4	0.0	0.0	2,664.4	0.0	0.0	0.0	0.0	0	0	0
1188 Fed Unrstr (Fed)		2,664.4										
L FY2012 Reverse OTI - FY11 Medicaid School Based Claims Operating Costs	OTI	-215.0	0.0	0.0	-215.0	0.0	0.0	0.0	0.0	0	0	0
<i>Federal reimbursement for operating costs for the Medicaid School Based-Claims program.</i>												
1188 Fed Unrstr (Fed)		-215.0										
L FY2012 Reverse OTI - FY11 Medicaid School Based Claims Program	OTI	-2,664.4	0.0	0.0	-2,664.4	0.0	0.0	0.0	0.0	0	0	0
<i>Federal reimbursement for operating costs for the Medicaid School Based-Claims program.</i>												
1188 Fed Unrstr (Fed)		-2,664.4										
L FY2012 Medicaid School Based Claims Program	Lang	5,328.8	0.0	0.0	5,328.8	0.0	0.0	0.0	0.0	0	0	0
<i>Federal reimbursement for operating costs for the Medicaid School Based-Claims program.</i>												
1188 Fed Unrstr (Fed)		5,328.8										
L FY2012 Medicaid School Based Claims Program Operating Costs	Lang	215.0	0.0	0.0	215.0	0.0	0.0	0.0	0.0	0	0	0
<i>Federal reimbursement for operating costs for the Medicaid School Based-Claims program.</i>												
1188 Fed Unrstr (Fed)		215.0										
<b>* Allocation Total *</b>		<b>-700.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-700.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Facilities Management</b>												
FY2008 AMD: Change fund source from GF to CIP	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>In an effort to reduce general funds, Finance and Management Services staff have analyzed costs in our Facilities Section to determine how much additional we could charge to capital projects. Based on that analysis we have determined that we can function appropriately with reduced general funds and an increase in CIP receipts. This could mean a slight increase in the CIP charge rate to projects.</i>												
1004 Gen Fund (UGF)		-100.0										
1061 CIP Rcpts (Other)		100.0										
FY2008 PERS adjustment of unrealizable receipts	Dec	-88.3	-88.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1061 CIP Rcpts (Other)		-88.3										
<b>* Allocation Total *</b>		<b>-88.3</b>	<b>-88.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Information Technology Services</b>												
FY2006 Increase GFM/Federal to convert Online Resources for Children of Alaska (ORCA) IT positions from capital to operating	Inc	577.0	577.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		288.5										
1003 G/F Match (UGF)		288.5										
FY2006 Reduce CIP to convert Online Resources for Children of Alaska (ORCA) IT positions from capital to operating	Dec	-577.0	-577.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1061 CIP Rcpts (Other)		-577.0										
FY2006 Implement Routine Replacement Information Technology (IT) Hardware Program	Inc	400.0	0.0	0.0	400.0	0.0	0.0	0.0	0.0	0	0	0
<i>This increment would enable Information Technology Services to develop and manage a hardware refresh cycle for the department. The department has approximately 3,000 desktop PC's, and each desktop PC/Monitor costs</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2006 Implement Routine Replacement Information Technology (IT) Hardware Program (continued) \$1,200.00.												
<i>A three year lease would allow us to do a 0% lease payment of \$400/year/unit or \$400.0 per year. Year one would be \$400.0, year 2 \$800.0, year three and each succeeding year \$1,200.0.</i>												
1002 Fed Rcpts (Fed)		275.0										
1004 Gen Fund (UGF)		125.0										
FY2006 Revised estimate for fiscal note related to Senior Care Program CH 3 SLA2004 (HB 374)	Inc	0.4	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0	0	0
<i>Increase to Senior Care Program funding for FY2006.</i>												
1189 SeniorCare (DGF)		0.4										
FY2006 OCRA Programmer Support	Inc	178.6	162.4	6.2	10.0	0.0	0.0	0.0	0.0	2	0	0
<i>This increment adds two analyst programmer positions and funding to support the new ORCA system recently implemented for child protection services.</i>												
1002 Fed Rcpts (Fed)		44.6										
1004 Gen Fund (UGF)		134.0										
FY2006 Delete I/A funding transferred Incorrectly	Dec	-221.7	-221.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This is to delete out Interagency Receipts that are not collectable and were transferred incorrectly during the integration. The correct receipts are being transferred to replace the I/A that is being deleted.</i>												
1007 I/A Rcpts (Other)		-221.7										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	7.6	7.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		1.7										
1004 Gen Fund (UGF)		5.9										
FY2007 Provide Security and Training Enhancements to department-wide Networks per Independent Assessment Security:	Inc	275.0	93.1	37.5	119.4	25.0	0.0	0.0	0.0	1	0	0
<i>The Department conducted an independent assessment of its security. This request would fund two positions (a Security Officer and another information technology position) and support costs to bolster the department's security on the network. The independent assessment has recommended this new structure.</i>												
<i>The Department of Health and Social Services requires a Department Security Officer to ensure the department adheres to federal and state regulations regarding security of its electronic data and a technician to help build the security infrastructure. Specifically, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security regulations requires assigned security responsibility in 45 CFR 164.308(a)(2). This position will have the overall responsibility of ensuring that the appropriate information technology and non-information technology security safeguards are in place, the policies and procedures are developed, reviewed, agreed upon, rolled-out, and up-to-date, and that all users of information systems understand their responsibilities. This position will provide independent oversight for the Department's electronic data security.</i>												
<i>The Department Security Officer will provide independent oversight for the Department's electronic data security. It is important that the security position have no competing interests with the Information Technology section, who</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2007 Provide Security and Training												
Enhancements to department-wide Networks												
per Independent Assessment (continued)												
<i>may have conflicting demands with regard to IT functionality and costs, and that the duties between the two are separate. The security position will use contractual and other resources to provide risk management for all aspects of electronic information security including administrative, physical, and technical safeguards. Responsibility for the right level of security is a business decision based on risk assessment. Ideally, the Department should separate information security program management and monitoring from the daily security duties required in IT operations. The Department Security Officer will be independent and report directly to the Assistant Commissioner.</i>												
<i>The department manages many databases with highly confidential personal or medical information concerning clients. Any security breach would not only be devastating for DHSS clients, but would put DHSS at great liability and risk. Putting an adequate system in place is a key prevention strategy to reduce the risk to the state. If DHSS is not HIPAA compliant, serious federal fines could be levied.</i>												
<i>Training:</i>												
<i>The Department of Health &amp; Social Services currently has a team of IT professionals providing Information Technology services across the Department. This group of individuals has been put together in a cohesive unit within DHSS to provide IT services in areas such as Business Applications, Customer Services and Network Services. One of the major challenges facing the IT service delivery group is restructuring the organization to provide enterprise services across the Department. With our newly adopted approach, the entire IT staff has re-organized and areas of responsibility have expanded to cover larger service areas. In addition, the Department has adopted standards across the enterprise to meet service requirements.</i>												
<i>Currently, we have staff that DSS/ITS has inherited with skill sets specific to their legacy areas of responsibility and these need to be expanded to more efficiently support our infrastructure. This training request will provide funding for IT staff to train within Customer Services, Business Applications and Network Services.</i>												
1004 Gen Fund (UGF)		275.0										
FY2008 Shortfall due to Deficit Reduction Act for Title IV-E	Dec	-102.0	0.0	0.0	0.0	0.0	0.0	0.0	-102.0	0	0	0
<i>The Department expects to lose federal funds based on the Deficit Reduction Act for Title IV-E and the Rosales Act for indirect costs charged to federal programs for the Commissioner's Office and Finance and Management Services.</i>												
<i>The Department of Health and Social Services, Information Technology component requests \$102.0 of general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes.</i>												
<i>Rosales and Unlicensed Relative Placements</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2008 Shortfall due to Deficit Reduction Act for Title IV-E (continued)												
<i>which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits the state's ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Information Technology component estimates the reduced ability to claim federal funds for services provided to the Office of Children's Services IV-E eligible children through the Information Technology component to be \$102.0. Rosales accounts for about 15% of the foster care population resulting in a parallel drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered reimbursable at 50%.</i>												
<i>Mission and Measure: Without these funds the days to respond to service calls will increase by 2 days. In FY2005 response time was 8.2 days. In FY2006 it had decreased to 4.9 days. By not receiving these funds the response time will increase to 7.0 days and we will have to keep an additional 1% of our positions vacant (currently we have a 7% vacancy).</i>												
<i>End Result: IT users will not be as efficient using technology due to increased wait times which could impact client outcomes.</i>												
<i>Division Level End Result D: Facilitate the Department's day-to-day operations through effective and efficient delivery of information technology services. Target #1: Reduce the length of time and number of hours to respond and close out service calls. Measure #1: Number of hours to close out service calls.</i>												
1002 Fed Rcpts (Fed)		-102.0										
FY2008 Replace federal funding due to Deficit Reduction Act for Title IV-E	Inc	102.0	0.0	0.0	0.0	0.0	0.0	0.0	102.0	0	0	0
<i>The Department expects to lose federal funds based on the Deficit Reduction Act for Title IV-E and the Rosales Act for indirect costs charged to federal programs for the Commissioner's Office and Finance and Management Services.</i>												
<i>The Department of Health and Social Services, Information Technology component requests \$102.0 of general funds for anticipated reduced federal receipts as a result of the Federal Deficit Reduction Act of 2005 reversal of Rosales v. Thompson and the ability to claim for IV-E eligible children placed in unlicensed relative homes.</i>												
<i>Rosales and Unlicensed Relative Placements</i>												
<i>The Ninth Circuit Court ruling in Rosales provided the State of Alaska the opportunity to broadly apply Aid to</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2008 Replace federal funding due to Deficit												
Reduction Act for Title IV-E (continued)												
<i>Families with Dependent Children (AFDC) income and resource requirements to determine IV-E eligibility that did not need to be based on the same home from which a child was removed. This meant that a child's eligibility could be established using the home of any relative with whom the child resided within six months of the month in which eligibility was determined. Alaska became eligible to claim reimbursement for administrative costs under this ruling on July 1, 2003, the date Alaska's IV-E state plan amendment became effective.</i>												
<i>The Federal Deficit Reduction Act of 2005 (DRA) reverses that ruling and limits the state's ability to claim IV-E maintenance and administrative costs by requiring all Title IV-E agencies determine eligibility for federal foster care assistance on the specified relatives home from which the child is removed.</i>												
<i>The Federal Deficit Act of 2005 also changed Title IV-E administrative claiming allowances pertaining to unlicensed foster care. Previously the State of Alaska was reimbursed for its Title IV-E administrative expenditures for children in both relative and non-relative unlicensed foster care placements. The new law prohibits claiming federal fund participation for not-fully licensed non-relative foster care placements and restricts reimbursement to less than 12 months for any relative foster care placement in the process of getting licensed.</i>												
<i>The Information Technology component estimates the reduced ability to claim federal funds for services provided to the Office of Children's Services IV-E eligible children through the Information Technology component to be \$102.0. Rosales accounts for about 15% of the foster care population resulting in a parallel drop in the foster care administrative penetration rate. The penetration rate determines the percent of state administrative expenditures that will be considered reimbursable at 50%.</i>												
<i>Mission and Measure: Without these funds the days to respond to service calls will increase by 2 days. In FY2005 response time was 8.2 days. In FY2006 it had decreased to 4.9 days. By not receiving these funds the response time will increase to 7.0 days and we will have to keep an additional 1% of our positions vacant (currently we have a 7% vacancy).</i>												
<i>End Result: IT users will not be as efficient using technology due to increased wait times which could impact client outcomes.</i>												
<i>Division Level End Result D: Facilitate the Department's day-to-day operations through effective and efficient delivery of information technology services. Target #1: Reduce the length of time and number of hours to respond and close out service calls. Measure #1: Number of hours to close out service calls.</i>												
1004 Gen Fund (UGF)		102.0										
FY2008 AMD: Delete Vacant Positions	Dec	-219.3	-219.3	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	-5
<i>This decrement is to delete one PFT position and five non-perm positions, which were established for a special project during FY2007. The project is ending at the end of FY2007 and the positions will no longer be needed.</i>												
1002 Fed Rcpts (Fed)		-166.0										
1004 Gen Fund (UGF)		-53.3										
FY2008 PERS adjustment of unrealizable receipts	Dec	-471.9	-471.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-433.3										
1061 CIP Rcpts (Other)		-24.8										
1156 Rcpt Svcs (DGF)		-13.8										



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2008 Senior Care Program is scheduled to sunset on 6/30/07 and the associated Senior Care Fund source will become invalid	Dec	-7.5	0.0	0.0	0.0	0.0	0.0	0.0	-7.5	0	0	0
1189 SeniorCare (DGF)		-7.5										
FY2011 Decrease Unrealizable Federal Receipts	Dec	-750.0	0.0	0.0	-750.0	0.0	0.0	0.0	0.0	0	0	0
<i>Unrealizable federal receipt authority was transferred with positions into Information Technology Service resulting in a shortfall for personal services. Consequences of no funding will mean the an inability to fully fund positions in the Information Technology component. Divisions will have to absorb significant cost increases within their annual operating budgets to maintain information technology staff and face a reduction in these core services throughout the department.</i>												
1002 Fed Rcpts (Fed)		-750.0										
FY2011 Fund GF at 50 % of Request (Related to Unrealizable Federal Receipts)	Inc	375.0	0.0	0.0	375.0	0.0	0.0	0.0	0.0	0	0	0
<i>Unrealizable federal receipt authority was transferred with positions into Information Technology Service resulting in a shortfall for personal services. Consequences of no funding will mean the an inability to fully fund positions in the Information Technology component. Divisions will have to absorb significant cost increases within their annual operating budgets to maintain information technology staff and face a reduction in these core services throughout the department.</i>												
1004 Gen Fund (UGF)		375.0										
FY2011 Decrease Unrealizable Interagency Receipts from Health Care Services	Dec	-225.0	0.0	0.0	-225.0	0.0	0.0	0.0	0.0	0	0	0
<i>Replace a reduction in interagency receipts from the division of Health Care Services to maintain core services provided by the Commissioner Office. A review of the cost allocation plan found Health Care Services was not charged correctly and, without this fund replacement, continuing to charge Health Care Services at this level may result in audit findings, potential federal compliance issues, and the return of federal funding. While the additional costs could be borne by the divisions, no additional funding to cover this increase has been requested by the divisions and a reduction in core services provided throughout the department will result.</i>												
1007 I/A Rcpts (Other)		-225.0										
FY2011 Fund GF at 50% of Request (Related to Unrealizable I/A from Health Care Svcs)	Inc	112.5	0.0	0.0	112.5	0.0	0.0	0.0	0.0	0	0	0
<i>Replace a reduction in interagency receipts from the division of Health Care Services to maintain core services provided by the Commissioner Office. A review of the cost allocation plan found Health Care Services was not charged correctly and, without this fund replacement, continuing to charge Health Care Services at this level may result in audit findings, potential federal compliance issues, and the return of federal funding. While the additional costs could be borne by the divisions, no additional funding to cover this increase has been requested by the divisions and a reduction in core services provided throughout the department will result.</i>												
1004 Gen Fund (UGF)		112.5										
FY2011 Fund GF at 50% of Request for Cost Increases for Software Maintenance, Systems and Eligibility Information Sys Billings	Inc	250.0	0.0	0.0	250.0	0.0	0.0	0.0	0.0	0	0	0
<i>Software maintenance and other essential system costs have increased, including centralized billings from the Department of Administration for the Eligibility Information System.</i>												
<i>Additional annual costs include:</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2011 Fund GF at 50% of Request for Cost Increases for Software Maintenance, Systems and Eligibility Information Sys Billings (continued)												
\$125.0 Jomis Maintenance Contract (Juvenile Offender Management Information System)												
\$140.0 Microsoft Enterprise Licensing (Server Licenses, MS Office)												
\$235.0 EIS (Public Assistance Eligibility Information System)												
1004 Gen Fund (UGF)		250.0										
FY2011 Budget Clarification Project, fund change to reflect transfer of inter-agency receipts from PH/Vital Statistics	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
This appears to be a transfer of revenue for IT services provided to PH/Vital Stats?												
1007 I/A Rcpts (Other)		121.5										
1156 Rcpt Svcs (DGF)		-121.5										
FY2011 Replace unrealizable federal receipts due to the loss of Medicaid School Based Claims funding	Inc	375.0	0.0	0.0	375.0	0.0	0.0	0.0	0.0	0	0	0
3/5/10 budget amendment (1/2 of the Gov's requested amount and approved in the Hse subcommittee).												
1004 Gen Fund (UGF)		375.0										
FY2011 Replace unrealizable interagency receipts due to the loss of Medicaid School Based Claims funding	Inc	112.5	0.0	0.0	112.5	0.0	0.0	0.0	0.0	0	0	0
3/5/10 budget amendment (1/2 of the Gov's requested amount and approved in the Hse subcommittee).												
1004 Gen Fund (UGF)		112.5										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-7.4	0.0	-7.4	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)		-2.6										
1004 Gen Fund (UGF)		-3.9										
1037 GF/MH (UGF)		-0.9										
FY2011 LFD: Revise Governor's salary adjustment request	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF)		2.8										
1156 Rcpt Svcs (DGF)		-2.8										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	5.5	5.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$5.5												
1002 Fed Rcpts (Fed)		1.2										
1004 Gen Fund (UGF)		3.1										
1007 I/A Rcpts (Other)		1.2										
FY2012 Create DS3 Info Tech Support Team for Case Management System	Inc	655.0	655.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The Division of Senior and Disabilities Services is in development of a comprehensive case management system to support service delivery and address corrective action required by the Center for Medicaid and Medicare Services (CMS). Ongoing system modification and maintenance will require a service team in Business Applications Information Technology section. This request will establish the necessary business applications team to maintain the case management system by funding positions which had been held vacant to meet required vacancy savings.												

Without institutionalized support for the DS3 case management system, the division puts continued compliance

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2012 Create DS3 Info Tech Support Team for Case Management System (continued)												
<i>with CMS directives at risk. Required information may not be retrievable for CMS reporting requirements and/or personnel will not have the management tools needed to meet CMS work performance deadlines. This will put continued approval of the long term care waiver programs operated by the division at risk of being disapproved at the federal level. Without the waiver program alternatives, all long-term care will be delivered through institutional settings such as nursing homes at four to five times the cost of waived services.</i>												
1002 Fed Rcpts (Fed)		255.0										
1004 Gen Fund (UGF)		400.0										
FY2012 Switch GF Fund Types	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This change is to switch the general fund sources for this component. This will correct the different mix of GF, such as GF Match and GF Mental Health, which this component does not collect. This funding was transferred in from other divisions in the 2005 reorganization.</i>												
1003 G/F Match (UGF)		-2,639.0										
1004 Gen Fund (UGF)		3,542.7										
1037 GF/MH (UGF)		-903.7										
FY2013 Establish Rural Information Technology Support Program	Inc	610.5	0.0	72.0	0.0	538.5	0.0	0.0	0.0	0	0	0
<i>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.</i>												
<i>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.</i>												
<i>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 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										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Departmental Support Services (continued)</b>												
<b>Information Technology Services (continued)</b>												
FY2013 Establish Rural Information Technology Support Program (continued)												
1004 Gen Fund (UGF)		427.5										
<b>* Allocation Total *</b>		<b>1,454.8</b>	<b>10.7</b>	<b>108.3</b>	<b>779.4</b>	<b>563.9</b>	<b>0.0</b>	<b>0.0</b>	<b>-7.5</b>	<b>2</b>	<b>0</b>	<b>-5</b>
<b>HSS State Facilities Rent</b>												
FY2006 Increase Costs for Facilities	Inc	55.4	0.0	0.0	55.4	0.0	0.0	0.0	0.0	0	0	0
<i>This increment is to cover costs of State facility increases in FY06. The increment is per the Rate sheet put out by DOA-DGS.</i>												
1002 Fed Rcpts (Fed)		55.4										
FY2007 Crisis Treatment Center Lease Amount	Inc	350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0
<i>This facility is to support an expanded treatment program incorporating crisis treatment and stepdown beds. The purpose of the facility is to provide an alternative setting for 24/7 care for consumers who can manage outside of an acute psychiatric hospital setting. The program does not include detox services. The clinical programming will be recovery-based and it is envisioned to be a flexible use facility. The base concept is for 8 beds in an open unit and 8 beds in a semi-secure unit (delayed/monitored egress), but the ability to swing beds from one category to another should be maintained. The current plan is to house this unit in the ground floor, west wing of the old Alaska Psychiatric Institute building. It is anticipated that the service will be completely separate from other tenant areas with its own public and service entries. The facility is not expected to be Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited.</i>												
<i>The space will be leased from Providence Hospital.</i>												
1037 GF/MH (UGF)		350.0										
FY2008 AMD: Increase in Facility Rates	Inc	136.4	0.0	0.0	136.4	0.0	0.0	0.0	0.0	0	0	0
<i>Increase in facility rates from Department of Administration, Division of General Services. The cost for the State Building pool has increased. The Department of Administration is passing these costs on to each department that is currently in these state owned facilities.</i>												
1004 Gen Fund (UGF)		136.4										
FY2011 Incorporate \$15 million of fuel trigger in FY11 base. Trigger start point moves from \$36 to \$51.	Inc	90.9	0.0	0.0	90.9	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		90.9										
FY2012 Incorporate partial FY11 distribution of fuel trigger in FY12 base. Trigger start point moves from \$51 to \$65.	Inc	81.8	0.0	0.0	81.8	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		81.8										
<b>* Allocation Total *</b>		<b>714.5</b>	<b>0.0</b>	<b>0.0</b>	<b>714.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>-40,271.6</b>	<b>-823.5</b>	<b>260.9</b>	<b>5,111.5</b>	<b>595.2</b>	<b>91.8</b>	<b>500.0</b>	<b>-46,007.5</b>	<b>1</b>	<b>1</b>	<b>-5</b>
<b>Boards and Commissions</b>												
<b>Alaska Mental Health Board</b>												
FY2006 Adjustment of Alaska Mental Health Trust Funding	Dec	-90.4	-45.4	-20.0	-25.0	0.0	0.0	0.0	0.0	0	0	0
<i>This decrement deletes the following Alaska Mental Health Trust projects that end in FY05:</i>												

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Boards and Commissions (continued)</b>												
<b>Alaska Mental Health Board (continued)</b>												
FY2006 Adjustment of Alaska Mental Health Trust Funding (continued)												
Integrated Strategic Communications Plan (\$50.0)												
Trust-Boards Support Project (\$65.4)												
It also adds the following project:												
Integrate Family Voice into Planning and Policy Development \$25.0.												
The Alaska Mental Health Trust Authority proposed as part of the Keep/Bring the Kids Home strategy to develop a family and youth voice in policy development, advocacy, family education and support, and quality control/assurance and evaluation.												
1092 MHTAAR (Other)		-90.4										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	6.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		6.0										
<b>* Allocation Total *</b>		<b>-84.4</b>	<b>-39.4</b>	<b>-20.0</b>	<b>-25.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Advisory Board on Alcoholism and Drug Abuse</b>												
FY2006 Delete Alaska Mental Health Trust Projects Ending in FY05	Dec	-254.9	-34.9	-20.0	-200.0	0.0	0.0	0.0	0.0	0	0	0
This deletes the following Alaska Mental Health Trust Authority projects that end in FY05:												
Statewide Title 47 Initiative (\$50.0)												
Integrated Strategic Communications Plan (\$150.0)												
Trust-Boards Support Project (\$54.9)												
1092 MHTAAR (Other)		-254.9										
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	5.1	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)		5.1										
<b>* Allocation Total *</b>		<b>-249.8</b>	<b>-29.8</b>	<b>-20.0</b>	<b>-200.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Governor's Advisory Council on Faith-Based and Community Initiatives</b>												
FY2006 Ch. 53, SLA 2005 (HB 98) Nonunion Public Employee Salary and Benefit	FisNot	6.8	6.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		6.8										
FY2007 Reduce inter-agency authority for two positions	Dec	-270.0	-180.1	-30.0	-54.9	-5.0	0.0	0.0	0.0	-2	0	0
This transfer of Interagency Receipts funds the Faith Based office with two positions (PCNs 06-X102 and 06-X102 from Office of Program Review). This new office was established per Administrative Order #221 which states:												
Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives (council) and the Office of Faith Based and Community Initiatives (office) in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems.												
1007 I/A Rcpts (Other)		-270.0										

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Boards and Commissions (continued)</b>												
<b>Governor's Advisory Council on Faith-Based and Community Initiatives (continued)</b>												
FY2008 Faith Based Council Quarterly Meetings	Inc	24.0	0.0	24.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Establishing the Governor's Advisory Council on Faith-Based and Community Initiatives (council) and the Office of Faith Based and Community Initiatives (office) in the Department of Health and Social Services will jointly serve to facilitate communication and collaboration between faith-based and community-based organizations and government agencies in order to address gaps in Alaska's work force and health and social services systems. This increment is to establish funding for the council's quarterly meetings.</i>												
1004 Gen Fund (UGF)		24.0										
FY2008 Reduce funding for Faith Based quarterly meetings	Dec	-24.0	0.0	-24.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-24.0										
<b>* Allocation Total *</b>		-263.2	-173.3	-30.0	-54.9	-5.0	0.0	0.0	0.0	-2	0	0
<b>** Appropriation Total **</b>		-597.4	-242.5	-70.0	-279.9	-5.0	0.0	0.0	0.0	-2	0	0

**Human Services Community Matching Grant  
Human Services Community Matching Grant**

FY2006 HSCMG Program Increase to Maintain Grant Levels for Anchorage and Fairbanks	Inc	76.0	0.0	0.0	0.0	0.0	0.0	76.0	0.0	0	0	0
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*To maintain grant levels consistent with FY04 and FY05 for Anchorage and Fairbanks in the HSCMG program a slight increase of \$76.0 is required to hold these two communities harmless from any reductions. This is because the individual grants to the three communities that qualify (Anchorage, Fairbanks and Mat-Su) is based on population and the pro-rated amount shifts due to slight variations in the certified population estimates. The intention is that the grant levels will not be reduced for any one grantee, thus the total amount of the program has to increase so the individual pro-rated amount for any one of the three communities is not less than the year before.*

*The final grant amounts per community expected in FY06 is outlined in the table below.*

*The allocation based on using 2003 certified populations figures and using \$239,700 as the target would be:*

	2003 Cert Pop	% Alloc Award (70%)	Match (30%)	Tot Proj
	Cost			
Anchorage	274,003	64.67%	798,889	342,381
	1,141,270			
Fairbanks	82,214	19.40%	239,700	102,729
	342,429			
Mat-Su	67,473	15.925%	196,723	84,310
	281,033			
<b>TOTALS</b>	<b>423,690</b>	<b>100%</b>	<b>1,235,312</b>	<b>529,420</b>
	1,764,732			
1004 Gen Fund (UGF)		76.0		

FY2007 Partial funding for Governor's request	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
1004 Gen Fund (UGF)		250.0										

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**Numbers and Language**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Human Services Community Matching Grant (continued)</b>												
<b>Human Services Community Matching Grant (continued)</b>												
FY2011 CC: Reduce grant funding from Community Initiative Matching Grants to the Human Services Community Matching Grant (OTI)	IncOTI	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
1004 Gen Fund (UGF)		200.0										
FY2012 Funding to offset inflation	Inc	200.0	0.0	0.0	0.0	0.0	0.0	0.0	200.0	0	0	0
1004 Gen Fund (UGF)		200.0										
FY2013 CC: Increase funding to keep pace with increased costs and increased need.	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
1004 Gen Fund (UGF)		100.0										
<b>* Allocation Total *</b>		<b>826.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>626.0</b>	<b>200.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>826.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>626.0</b>	<b>200.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Community Initiative Matching Grants</b>												
<b>Community Initiative Matching Grants (non-statutory grants)</b>												
L FY2009 Restore Staff Position to Maintain a Single Point of Contact to Receive Information, Funding and Other Resources. added in Senate section 64	Special	164.4	164.4	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1004 Gen Fund (UGF)		164.4										
FY2010 Include in base: FY09 nonoperating request. Adds one Full-Time Position and Associated Costs	Inc	164.4	99.4	20.0	35.0	10.0	0.0	0.0	0.0	1	0	0
1004 Gen Fund (UGF)		164.4										
FY2011 Reduce general fund travel line item by 10 percent.	Dec	-0.4	0.0	-0.4	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-0.4										
FY2011 Funding for Grantee cost increases	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
1004 Gen Fund (UGF)		250.0										
FY2011 Move grant funding from Community Initiative Matching Grants to the Human Services Community Matching Grant	Dec	-250.0	0.0	0.0	0.0	0.0	0.0	-250.0	0.0	0	0	0
1004 Gen Fund (UGF)		-250.0										
FY2011 Ch. 56, SLA 2010 (HB 421) FY 2011 Noncovered Employees Salary Increase	FisNot	1.6	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FY2011 Noncovered Employees Year 1 increase : \$1.6												
1004 Gen Fund (UGF)		1.6										
FY2012 Funding to offset inflation	Inc	140.0	0.0	0.0	0.0	0.0	0.0	0.0	140.0	0	0	0
1004 Gen Fund (UGF)		140.0										
FY2013 Add funding to keep pace with increased costs and increased need	Inc	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
1004 Gen Fund (UGF)		150.0										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Community Initiative Matching Grants (continued)</b>												
<b>Community Initiative Matching Grants (non-statutory grants) (continued)</b>												
* Allocation Total *		620.0	265.4	19.6	35.0	10.0	0.0	150.0	140.0	2	0	0
** Appropriation Total **		620.0	265.4	19.6	35.0	10.0	0.0	150.0	140.0	2	0	0

**Medicaid Services**

**Behavioral Health Medicaid Services**

FY2006 Increase Funding for Bring the Kids Home Assessment and Care Coordination	Inc	409.0	0.0	0.0	0.0	0.0	0.0	409.0	0.0	0	0	0
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*This funding would establish regional community mental health care teams with individualized funding pools to implement care coordination and gatekeeping for the Bring the Kids Home program.*

*There has been a steady increase in the number of custody and non-custody children and youth placed in out of state residential psychiatric treatment centers. In FY04 it was estimated that 733 children ranging in age from six to seventeen will be served out of state. The Child and Adolescent Needs Assessment revealed that Alaska Native children represent 49% of the population of children in custody and 22% of the non-custody children sent to out-of-state placements. Frequently out-of-state treatment is not as therapeutically beneficial to the children and their families as services delivered close to home.*

*The long-term goals of the Alaska Mental Health Trust Authority Bring the Kids Home proposal are consistent with those of the Alaska Community Mental Health Services Association; these agencies work collaboratively with the Division of Behavioral Health to bring to bear the collective experience and expertise of member agencies to the achievement of these goals. The Bring the Kids Home proposal has been broken into phases and strategies which can lead to significant improvements in the system of care for children and youth and work towards meeting the long-term goals of the program.*

*Assessment and Care Coordination is the process for determining the level of care for both custody and non-custody children. The objectives are to divert children from avoidable and unnecessary out of state residential psychiatric treatment placements by linking families and children with alternative community-based care or other in-state services, and facilitating patient progress toward treatment objectives with an emphasis on discharge planning. Regional community mental health care teams will be formed and composed of state agency representatives, community behavioral health providers (1 Native and 1 non-Native), the individual service provider already treating the child/family, the child and the parents/legal guardians.*

*In addition to assessing the level of need for specific children, the team will be involved in making the determination as to the specific residential treatment center program that best meets a child's unique treatment needs. This will provide authority to the team to place children in facilities that are responsive to working with local providers in case coordination and discharge planning.*

*Case coordination is another function of the team. With their knowledge of the individual child and family's unique needs, and familiarity with local community resources, the local mental health rehabilitation agencies are best suited to providing this function.*

1002 Fed Rcpts (Fed)		204.5										
1037 GF/MH (UGF)		204.5										
FY2006 Medicaid Growth Behavioral Health increases: 9% recipients, 6% cost/recip, and residential psych trmt ctrs	Inc	25,334.9	0.0	0.0	0.0	0.0	0.0	25,334.9	0.0	0	0	0

*Behavioral Health Medicaid Services component funds three types of services: residential psychiatric treatment centers (RPTC), inpatient psychiatric care, and community mental health services.*



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2006 Medicaid Growth Behavioral Health increases: 9% recipients, 6% cost/recipient, and residential psych trmt ctrs (continued)												
<i>Behavioral Health Medicaid Services experienced a 14% annual average rate of growth over the last five years. Cost increases are due to increases in both costs and number of clients served. The number of recipients rose an average of 9% annually while the cost-per-recipient rose 6% annually.</i>												
<i>Residential Psychiatric Treatment Centers accounted for 68% of the increased cost in FY04. Residential Psychiatric Treatment Centers is the fastest growing category of service with a 21% increase between FY03 and FY04.</i>												
<i>Growth for the component slowed somewhat from 18% in FY03 to 11% in FY04 and is projected to remain 11% in FY05 and 10% in FY06. This is primarily due to projected increases in Inpatient Psychiatric costs.</i>												
1002 Fed Rcpts (Fed)		11,733.2										
1003 G/F Match (UGF)		13,601.7										
FY2007 Fund change for First Health Mental Health Contractual Authorization transfer in from Health Care Svcs/Medicaid Services	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The State Children's Health Insurance Program (SCHIP), operated through Denali KidCare, each month provides health insurance for nearly 11,000 uninsured children under age 19. SCHIP helps reach uninsured children whose families earn too much to qualify for Medicaid, but not enough to get private coverage. Since its implementation in August 1998, Alaska has provided over \$230 million in medical benefits to more than 46,700 Alaskan SCHIP eligible children.</i>												
<i>Each federal fiscal year states receive an allotment, which must be spent within three years. SCHIP allotments are determined by a formula based on a national ranking of the number of low-income children and average wages in the health industry. After three years, unspent allotments from all the states are combined into a redistribution fund, which is then reallocated to states according to need. States must spend redistributed funds in the year they are awarded. While Alaska was quick to get its program started, many states were slow to implement. This meant large sums of unspent allotments from other states were available to Alaska for redistribution. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on redistributed funds to support our program. In recent years the allotment has remained between \$7 and \$9 million; meanwhile, as more states have ramped up their programs our redistributed funds have shrunk from a high of \$38 million in FFY 2002 to just \$3 million in FFY 2006.</i>												
<i>SCHIP benefit costs are reimbursed at an enhanced FMAP. If costs exceed total allotted and redistributed funds, claims are reimbursed at the regular FMAP. In SFY07, SCHIP total benefit costs are projected to be \$34,485.0, of which \$24,246.4 is federal. Our total available federal SCHIP funds are projected to be only \$14,335.4, for an excess of \$9,911.0 in costs. Applying the difference in regular and enhanced FMAP rates, state matching funds will have to increase \$2,174.8.0 to make up the shortfall in federal funds. Calculated at 65.59% (blended enhanced) and 50.84% (blended regular) FMAP.</i>												
<i>Behavioral Health Medicaid Services accounts for about 35% of SCHIP expenditures, so DBH's portion of the</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2007 Fund change for First Health Mental Health Contractual Authorization transfer in from Health Care Svcs/Medicaid Services (continued)												
<i>shortfall is \$761.2. Health Care Services comprises about 65% of SCHIP expenditures, so HCS's portion of the shortfall is \$1,413.6.</i>												
1003 G/F Match (UGF)		-400.0										
1037 GF/MH (UGF)		400.0										
FY2007 Shortfall due to shrinking redistribution of unspent State Children's Health Insurance Program ( SCHIP) allotments	Dec	-761.2	0.0	0.0	0.0	0.0	0.0	-761.2	0.0	0	0	0
1002 Fed Rcpts (Fed)		-761.2										
FY2007 Replace federal reduction in redistributed State Children's Health Insurance Program (SCHIP) allotments	Inc	628.1	0.0	0.0	0.0	0.0	0.0	628.1	0.0	0	0	0
1037 GF/MH (UGF)		628.1										
FY2007 Projected FY07 Growth	Inc	9,532.1	0.0	0.0	0.0	0.0	0.0	9,532.1	0.0	0	0	0
<i>The Behavioral Health Medicaid Services component funds three types of services: residential psychiatric treatment centers, inpatient psychiatric care, and community mental health services. Behavioral Health Medicaid Services have experienced significant continued growth. This increment request is necessary to maintain the current level of behavioral health services provided to Alaskans with effective cost containment measures in place.</i>												
 <i>DBH Medicaid costs grew 9% from FY04 to FY05. This projection assumes the same growth rate in FY06 and FY07. Growth is due to increases in the number of patients served, increases in the utilization of services, and increases in facility rates. The average monthly number of beneficiaries rose 6% while the cost-per-recipient rose 3%.</i>												
 <i>Most of the increase can be attributed to Residential Psychiatric Treatment Center services (RPTC) and Inpatient Psychiatric Hospital services provided to children. Residential Psychiatric Treatment Centers experienced a 14% increase from FY04 to FY05. Inpatient Psychiatric Hospitals grew slightly faster than RPTC, making it the fastest growing category of service in Behavioral Health Medicaid with a 15% increase from FY04 to FY05.</i>												
 <i>While the department anticipates that the Bring the Kids Home initiatives will begin to slow the growth in these areas, the increase is necessary to support expected increases in utilization of outpatient services necessary to treat this population in their home communities.</i>												
 <i>However, please note that the increment request is based on FY06 existing authorization compared to FY07 growth need. FY07 fund source projections are based on regular FMAP of 57.58% (all 4 quarters) and enhanced FMAP of 70.31% (all 4 quarters). Projected expenditures are allocated by DBH Medicaid's actual expenditures by FMAP in FY05, resulting in an effective fed reimbursement rate for DBH of approximately 60%.</i>												
1002 Fed Rcpts (Fed)		6,578.0										
1037 GF/MH (UGF)		2,954.1										
FY2008 Shortfall due to shrinking redistribution of unspent State Children's Health Insurance Program (SCHIP) allotments	Dec	-1,305.0	0.0	0.0	0.0	0.0	0.0	0.0	-1,305.0	0	0	0
<i>This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 Shortfall due to shrinking redistribution of unspent State Children's Health Insurance Program (SCHIP) allotments (continued)												
<i>Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.</i>												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 41% of the federal SCHIP funding needed to cover program expenditures in 2008, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Behavioral Health Medicaid Services component will need an additional \$1,305.0 GF in 2008.</i>												
<i>Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		-1,305.0										
FY2008 Replace federal reduction in redistributed State Children's Health Insurance Program (SCHIP) allotments	Inc	1,305.0	0.0	0.0	0.0	0.0	0.0	0.0	1,305.0	0	0	0
<i>This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.</i>												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 Replace federal reduction in redistributed State Children's Health Insurance Program (SCHIP) allotments (continued)												
<i>children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 41% of the federal SCHIP funding needed to cover program expenditures in 2008, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Behavioral Health Medicaid Services component will need an additional \$1,305.0 GF in 2008.</i>												
<i>Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1003 G/F Match (UGF)		1,305.0										
FY2008 Increase Medicaid Tribal Mental Health Services	Inc	15,000.0	0.0	0.0	0.0	0.0	0.0	15,000.0	0.0	0	0	0
Federal Authorization												
<i>Outpatient behavioral health services provided by Tribal facilities are currently reimbursed based on the lesser of the billed charges, the provider's lowest billed charge, or on a fee for service (per procedure) rate schedule established by the State. Alaska Native Tribal organizations have asked the State to consider changing the reimbursement methodologies available to Tribal providers.</i>												
<i>The Department will be submitting a Medicaid State Plan Amendment to reimburse Tribal outpatient behavioral health providers at the published Indian Health Service (IHS) outpatient hospital encounter rate. If that plan amendment is approved, Tribal services will no longer be reimbursed based on the above.</i>												
<i>Reimbursing Tribal behavioral health providers at the IHS outpatient hospital encounter rate provides improved financial stability allowing Tribal organizations to expand the volume and scope of behavioral health services offered. The more Medicaid services provided to beneficiaries in Tribal facilities the more Alaska saves limited</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 Increase Medicaid Tribal Mental Health												
Services Federal Authorization (continued)												
<p><i>state general funds by insuring the federal government meets its trust responsibility to those beneficiaries. The IHS outpatient hospital encounter rate is closer to the cost of actually delivering the broad range of health services offered at Tribal facilities. The financial viability of the Tribal health care infrastructure insures access to health care for all the residents in many areas of the state. And lastly, the availability of local access to health care avoids the costs of Medicaid clients traveling to receive the care they need elsewhere in the state.</i></p> <p><i>The Department estimates that the cost to Medicaid for outpatient behavioral health services will increase by \$15,000.0 in FY08 due to the change to encounter based reimbursement for Tribal providers. Because Tribal services are 100% matched with federal funding, no additional general funds are needed.</i></p> <p><i>This increment will help the department improve the following performance measures:</i>  <i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>  <i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>  <i>DBH-A-1-A1.1a-Improve and enhance the quality of life of children with serious emotional disturbance by implementing the Bring the Kids Home program</i>  <i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>  <i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>  <i>HCS-B--T1-Increase the number of providers</i>  <i>HCS-A--A1-Increase IHS participation</i>  <i>DPH-A---Healthy people in healthy communities</i>  <i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>  <i>DPH-A--A4-Assure access to early preventative services and quality health care</i></p>												
1002 Fed Rcpts (Fed)		15,000.0										
FY2008 Increase Residential Psychiatric Treatment Center	Inc	1,400.0	0.0	0.0	0.0	0.0	0.0	1,400.0	0.0	0	0	0
In-state Provider Medicaid Rates												
<p><i>Behavioral Health increased per diem rates for in-state residential psychiatric treatment centers (RPTC) facilities effective for FY07 (effective July 1, 2006 through June 30, 2007) after the Department's Office of Rate Review completed a rate study and recommended the new rates. That rate adjustment was not included in the FY08 growth projection.</i></p> <p><i>The RPTC daily rate was \$325 through June 30, 2006. Effective July 1, 2006 the rate for regular in-state RPTC beds increased to \$357.58. The rate for secured in-state RPTC beds was set at \$399.30 per day. Therapeutic transition days remain at \$211 per day.</i></p> <p><i>The division also added 60 new RPTC beds (North Star RPTC, DeBarr), some of which are secured and charge at a higher rate. With additional beds available, the division anticipates keeping a number of children in Alaska rather than out-of-state facilities. However, it costs more to provide comparable institutional services in-state, so "bring the kids home" efforts will likely contribute to some increased RPTC costs in FY08 as well. We anticipate some of those costs will be offset by shorter RPTC stays and use of less expensive community based services for follow-up care.</i></p> <p><i>The division estimates that it will need an additional \$1,400.0 to support RPTC facility rate increases and increased capacity in FY08. The RPTC growth projection prior to rate increases was \$65,347.7. Including the</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 Increase Residential Psychiatric Treatment Center In-state Provider Medicaid Rates (continued)												
<i>requested increment, the division estimates it will need \$66,747.7 to pay for RPTC services in FY08.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A1.1a-Improve and enhance the quality of life of children with serious emotional disturbance by implementing the Bring the Kids Home program</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		745.1										
1004 Gen Fund (UGF)		654.9										
FY2008 FY08 Projected Medicaid Growth	Inc	7,042.9	0.0	0.0	0.0	0.0	0.0	7,042.9	0.0	0	0	0
<i>This increment funds increases in Medicaid service costs due to increases in enrollment and utilization.</i>												

*For FY08, Behavioral Health Medicaid costs are projected to grow 4% over the authorized amount of 155,071.5. This increment request is necessary to maintain the current level of behavioral health services in Medicaid. The Behavioral Health Medicaid Services component funds three types of services: inpatient psychiatric hospitals, residential psychiatric treatment centers, and outpatient behavioral health services.*

*In FY06 Behavioral Health Medicaid provided services to nearly 13,000 beneficiaries at an average cost of \$867 per person per month. Cost containment efforts begun in FY04 have successfully dampened the rate of growth in recent years. Behavioral Health Medicaid claims grew 9% from FY04 to FY05, but only 4% from FY05 to FY06. The projection for FY08 is to maintain the same 4% growth rate.*

*Residential psychiatric treatment centers, which had been the fastest growing segment of the behavioral health budget in recent years, experienced the least growth of the 3 service categories between FY05 and FY06, increasing only 2%. Most of the increase can be attributed to general mental health services which comprises about half of the claims and showed a 6% increase from FY05 to FY06. Inpatient psychiatric hospital services grew 10% from the prior year, making it the fastest growing segment in this component.*

*The fund source projection is based on the actual amount of federal revenue collected in FY06 in this component, 60%, and assumes that the proportion of expenditures eligible for each type of federal reimbursement remains the same. It also assumes that the FY08 average federal medical assistance percentage remains at 57.58% for regular Medicaid and 70.31% for SCHIP.*

*This increment also provides \$900.0 authority for statutory designated program receipts (SDPR) in the Behavioral Health Medicaid Services component for recoveries of overpayments to Medicaid providers discovered through*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 FY08 Projected Medicaid Growth												
(continued)												
audits.												
<p>Per AS 47.05.200 the department is required to audit Medicaid provider payments. Overpayments to the providers must be returned by the provider to the state. The overpayment includes both the federal and state match portion of the original claim. The amount actually recovered can include only the federal funds or the state matching funds, too. This increment provides budget authority to collect the state matching fund portion of the audit recovery.</p> <p>The additional funding supports the department's mission to manage health care for Alaskans in need. This increment will help the department improve the following performance measures:</p> <p>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems            Dept-D-4--Provide quality management of health care coverage services providers and clients            DBH-A-1-A1.1a-Improve and enhance the quality of life of children with serious emotional disturbance by implementing the Bring the Kids Home program            DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system            HCS-A-A2--Expand fund recovery efforts            HCS-B---Provide affordable access to quality health care services to eligible Alaskans            DPH-A---Healthy people in healthy communities            DPH-A--A2-Reduce suffering, death and disability due to chronic disease            DPH-A--A4-Assure access to early preventative services and quality health care</p>												
1002 Fed Rcpts (Fed)		3,696.7										
1004 Gen Fund (UGF)		2,446.2										
1108 Stat Desig (Other)		900.0										
FY2008 Medicaid Facility Rates Rebased - Inpatient Psychiatric Hospital	Inc	707.4	0.0	0.0	0.0	0.0	0.0	707.4	0.0	0	0	0

Medicaid paid for inpatient psychiatric hospital services for 962 persons in FY06, 944 of them in Alaska facilities. Ninety percent of Medicaid inpatient psychiatric clients in FY06 were children and 10% were disabled individuals. Two Alaska inpatient psychiatric hospitals serve about 98% of all Alaska Medicaid inpatient psychiatric clients. Less than 2% of Alaska Medicaid recipients receiving inpatient psychiatric services obtained services out-of-state in FY06.

This increment is necessary to maintain Alaska inpatient psychiatric hospital services at their current level and to prevent loss of provider participation. By regulation, payment rates for most facilities must be re-based at least every four years [7 AAC 43.685(a)(6)(B)]. Hospital, nursing home, and inpatient psychiatric hospital facilities were last re-based in FY04.

Inpatient psychiatric hospital payment rates for FY08 will be adjusted based on review of FY06 operating expenses and Medicaid billing activity for each facility. The new rate for each facility will become effective at the start of that facility's 2008 fiscal cycle. The Department estimates that the average adjustment will be 8%.

The North Star Behavioral Health System inpatient psychiatric hospital will be re-based effective January 1, 2008 (will bill under increased rates for the last six months of FY08). The other in-state facility, Alaska Psychiatric

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 Medicaid Facility Rates Rebased -												
Inpatient Psychiatric Hospital (continued)												
<i>Institute (API), will not rebase until FY09. There are currently no in-state IHS inpatient psychiatric facilities (the McCann facility is a residential psychiatric treatment center and is not included in this analysis). About 2% of the inpatient psychiatric payments processed in FY06 were for services provided by out-of-state facilities which are not subject to rate re-basing by the department.</i>												
<i>The requested increment was calculated based on the percent of inpatient psychiatric hospital payments made to the North Star Behavioral Health facility in FY06. Almost 41% of payments for inpatient psychiatric hospital services will be impacted by re-based rates in FY08, based on North Star's 81.6% share of FY06 payments and with re-based rates in effect for six months of FY08.</i>												
<i>The formula for calculation of the requested increment is: 8% X 40.8% X base projection for all FY08 inpatient psychiatric hospital services.</i>												
<i>The base projection for inpatient psychiatric hospital services is \$21,671.7. Inpatient psychiatric hospital facility rate adjustments will increase that projection to \$22,379.1. The additional cost to Medicaid from re-basing in FY08 will be \$707.4.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
1002 Fed Rcpts (Fed)		383.9										
1004 Gen Fund (UGF)		323.5										
FY2008 Remove 1/2 of the Medicaid Facility Rates Rebased -	Dec	-353.7	0.0	0.0	0.0	0.0	0.0	-353.7	0.0	0	0	0
Inpatient Psychiatric Hospital Increment												
<i>Medicaid paid for inpatient psychiatric hospital services for 962 persons in FY06, 944 of them in Alaska facilities. Ninety percent of Medicaid inpatient psychiatric clients in FY06 were children and 10% were disabled individuals. Two Alaska inpatient psychiatric hospitals serve about 98% of all Alaska Medicaid inpatient psychiatric clients. Less than 2% of Alaska Medicaid recipients receiving inpatient psychiatric services obtained services out-of-state in FY06.</i>												
<i>This increment is necessary to maintain Alaska inpatient psychiatric hospital services at their current level and to prevent loss of provider participation. By regulation, payment rates for most facilities must be re-based at least every four years [7 AAC 43.685(a)(6)(B)]. Hospital, nursing home, and inpatient psychiatric hospital facilities were last re-based in FY04.</i>												
<i>Inpatient psychiatric hospital payment rates for FY08 will be adjusted based on review of FY06 operating expenses and Medicaid billing activity for each facility. The new rate for each facility will become effective at the</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 Remove 1/2 of the Medicaid Facility												
Rates Rebased - Inpatient Psychiatric Hospital												
Increment (continued)												
<i>start of that facility's 2008 fiscal cycle. The Department estimates that the average adjustment will be 8%.</i>												
<i>The North Star Behavioral Health System inpatient psychiatric hospital will be re-based effective January 1, 2008 (will bill under increased rates for the last six months of FY08). The other in-state facility, Alaska Psychiatric Institute (API), will not rebase until FY09. There are currently no in-state IHS inpatient psychiatric facilities (the McCann facility is a residential psychiatric treatment center and is not included in this analysis). About 2% of the inpatient psychiatric payments processed in FY06 were for services provided by out-of-state facilities which are not subject to rate re-basing by the department.</i>												
<i>The requested increment was calculated based on the percent of inpatient psychiatric hospital payments made to the North Star Behavioral Health facility in FY06. Almost 41% of payments for inpatient psychiatric hospital services will be impacted by re-based rates in FY08, based on North Star's 81.6% share of FY06 payments and with re-based rates in effect for six months of FY08.</i>												
<i>The formula for calculation of the requested increment is: 8% X 40.8% X base projection for all FY08 inpatient psychiatric hospital services.</i>												
<i>The base projection for inpatient psychiatric hospital services is \$21,671.7. Inpatient psychiatric hospital facility rate adjustments will increase that projection to \$22,379.1. The additional cost to Medicaid from re-basing in FY08 will be \$707.4.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
1002 Fed Rcpts (Fed)		-192.0										
1004 Gen Fund (UGF)		-161.7										
FY2008 AMD: Limited Modification of Facility Cost-Based Rate	Dec	-213.8	0.0	0.0	0.0	0.0	0.0	-213.8	0.0	0	0	0
Methodologies (Reg Chg)												
<i>Reduce Medicaid payment rates by adjusting rate methodologies for such items as reasonableness of administrative costs, pay therapies through the physician fee schedule, pay the pharmacy directly for drugs administered in a hospital, eliminating Medicaid payment for empty beds, and other changes consistent with state and federal guidelines. This option would require regulatory change, corroboration within the department and with providers, and possible defense of the rate reductions in a legal environment. This change would reduce the amount of funds available to hospitals for supporting operations and furnishing services to the uninsured.</i>												
1002 Fed Rcpts (Fed)		-113.8										
1003 G/F Match (UGF)		-100.0										

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<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 AMD: Increase RPTC Medicaid Eligibility from 30 to 60 Days Out of the Home (Reg Chg) 1/2 YR	Dec	-1,068.9	0.0	0.0	0.0	0.0	0.0	-1,068.9	0.0	0	0	0
<p><i>States have some flexibility about exactly when to consider a child absent from the home, and therefore only consider the child's income for Medicaid eligibility purposes. If the state establishes too strict a standard, then lower income families are forced to place their children into state custody to obtain the care their children need. The current standard, that a child must be absent from the home for at least 30 days, represents the Department's attempt to balance parental responsibility with the need to make services available for severely emotionally disturbed children without forcing the parents to terminate custody.</i></p> <p><i>Increased costs to parents of children being served by the Office of Children's Services or the Division of Juvenile Justice could be expected due to longer time period for Medicaid to start.</i></p> <p><i>Quality of care could be impacted as fewer children will be sent out of state for care, as the financing for these services becomes limited. They are more likely to be treated in the home community with traditional services. We may see an increased number of complaints, appeals, and fair hearings as parents struggle to deal with the situation of treating in the home community.</i></p> <p><i>This cost containment proposal is to change the standard for RPTC so that a child must be absent from the home for at least 60 days.</i></p> <p><i>Cost savings are estimated for 1/2 year due to the need to make regulatory changes.</i></p>												
1002 Fed Rcpts (Fed)		-568.9										
1003 G/F Match (UGF)		-500.0										
FY2008 AMD: Assume Federal Govovernment Increases SCHIP FFY07 Funding	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>This request assumes that the federal government will take action to fully fund the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. The national SCHIP program is up for reauthorization in Congress and some proposals should fix the flaw in the current national formula and allotment for Alaska. If the federal government does not take action, the department will need to seek a supplemental appropriation.</i></p> <p><i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i></p> <p><i>The federal and state governments jointly fund SCHIP. Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i></p> <p><i>The amount of funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 AMD: Assume Federal Govovernment												
Increases SCHIP FFY07 Funding (continued)												
<i>at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 41% of the federal SCHIP funding needed to cover program expenditures in 2008, exhausting its SCHIP funds in the second quarter.</i>												
1002 Fed Rcpts (Fed)		1,305.0										
1003 G/F Match (UGF)		-1,305.0										
FY2008 AMD: SFY08 Realized Cost Containment for Medicaid-Behavioral Health	Dec	-7,500.0	0.0	0.0	0.0	0.0	0.0	-7,500.0	0.0	0	0	0
<i>The Behavioral Health Medicaid Services component funds three types of services: inpatient psychiatric hospitals, residential psychiatric treatment centers, and outpatient behavioral health services. In FY06 Behavioral Health Medicaid provided services to nearly 13,000 beneficiaries at an average cost of \$867 per person per month.</i>												
<i>Cost containment efforts begun in FY04 have successfully dampened the rate of growth in recent years. Behavioral Health Medicaid claims grew 9% from FY04 to FY05, but only 4% from FY05 to FY06.</i>												
<i>Residential psychiatric treatment centers, which had been the fastest growing segment of the behavioral health budget in recent years, experienced the least growth of the 3 service categories between FY05 and FY06, increasing only 2%.</i>												
<i>Implementation of cost containment and our continued savings from that effort give the department confidence savings will continue into SFY 2008.</i>												
1002 Fed Rcpts (Fed)		-4,500.0										
1004 Gen Fund (UGF)		-3,000.0										
L FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 5.1% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2007.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 57.58% to 52.48% in FFY08 and the enhanced FMAP from 70.31% to 66.74%. The regular FMAP for SFY08 will average 53.76 % (57.58% from July-Sept. 2007 and 52.48% from Oct.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
2007-June 2008). The enhanced FMAP for SFY08 will average 67.63% (70.31% from July-Sept. 2007 and 66.74% from Oct. 2007-June 2008). Approximately 89% of the Behavioral Health Medicaid Services component's claims are reimbursed at the regular FMAP and another 6% at the enhanced FMAP. The remaining 5% is Indian Health Service and is not affected by the change in FMAP. The FFY08 change in FMAP will require an estimated \$4,217.5 increase in GF to replace the lost federal funds and maintain services at the current level.												
1002 Fed Rcpts (Fed)		-4,217.5										
1003 G/F Match (UGF)		4,217.5										
FY2008 Ch. 48, SLA 2007 (SB 27) - Medical Assistance Eligibility	FisNot	455.9	0.0	0.0	0.0	0.0	0.0	455.9	0.0	0	0	0
1002 Fed Rcpts (Fed)		311.1										
1003 G/F Match (UGF)		144.8										
FY2009 Reduce Federal Receipts for possible FY09 Medicaid SCHIP Allotment Shortfall	Dec	-900.0	0.0	0.0	0.0	0.0	0.0	-900.0	0.0	0	0	0

**\*\*CONTINGENT UPON CONGRESSIONAL ACTION TO REAUTHORIZE SCHIP PROGRAM. CURRENT LEGISLATION BEFORE CONGRESS COULD FULLY FUND THE CURRENT PROGRAM AND NEGATE THE NEED FOR THIS INCREMENT.**

*This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.*

*SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.*

*The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment, which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 49% of the federal SCHIP funding needed to cover program expenditures in 2009, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Behavioral Health Medicaid Services component will need an additional \$900.0 GF in 2009.*

*Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 30% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available, and we do not anticipate any further redistributions.*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2009 Reduce Federal Receipts for possible												
FY09 Medicaid SCHIP Allotment Shortfall												
(continued)												
1002 Fed Rcpts (Fed)		-900.0										
FY2009 Request General Fund Mental Health Funding for possible FY09 Medicaid SCHIP Allotment Shortfall	Inc	900.0	0.0	0.0	0.0	0.0	0.0	900.0	0.0	0	0	0

**\*\*CONTINGENT UPON CONGRESSIONAL ACTION TO REAUTHORIZE SCHIP PROGRAM. CURRENT LEGISLATION BEFORE CONGRESS COULD FULLY FUND THE CURRENT PROGRAM AND NEGATE THE NEED FOR THIS INCREMENT.**

*This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.*

*SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.*

*The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment, which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 49% of the federal SCHIP funding needed to cover program expenditures in 2009, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Behavioral Health Medicaid Services component will need an additional \$900.0 GF in 2009.*

*Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 30% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available, and we do not anticipate any further redistributions.*

1037 GF/MH (UGF)		900.0										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

*This request replaces lost federal revenues resulting from a 1.95% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2008.*

*The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly. By approving this change record, the department will be able to continue to meet its mission of managing health*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2009 FFY09 Federal Medical Assistance												
Percentage (FMAP) Rate Change for Medicaid												
(continued)												
care for Alaskans in need.												
<p>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1 with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate that reduces the state share of costs by 30% over the regular FMAP.</p> <p>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%. The regular FMAP for SFY09 will average 51.02% across two federal fiscal years (52.48% from July-Sept. 2008 and 50.53% from Oct. 2008-June 2009). The enhanced FMAP for SFY09 will average 65.71% (66.74% from July-Sept. 2008 and 65.37% from Oct. 2008-June 2009).</p> <p>Approximately 91% of the Behavioral Health Medicaid Services component's claims are reimbursed at the regular FMAP and another 4% at the enhanced FMAP (the remaining 5% is IHS and is not affected by the change in FMAP). Based on current estimated expenditures for Medicaid, the FFY09 change in FMAP will require an estimated \$4,560.6 increase in GF to replace the lost federal funds and maintain services at the current level.</p> <p>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</p>												
1002 Fed Rcpts (Fed)		-4,560.6										
1037 GF/MH (UGF)		4,560.6										
FY2009 FY09 Projected Medicaid Formula Growth	Inc	6,821.6	0.0	0.0	0.0	0.0	0.0	6,821.6	0.0	0	0	0
<p>This increment funds increases in Medicaid service costs due to increases in enrollment and utilization. For SFY09, Behavioral Health Medicaid costs are projected to grow 4% over the authorized amount of 170,541.3. This increment request is necessary to maintain the current level of behavioral health services in Medicaid. The Behavioral Health Medicaid Services component funds three types of services: inpatient psychiatric hospitals, residential psychiatric treatment centers, and outpatient behavioral health services.</p> <p>In SFY07 Behavioral Health Medicaid provided services to about 12,600 beneficiaries at an average cost of \$914 per month. Cost containment efforts begun in SFY04 have successfully dampened the rate of growth in recent years. Behavioral Health Medicaid claims grew 9% from SFY04 to SFY05, but only 4% from SFY05 to SFY06. The growth rate from FY06 to FY07 was 5%. The projection for FY09 is to use the projected growth rate between the FY08 projected and the FY09 Baseline from the short term forecasting model, STAMP.</p> <p>Although growth has been relatively slow for the past 5 years, rate rebasing, increases in utilization, Certificate of Need (CON) projects, changes in residential psychiatric treatment center (RPTC) provider rates, and revision of income criteria for children and pregnant women (Senate Bill 27, 2008) have all contributed to the approximately 15% increase expected in FY08 over FY07. Growth is expected to slow in FY09 following these changes.</p>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2009 FY09 Projected Medicaid Formula												
Growth (continued)												
<p><i>The fund source projection is based on the actual amount of federal revenue collected in FY07, approximately 68%, and assumes that the proportion of expenditures eligible for each type of federal reimbursement remains the same. It also assumes that the FY09 average federal medical assistance percentage remains at 53.76% for regular Medicaid and 67.63% for enhanced Medicaid.</i></p> <p><i>The additional funding supports the department's mission to manage health care for Alaskans in need. This increment will help the department improve the following performance measures:</i></p> <p><i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i></p> <p><i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i></p> <p><i>DBH-A-1-A1.1a-Improve and enhance the quality of life of children with serious emotional disturbance by implementing the Bring the Kids Home program</i></p> <p><i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i></p> <p><i>HCS-A-A2--Expand fund recovery efforts</i></p> <p><i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i></p> <p><i>DPH-A--Healthy people in healthy communities</i></p> <p><i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i></p> <p><i>DPH-A--A4-Assure access to early preventative services and quality health care</i></p>												
1002 Fed Rcpts (Fed)		3,861.7										
1037 GF/MH (UGF)		2,959.9										
FY2009 AMD: Increase Outpatient Behavioral Health Provider Rates - 8%	Inc	6,837.8	0.0	0.0	0.0	0.0	0.0	6,837.8	0.0	0	0	0
<p><i>With this increment, adjustments to the mental health reimbursement schedule will be implemented to bring rates for behavioral health professionals up to the level of most other medical professionals and to reimburse services provided by substance abuse clinics and mental health clinics at comparable rates. This should help prevent loss of provider participation, which would seriously threaten the department's goal to provide an integrated behavioral health system.</i></p> <p><i>The current rates for substance abuse services have been in effect since 1994. Except for psychiatric assessments and family psychotherapy, rates for mental health clinic services have been in effect since 1992. (In 2000, the rate for psychiatric assessments increased from \$105 to \$230 and family therapy increased from \$37.50 to \$40.00.) The current rates for mental health rehab services have been in effect since 2000 to correspond with service revisions that were effective at that time.</i></p> <p><i>In SFY07, Medicaid reimbursed outpatient behavioral health agencies for services provided to 12,139 persons. Community mental health clinics comprise 95% of total Medicaid outpatient behavioral health with substance abuse clinics making up the remaining 5%.</i></p> <p><i>Behavioral health professionals are reimbursed for many procedures at lower rates than other medical professionals providing similar services. For example, physicians are paid \$94.59 for individual psychotherapy but mental health clinics are paid only \$40.00 for the same service. For psychological testing, physicians are paid \$139.58 while mental health clinics are paid only \$85.00. For neuropsychological testing, physicians are paid \$190.16 while mental health clinics are paid \$85.00.</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2009 AMD: Increase Outpatient Behavioral Health Provider Rates - 8% (continued)												
<p><i>Within the mental health provider community, mental health clinics are sometimes reimbursed at different rates than substance abuse clinics for similar services. For example, mental health clinics are paid \$12.50 for case management services while substance abuse clinics are paid only \$7.50 for similar services. Mental health clinics are paid \$7.50 for group skills development while substance abuse clinics are paid \$5.00 for group counseling.</i></p> <p><i>The Division of Behavioral Health (DBH) has completed a formal rate study and estimates that rate increases to address such fee-for-services inequities could increase total outpatient behavioral health services costs by 8% in SFY09.</i></p> <p><i>An 8% increase to outpatient behavioral health fee for service rates will add \$6,837.8.</i></p> <p><i>Federal % = 51.02% SFY09 avg FMAP</i></p> <p><i>This increment will help the department improve the following performance measures:</i></p> <p><i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>  <i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>  <i>DBH-A-1-A1.1a-Improve and enhance the quality of life of children with serious emotional disturbance by implementing the Bring the Kids Home program</i>  <i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>  <i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>  <i>HCS-B--T1-Increase the number of providers</i>  <i>DPH-A---Healthy people in healthy communities</i>  <i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>  <i>DPH-A--A4-Assure access to early preventative services and quality health care</i></p>												
1002 Fed Rcpts (Fed)		3,488.6										
1037 GF/MH (UGF)		3,349.2										
FY2009 AMD: Medicaid Facility Rates Rebased - Inpatient Psychiatric Hospital (API) - 6.5%	Inc	288.1	0.0	0.0	0.0	0.0	0.0	288.1	0.0	0	0	0
<p><i>This increment is necessary to maintain Alaska inpatient psychiatric hospital services at their current level and to prevent loss of provider participation.</i></p> <p><i>By regulation, payment rates for most in-state facilities must be re-based at least every four years. In other years the facility gets a rate adjustment for inflation. The last rebasing year was FY04.</i></p> <p><i>This is the second year of a two year process to phase in these required rate increases. Only the rate increase for the Alaska Psychiatric Institute will require an increment to the FY09 budget. North Star's rate was re-based last year.</i></p> <p><i>There are two in-state inpatient psychiatric hospital facilities, Alaska Psychiatric Institute and North Star. Medicaid paid for inpatient psychiatric hospital services for 788 persons in FY07. Based on claims paid during FY07, about 79% of Medicaid inpatient psychiatric clients were children and 21% were disabled.</i></p>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2009 AMD: Medicaid Facility Rates												
Rebased - Inpatient Psychiatric Hospital (API) -												
6.5% (continued)												
<i>The rebased rates for Alaska Psychiatric Institute (API) are cost-based from a review of API's FY07 operating expenses and Medicaid billing activity. Its new rate will become effective at the start of its 2009 fiscal cycle. The Department estimates that the rate adjustment will be about 6.5% above medical inflation.</i>												
<i>The additional cost to Medicaid inpatient psychiatric hospital rate increases (API) in FY09 is estimated to be \$288.1.</i>												
<i>Federal % = 51.02% SFY09 avg FMAP.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
1002 Fed Rcpts (Fed)		147.0										
1037 GF/MH (UGF)		141.1										
FY2009 Medical Assistance Eligibility (SB 212)	FisNot	249.6	0.0	0.0	0.0	0.0	0.0	249.6	0.0	0	0	0
1002 Fed Rcpts (Fed)		154.5										
1003 G/F Match (UGF)		95.1										
FY2009 DID NOT PASS: Medical Assistance Eligibility (SB 212)	FisNot	-249.6	0.0	0.0	0.0	0.0	0.0	-249.6	0.0	0	0	0
1002 Fed Rcpts (Fed)		-154.5										
1003 G/F Match (UGF)		-95.1										
FY2010 Medicaid Program - Change in Federal Financial Participation	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This fund change request rebalances state and federal funding needs resulting from a 0.9-point increase in the annual rate the federal government reimburses the state for Medicaid benefits.</i>												
<i>The new federal medical assistance percentage, or FMAP, takes effect on October 1st at the start of the federal fiscal year. The preliminary rate for FFY 2010 is 51.43%, up from 50.53% in FFY 2009. For FFY 2010 the preliminary enhanced FMAP is 65.37%. The final rates will be published in December but are not expected to change much from the current estimates.</i>												
<i>One in five Alaskans is enrolled in Medicaid at some time each year. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need and maintain services at the current level.</i>												

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**Medicaid Services (continued)**

**Behavioral Health Medicaid Services (continued)**

FY2010 Medicaid Program - Change in Federal  
Financial Participation (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*The federal and state governments jointly fund Medicaid. The total amount of federal reimbursement for Medicaid depends on a complex array of federal financial participation rates; however, the bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the FMAP rate. The State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC), which are part of Alaska's Medicaid program, are reimbursed at an enhanced FMAP rate. Indian Health Service and family planning service reimbursement rates of 100% and 90%, respectively, are fixed and do not change annually. U.S. Department of Health and Human Services sets the FMAP rate; it is outside the control of the state government. The FMAP is based on a state's national rank of a three-year average of per capita personal income but can be no less than 50%. The enhanced FMAP reduces the state's share of costs by 30% over the regular FMAP. The enhanced rate can be no lower than 65%.*

*The average FMAP for the state fiscal year is 51.21% (50.53% from July-September and 51.43% from October-June) and the enhanced FMAP for FY 2010 will average 65.84% (65.37% from July-September and 66.00% from October-June). Approximately 90% of the Behavioral Health Medicaid Services component's claims are reimbursed at the regular FMAP and another 5% at the enhanced FMAP. The remaining 5% is not affected by the change in FMAP.*

1002 Fed Rcpts (Fed) 252.5  
1003 G/F Match (UGF) -252.5

FY2010 Medicaid Program - Formula Growth	Inc	5,852.5	0.0	0.0	0.0	0.0	0.0	5,852.5	0.0	0	0	0
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*This increment is necessary to maintain the current level of behavioral health services in Medicaid for nearly 12,000 Alaskans with serious behavioral health problems, about 10% of all those enrolled in the Alaska Medicaid program during the year.*

*The Behavioral Health Medicaid Services component funds three types of services: inpatient psychiatric hospitals, residential psychiatric treatment centers, and outpatient behavioral health services. These programs support the department's mission to manage health care for eligible Alaskans in need. Providing behavioral health services through Medicaid improves and enhances the quality of life for Alaskans with serious behavioral health problems. Behavioral Health Medicaid services are also a major component of the department's Bring the Kids Home initiative.*

*For FY2010, Behavioral Health Medicaid costs are projected to grow 6% from FY2009. Spending will rebound from the 11% drop seen between 2007 and 2008, returning to a slightly higher level than 2007. The current FY2010 forecast (with FMAP 2009) is \$148,000.0 (67,534.8 GF/78,765.2 federal/1,700.0 Other). The forecast has a 95% confidence interval that it is accurate to within +/- 5%. Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.*

*In recent years, the department has implemented Medicaid reforms aimed at improving Medicaid sustainability. Cost containment efforts begun in FY2004 have successfully reduced the rate of growth from the high of 19.1% for 2001 to -11% for 2008. In particular, the Bring the Kids Home initiative reduced utilization of residential psychiatric treatment centers by 19% from 2007 to 2008. Additional capacity expected on completion of new facilities and increases in provider reimbursement approved by the 2008 Legislature will contribute to the approximately 6% increase in costs forecast for FY2010.*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2010 Medicaid Program - Formula Growth (continued)												
<i>Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. Projections include recently adopted policy changes that are not yet reflected in the trends, e.g. provider rate increases effective in 2009; however, the formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP).</i>												
1002 Fed Rcpts (Fed)		3,182.0										
1003 G/F Match (UGF)		2,670.5										
FY2010 Medicaid Program - Reduce Excess Federal Authorization	Dec	-15,472.1	0.0	0.0	0.0	0.0	0.0	-15,472.1	0.0	0	0	0
<i>This decrement reduces excess federal authorization in the Behavioral Health Medicaid Services component.</i>												
1002 Fed Rcpts (Fed)		-15,472.1										
FY2010 Medicaid Program - Adjust Authorization for Current Trends	Dec	-8,327.9	0.0	0.0	0.0	0.0	0.0	-8,327.9	0.0	0	0	0
<i>This item reduces authorization to reflect current Medicaid projections.</i>												
<i>One in five Alaskans is enrolled in Medicaid in any given year. In an average week, 25,500 Alaskans receive some level of medical care that costs the Medicaid program \$17-25 million for benefit payments made to 2,100 health care providers. Medicaid services are funded through both state general funds and federal matching funds. There must be sufficient state general funds available in order to maximize utilization of federal funds. Good business practice requires the department to maintain adequate funding to ensure that timely payments can be made to service providers.</i>												
<i>The Legislature has requested that departments minimize supplemental budget requests through careful budget projections. The department uses both long-term and short-term forecasting models to project Medicaid spending. The Medicaid budget is based on projections of the number of eligible Alaskans who will access Medicaid funded services, estimates of the quantity of services that may be used and the anticipated changes in the costs of those services. The long-term trend indicates annual increases in costs driven by inflation and population changes. Short term projections are influenced mainly by enrollment and utilization of services. The change over a long period is generally smoother and more gradual than the fluctuations experienced in the short term. The budget preparation cycle requires projections up to 24 months in the future, often before recent policies have been fully implemented and reflected in the baseline spending data; therefore it is too early to know if recent changes in spending are temporary or will last.</i>												
<i>The department has implemented reforms in Medicaid aimed at improving Medicaid sustainability. For example, the department has been successful in avoiding some costs and in containing growth rates that can result in authorization being briefly ahead of the trend. The department can adjust its authorization this year to reflect current trends by reducing the Behavioral Health Medicaid Services component budget by \$8.3 million (\$3.8 million in state general funds, and \$4.5 million in federal Medicaid revenue). The \$3.8 million GF cut represents 5% of the Behavioral Health Medicaid Services component's existing authorization of \$70.8 million GF. This will leave a sufficient amount of funding to continue services at the current level. This decrement assumes that the Legislature approves the formula growth increment and FMAP fund changes.</i>												
1002 Fed Rcpts (Fed)		-4,527.9										
1003 G/F Match (UGF)		-3,800.0										
FY2010 AMD: Adjust Authorization to Reflect Current Medicaid Trends	Dec	-8,600.0	0.0	0.0	0.0	0.0	0.0	-8,600.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2010 AMD: Adjust Authorization to Reflect												
Current Medicaid Trends (continued)												
<i>This decrement adjusts federal and GF authorization to reflect current Medicaid trends.</i>												
<i>The department can adjust its authorization this year to reflect current trends by reducing the budget for Medicaid. The long-term trend indicates annual increases in costs driven by inflation and population changes. Short-term projections are influenced mainly by enrollment and utilization of services. The change over a long period is generally smoother and more gradual than the fluctuations experienced in the short term. Recently, the department has been successful in avoiding some costs and in containing growth rates (e.g., pharmacy services, personal care). The result is that authorization is briefly ahead of the current trend.</i>												
1002 Fed Rcpts (Fed)		-4,300.0										
1003 G/F Match (UGF)		-4,300.0										
FY2010 AMD: FMAP Increase of 6.2%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds available due to the federal economic stimulus package.</i>												
1003 G/F Match (UGF)		-10,399.9										
1212 Stimulus09 (Fed)		10,399.9										
FY2010 Reduce general fund match to current Medicaid projection trends	Dec	-5,200.0	0.0	0.0	0.0	0.0	0.0	-5,200.0	0.0	0	0	0
1003 G/F Match (UGF)		-5,200.0										
FY2010 Increase general fund match to adjust to current Medicaid projection trends	Inc	2,000.0	0.0	0.0	0.0	0.0	0.0	2,000.0	0.0	0	0	0
1003 G/F Match (UGF)		2,000.0										
FY2011 Medicaid Growth	Inc	10,035.3	0.0	0.0	0.0	0.0	0.0	10,035.3	0.0	0	0	0
<i>This increment is necessary to maintain the current level of behavioral health services in Medicaid for nearly 12,000 Alaskans with serious behavioral health problems, about 10% of all those enrolled in the Alaska Medicaid program during the year.</i>												
<i>The Behavioral Health Medicaid Services component funds three types of services: inpatient psychiatric hospitals, residential psychiatric treatment centers, and outpatient behavioral health services. The programs support the department's mission to manage health care for eligible Alaskans in need. Providing behavioral health services through Medicaid improves and enhances the quality of life for Alaskans with serious behavioral health problems. Behavioral Health Medicaid services are also a major component of the department's Bring the Kids Home initiative.</i>												
<i>For FY11, Behavioral Health Medicaid costs are projected to grow 4.4% from FY10. The FY11 forecast (with the 2010 FMAP) is \$151,723.2 (96,015.0 Federal / 55,647.2 GF / 61.0 Other). Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</i>												
<i>In recent years, the department has implemented Medicaid reforms aimed at improving Medicaid sustainability. Cost containment efforts begun in FY04 have successfully reduced the rate of growth from the high of 19.1% for 2001 to 7.5% for 2009. In particular, the Bring the Kids Home initiative reduced utilization of residential psychiatric treatment centers by 6% from 2008 to 2009. Increased enrollment and utilization will contribute to the approximate 4.4% increase in costs forecast for FY11.</i>												
<i>Projections for formula growth are based on historical trends in population, utilization, provider reimbursement,</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2011 Medicaid Growth (continued)												
<i>and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP).</i>												
1002 Fed Rcpts (Fed)		4,602.1										
1037 GF/MH (UGF)		5,433.2										
FY2011 AMD: Medicaid Growth	Inc	10,493.2	0.0	0.0	0.0	0.0	0.0	10,493.2	0.0	0	0	0
<i>The FY11 Governor's Budget request for Medicaid programs was based on data as of late summer 2009. Based on that data, DHSS was expecting the FY10 spending for the Behavioral Health Medicaid Services component to be 4.9% higher than FY09, and spending for FY11 would be 4.4% higher than FY10. There have been unexpected increases in enrollment and utilization in recent months. Based upon the spending that has occurred in recent months, DHSS now projects spending in FY10 to be 8.6% higher than FY09, with FY11 spending being 7.0% higher than FY10.</i>												
<i>Medicaid expenditure projections have changed from \$54,974.1 to \$58,845.0 in general funds and from \$95,373.5 to \$101,995.8 in federal funds based on December 2009 data.</i>												
1002 Fed Rcpts (Fed)		3,626.0										
1037 GF/MH (UGF)		3,870.9										
1212 Stimulus09 (Fed)		2,996.3										
FY2011 Adjust Medicaid projections and split difference between Governor's Amended request and legislative recommendations	Dec	-3,041.4	0.0	0.0	0.0	0.0	0.0	-3,041.4	0.0	0	0	0
<i>3/5/10 budget amendment:: Adjust funding of Medicaid allocations to split the differences between the Governor's Amended Medicaid request and projections of a legislative consultant.</i>												
1002 Fed Rcpts (Fed)		-1,628.1										
1037 GF/MH (UGF)		-1,116.2										
1212 Stimulus09 (Fed)		-297.1										
FY2011 BTKH level V treatment bed funding	Inc	553.5	0.0	0.0	0.0	0.0	0.0	0.0	553.5	0	0	0
1002 Fed Rcpts (Fed)		338.3										
1003 G/F Match (UGF)		215.2										
FY2011 MEDICAL ASSISTANCE ELIGIBILITY (SB 13)	FisNot	467.0	0.0	0.0	0.0	0.0	0.0	467.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		305.7										
1003 G/F Match (UGF)		161.3										
FY2011 VETO: MEDICAL ASSISTANCE ELIGIBILITY (SB 13)	Veto	-467.0	0.0	0.0	0.0	0.0	0.0	-467.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-305.7										
1003 G/F Match (UGF)		-161.3										
L FY2011 FMAP enhanced rate expected to be phased out beginning 1/1/11, triggering section 16b contingency funding	Contngnt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-3,586.1										
1003 G/F Match (UGF)		3,586.1										
FY2012 Growth from FY11 to FY12	IncM	10,972.9	0.0	0.0	0.0	0.0	0.0	10,972.9	0.0	0	0	0
<i>This transaction is necessary to maintain the current level of behavioral health services for Medicaid for nearly 12,000 Alaskans with serious behavioral health problems, about 10% of all those enrolled in the Alaska Medicaid program during the year.</i>												

*The Behavioral Health Medicaid Services component funds three types of services: inpatient psychiatric hospitals,*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2012 Growth from FY11 to FY12 (continued)												
<i>residential psychiatric treatment centers, and outpatient behavioral health services. The programs support the department's mission to manage health care for eligible Alaskans in need. Providing behavioral health services through Medicaid improves and enhances the quality of life for Alaskans with serious behavioral health problems. Behavioral Health Medicaid services are also a major component of the department's Bring the Kids Home initiative.</i>												
<i>Spending for Behavioral Health Medicaid is projected to grow by 6.7% from FY11 to FY12, compared with the 10.7% growth it experienced from FY09 to FY10. The increment in this request is for the additional funds we will need for Behavioral Health Medicaid due to growth from FY11 to FY12. Projections are revised monthly and increment requests will be revisited for the Governor's Amended budget.</i>												
<i>Projections for formula growth are based on historical trends in population, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits, or federal medical assistance percentage (FMAP).</i>												
1002 Fed Rcpts (Fed)		5,376.7										
1037 GF/MH (UGF)		5,596.2										
FY2012 Incorporate funding needed in FY12 to reflect FY11 growth	IncM	4,202.4	0.0	0.0	0.0	0.0	0.0	4,202.4	0.0	0	0	0
<i>Our projection for Medicaid spending in FY11 has increased since the budget was prepared last winter. This change record deals with the increment for FY12 that can be attributed to growth in FY11 that is not already included in the money appropriated for FY11. Additional change records will deal with FMAP changes and the growth from FY11 to FY12. Total spending for FY10 was at the upper range of our estimates. Even though the growth in Medicaid enrollment has slowed down in recent months, it is still at a higher level than we were expecting when the Governor's Amended budget was prepared. Enrollment increased from 105,462 in January 2010 to 109,418 by March 2010. Enrollment in July is at 109,648.</i>												
1002 Fed Rcpts (Fed)		2,402.9										
1037 GF/MH (UGF)		267.8										
1212 Stimulus09 (Fed)		1,531.7										
FY2012 Technical correction of funding source from GF to GF/MH	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This change record is for a technical correction of funding sources from GF to GF/MH.</i>												
1004 Gen Fund (UGF)		-262.9										
1037 GF/MH (UGF)		262.9										
FY2012 Replace ARRA funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>ARRA Medicaid funding will end by the end of FY 2011. This change record converts ARRA authorization to federal authorization in anticipation of a potential continuation of the increased FMAP.</i>												
1002 Fed Rcpts (Fed)		16,883.8										
1212 Stimulus09 (Fed)		-16,883.8										
FY2012 AMD: Growth From FY11 to FY12 -- FMAP Increase to 57.67%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The original change record for "Growth from FY11 to FY12" was for \$10,972.9 and assumed a federal medical assistance percentage (FMAP) of 50.00%. If we assume a higher federal reimbursement rate will be extended through FY2012 at the 57.67% FMAP that Alaska will have from April through June 2011, we will save approximately \$758.3 in general funds for this growth increment over what we would have spent with a 50.00% FMAP.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Behavioral Health Medicaid Services (continued)</b>												
FY2012 AMD: Growth From FY11 to FY12 --												
FMAP Increase to 57.67% (continued)												
1002 Fed Rcpts (Fed)		758.3										
1037 GF/MH (UGF)		-758.3										
FY2013 Medicaid Growth from FY2012 to FY2013												
	IncM	27,638.4	0.0	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										
FY2013 Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	FndChg	0.0	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										
<b>* Allocation Total *</b>		<b>95,667.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>95,113.5</b>	<b>553.5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Children's Medicaid Services</b>												
FY2007 Medicaid Behavioral Rehabilitative Services Rate	Inc	2,214.0	0.0	0.0	0.0	0.0	0.0	2,214.0	0.0	0	0	0
Increase to fully reimburse providers for Kids in Custody												
<i>Funding of this request will permit OCS Children's Medicaid Services to fully reimburse Behavioral Rehabilitative Service (BRS) providers for actual costs associated with the care of Alaskan children in custody. It will also give BRS providers the ability to participate in the "Bring the Kids Home" project. Bring the Kids Home aims to return Alaskan children from out-of-state placements to communities closer to their homes within the state.</i>												
<i>Medicaid approved behavioral rehabilitative services include crisis intervention, family, group, and individual psychotherapy, and pharmacological management. Services are offered to children between the ages of 0 and 18 years who are in custody of the State of Alaska. These children may have primary mental, emotional, and behavioral disorders or developmental disabilities resulting from substance abuse and/or mental illness of the parents. They may exhibit symptoms such as anti-social behaviors that require close supervision, intervention, and structure; mental disorders with persistent nonpsychotic or psychotic symptoms; drug and/or alcohol abuse; or sexual behavior problems that severely or chronically impair their ability to function in typical family or community roles.</i>												
<i>Typical services provided to children with these special needs fall into four levels of care. Alaska does not fund programs that fall into Level I Day Treatment Program. This level provides day treatment services to children that exhibit behavioral and emotional problems but are able to remain in the family or foster home.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Children's Medicaid Services (continued)</b>												
FY2007 Medicaid Behavioral Rehabilitative Services Rate Increase to fully reimburse providers for Kids in Custody (continued)												
<i>Alaska does fund Level II, III, and IV services to children with special needs. These services for children in OCS custody are budgeted in two components: Behavioral Rehabilitative Services (Medicaid eligible medical/mental health services) are budgeted in Children's Medicaid Services; Basic Care (room, board and supervision) are budgeted in the Residential Child Care (RCC) component.</i>												
<i>Level II - Emergency Stabilization and Assessment Centers provide BRS and temporary residential care for children in immediate danger. These children may be in crisis due to recent disclosure of abuse, neglect, or the commission of a delinquent act. This level is responsible for assisting and resolving the crisis, stabilizing the child, and assisting in the return to the home or an alternative placement;</i>												
<i>Level III - Residential Treatment programs provide 24-hour behavioral rehabilitation services and treatment for children with emotional and behavioral disorders who are in need of, and are able to respond to, therapeutic intervention but cannot be treated effectively in their own family, foster family, or a less-restrictive setting; and</i>												
<i>Level IV - Residential Diagnostic Treatment Centers are small therapeutic facilities with up to nine beds of which one or more may be for crisis placements.</i>												
<i>Alaska's BRS providers have not received a rate increase since 1999/2000 when the program was developed. Currently, 65 percent of our BRS providers must supplement their budgets to keep services in place for our children. Examples of the supplemental funding BRS providers have had to rely on include:</i>												
<i>The Alaska Family Baptist Mission has augmented their budget for the past two years from their endowment. They have continued to provide a utilization rate of 83% in their 10-bed facility, but have not been able to provide staff wage increases for 3 years, and it has been necessary to cut 3 direct service staff.</i>												
<i>Presbyterian Hospitality House has supplemented their emergency stabilization and assessment center's budget with local funds for at least the last two years while providing a 93% utilization rate of service in their 5-bed facility.</i>												
<i>This request to fund a rate increase of 18 percent per day per bed will reimburse providers for their costs and enable them to re-focus funds, now used to supplement costs not covered by the state, to provide services to children with needs that must currently be met out-of-state. This will allow: development of facility infrastructure; increased ability to attract the most experienced and educated workforce; and, provide necessary staff training and development based on innovative philosophies, techniques, and methodologies to meet the needs of Alaskan children within Alaska.</i>												
<i>The proposed 18 percent increase was determined using the regional National Consumer's Price Index (CPI). From 1999 through 2004, the CPI grew an average of 2.6 percent annually. Allocated forward, the total percentage increase between 1999 and 2006, rounded, is 18 percent.</i>												
<i>In addition to an 18% rate increase for each service level, DHSS is requesting an augmented rate of \$3.70 per day for Level II beds. Level II facilities serve youth with the most egregious behaviors in emergency placements and stabilization capacity until the appropriate acute care services are arranged. To manage the behaviors exhibited,</i>												



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**Medicaid Services (continued)**

**Children's Medicaid Services (continued)**

FY2007 Medicaid Behavioral Rehabilitative  
Services Rate Increase to fully reimburse  
providers for Kids in Custody (continued)

*facilities often need to provide intensive levels of supervision for the safety of the child. As of this date, actual levels of additional funding are not available, but facility reported estimates support \$100,000 statewide - or approximately \$3.70 per day per bed. Level II facilities in Alaska have a total of 74 beds where children who demonstrate the most egregious behaviors are placed pending acute care openings and/or out-of-state placement.*

Statewide	# Beds	Current Cost/Day	Increase Per Bed	Allocated Annually
Level II	74	\$128	\$27	\$721,167
Level III	112	\$171	\$31	\$1,258,286
Level IV	15	\$238	\$43	\$234,549
Total	201			\$2,214,002

1,285,671	FFP
928,331	GFM
2,214,002	Total

*The funding request is based on blended FY07 regular FMAP of 50.84%, enhanced FMAP of 65.59%, and 100% IHS collections adjusted to reflect OCS Medicaid's actual collections by FMAP in FY05. The effective federal reimbursement rate for OCS is 58.07%.*

*A separate request for Basic Service cost increases (room, board, supervision) has been included in the Residential Child Care component.*

1002 Fed Rcpts (Fed)	1,285.7
1003 G/F Match (UGF)	928.3

FY2007 Bring the Kids Home - Expand Behavioral Rehabilitation Services (BRS)	Inc	2,500.0	0.0	0.0	0.0	0.0	0.0	2,500.0	0.0	0	0	0
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*Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges.*

*Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska. With financial support, this initiative will focus on successfully building upon the existing infrastructure. This approach is intended to assist in the development of expanding existing programs to treat children and youth in their own community or in-state.*

*This funding will allow utilization of additional existing beds in residential facilities in Alaska. Through the Office of Children's Services (OCS) Behavioral Rehabilitation Services (BRS) payment system, facilities receive funding for a set number of BRS beds. These beds are for custody children only. However, some facilities are licensed for more beds than have been purchased by OCS. In the past, there was no funding mechanism/source to allow the facility to utilize these beds to serve non-custody children. Through this funding, these in-state beds will become available to non-custody children. It has been determined that there are approximately 50 additional beds at a variety of levels of care which will become available.*

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<b>Medicaid Services (continued)</b>												
<b>Children's Medicaid Services (continued)</b>												
FY2007 Bring the Kids Home - Expand Behavioral Rehabilitation Services (BRS) (continued)												
<i>This funding will provide access for non-custody children to a wider range of in-state care, allowing families and children to remain closer together, keeping families engaged in their children's care, and facilitating transitions and shorter lengths of stay. The average number of bed days for residential psychiatric treatment centers in-state was approximately 159 in 2004 while the average number of bed days in out of state care was 187 for the same year.</i>												
<i>If funding is received it will enable existing, but un-utilized, BRS residential beds to be "purchased" and accessible to non-custody children, who may otherwise be placed in a higher level of care than is justified, and/or placed in an out of state institution.</i>												
1002 Fed Rcpts (Fed)		1,250.0										
1037 GF/MH (UGF)		1,250.0										
FY2007 Medicaid Behavioral Rehabilitative Services Rate Increase for Non-Custody Kids	Inc	580.0	0.0	0.0	0.0	0.0	0.0	580.0	0.0	0	0	0
<i>The Department is about to complete a rate study for residential care, which will identify the actual cost of providing Behavioral Rehabilitation Services (BRS) at each level of care. This BRS Rate Study will form the basis for an anticipated rate increase at all levels of care.</i>												
<i>OCS has proposed a rate increase of approximately 19% for beds for kids in their custody. This proposal would provide the same increase for the 50 non-custody beds proposed in a separate increment in this component, and 88 new beds, half of which are currently in development around the state under BTKH funds or are proposed for development in FY 07. This would let us bring custody and non-custody rates into alignment. We can take into account the desire to prioritize services for custody children by ensuring that the core capacity rate for custody children is higher than the core capacity payment for non-custody children. This will allow for consistency in the rate for the actual treatment services.</i>												
1037 GF/MH (UGF)		580.0										
L FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 5.1% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2007.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Children's Medicaid Services (continued)</b>												
FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
<i>BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 57.58% to 52.48% in FFY08 and the enhanced FMAP from 70.31% to 66.74%. The regular FMAP for SFY08 will average 53.76% (57.58% from July-Sept. 2007 and 52.48% from Oct. 2007-June 2008). The enhanced FMAP for SFY08 will average 67.63% (70.31% from July-Sept. 2007 and 66.74% from Oct. 2007-June 2008). Approximately 85% of the Children's Medicaid Services component's claims are reimbursed at the regular FMAP and another 1% at the enhanced FMAP. The remaining 14% is Indian Health Service and is not affected by the change in FMAP. The FFY08 change in FMAP will require an estimated \$490.0 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												
1002 Fed Rcpts (Fed)		-490.0										
1003 G/F Match (UGF)		490.0										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2008.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid Services and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly. By approving this change record the department will be able to continue to meet its mission of purchasing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%. The regular FMAP for SFY09 will average 51.02% across two federal fiscal years (52.48% from July-Sept. 2008 and 50.53% from Oct. 2008-June 2009). The enhanced FMAP for SFY09 will average 65.71% (66.74% from July-Sept. 2008 and 65.37% from Oct. 2008-June 2009).</i>												
<i>Approximately 75% of the Children's Medicaid component's claims are reimbursed at the regular FMAP and another 2% at the enhanced FMAP. The remaining 23% is Indian Health Service (IHS) or non-reimbursable and is not affected by the change in FMAP. Based on current estimated expenditures for Medicaid, the FFY09 change in FMAP will require an estimated \$355.6 increase in GF to replace the lost federal funds and maintain services at</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Children's Medicaid Services (continued)</b>												
FY2009 FFY09 Federal Medical Assistance												
Percentage (FMAP) Rate Change for Medicaid												
(continued)												
the current level.												
The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until												
November/December.												
1002 Fed Rcpts (Fed)		-355.6										
1037 GF/MH (UGF)		355.6										
FY2010 Medicaid Program - Change in Federal Financial Participation	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
This fund change request rebalances state and federal funding needs resulting from a 0.9-point increase in the annual rate the federal government reimburses the state for Medicaid benefits.												
The new federal medical assistance percentage, or FMAP, takes effect on October 1st at the start of the federal fiscal year. The preliminary rate for FFY2010 is 51.43%, up from 50.53% in FFY2009. For FFY2010 the preliminary enhanced FMAP is 65.37%. The final rates will be published in December but are not expected to change much from the current estimates.												
One in five Alaskans is enrolled in Medicaid at some time each year. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.												
The federal and state governments jointly fund Medicaid. The total amount of federal reimbursement for Medicaid depends on a complex array of federal financial participation rates; however, the bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the FMAP rate. The State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC), which are part of Alaska's Medicaid program, are reimbursed at an enhanced FMAP rate. Indian Health Service and family planning service reimbursement rates of 100% and 90%, respectively, are fixed and do not change annually. U.S. Department of Health and Human Services sets the FMAP rate; it is outside the control of the state government. The FMAP is based on a state's national rank of a three-year average of per capita personal income but can be no less than 50%. The enhanced FMAP reduces the state's share of costs by 30% over the regular FMAP. The enhanced rate can be no lower than 65%.												
The SFY2010 average FMAP is 51.21% (50.53% from July-September and 51.43% from October-June). The enhanced FMAP for FY2010 will average 65.84% (65.37% from July- September and 66.00% from October -June). Approximately 74% of the Child Medicaid Services component's claims are reimbursed at the regular FMAP and 1% at the enhanced FMAP. The remaining 25% of payments are not affected by the change in FMAP.												
1002 Fed Rcpts (Fed)		16.9										
1003 G/F Match (UGF)		-16.9										
FY2010 AMD: FMAP Increase of 6.2%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Funds available due to the federal economic stimulus package.												
1004 Gen Fund (UGF)		-613.7										
1212 Stimulus09 (Fed)		613.7										

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Children's Medicaid Services (continued)</b>												
FY2011 Delete Excess Federal Authority Based on FY2011 Short Term Alaska Medicaid Projections (STAMP)	Dec	-748.4	0.0	0.0	0.0	0.0	0.0	-748.4	0.0	0	0	0
<i>FY2011 Short Term Alaska Medicaid Projection (STAMP) projections for Children's Services Medicaid expenditures indicate excess federal authority of \$748.4.</i>												
1002 Fed Rcpts (Fed)		-748.4										
L FY2011 FMAP enhanced rate expected to be phased out beginning 1/1/11, triggering section 16b contingency funding	Contngnt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-169.1										
1003 G/F Match (UGF)		169.1										
FY2012 Orthodontic Services for Children	Inc	375.0	0.0	0.0	0.0	0.0	0.0	375.0	0.0	0	0	0
<i>Additional funding is needed to bring the Medicaid program into compliance with a state court order relating to orthodontic services for children. Prior to 2009, the state had regulations that limited coverage for orthodontia to patients with "severe conditions" such as a cleft palate or "class III skeletal malformation." A lawsuit was brought against the state, in which the plaintiffs argued that the regulation was too strict and that the state was in violation of the federal Medicaid Act, which requires children to be provided with health care that is deemed "medically necessary." As a consequence of a judgment by the courts, the state is required to revise the regulations used for approving orthodontic services for children. The revised standards would increase utilization and the spending associated with orthodontic services.</i>												
1002 Fed Rcpts (Fed)		187.5										
1003 G/F Match (UGF)		187.5										
FY2012 Replace ARRA funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>ARRA Medicaid funding will end by the end of FY 2011. This change record converts ARRA authorization to federal authorization in anticipation of a potential continuation of the increased FMAP.</i>												
1002 Fed Rcpts (Fed)		724.1										
1212 Stimulus09 (Fed)		-724.1										
FY2013 Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	FndChg	0.0	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										
<b>* Allocation Total *</b>		<b>4,920.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>4,920.6</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Adult Preventative Dental Medicaid Services</b>												
FY2007 Ch. 52, SLA 2006 (HB 105) Medicaid for Adult Dental Services	FisNot	2,633.0	0.0	0.0	0.0	0.0	0.0	2,633.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		1,988.3										
1003 G/F Match (UGF)		219.7										
1092 MHTAAR (Other)		425.0										
FY2008 HB 105, Adult Dental Preventative Medicaid Svcs	IncOTI	7,659.0	0.0	0.0	0.0	0.0	0.0	7,659.0	0.0	0	0	0
<i>This increment request is for Year 2 of the fiscal note to HB 105 (Ch. 52, SLA 2006) and is necessary to fund a full year of services.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Adult Preventative Dental Medicaid Services (continued)</b>												
FY2008 HB 105, Adult Dental Preventative Medicaid Svcs (continued)												
<p><i>Under this bill, Medicaid dental benefits for the 41,000 adults enrolled in the Medicaid program were expanded to include preventative and restorative care up to a cap of \$1,150 per person annually. Prior to the passage of HB 105 only emergency dental care was offered to relieve pain or to fight acute infection. This service expansion makes available such dental services for Medicaid eligible adults as exams, cleanings, tooth restorations or extractions, and upper or lower full dentures, in addition to the existing dental emergency services. The coverage level allows adult Alaskans to receive a complete set of dentures over a two-year period.</i></p> <p><i>The bill has provisions in place to keep total program costs within the fiscal limits set by the legislature. There is an annual cap of \$1,150 for dental services for each individual, and a three-year sunset on the program which provides a trial period and an opportunity to evaluate the program. Medicaid program staff will monitor emergency dental service expenditures to assess the impact of preventive/restorative coverage in reducing emergency dental treatment needs.</i></p> <p><i>The budget is based on about 15,800 Medicaid eligible adults receiving preventive and restorative dental services. Of these adults it is estimated about 3,950 Alaska Mental Health Trust Authority beneficiaries would receive these dental services and 5,100 Alaska Natives adults would receive services through the tribal dental programs. The budget estimate includes estimates for increased transportation costs as a result of the service expansion and factors for annual changes in utilization. This utilization increase is partially off-set under the assumption that some adults with longer program eligibility will have decreased treatment needs in later years.</i></p> <p><i>FY2008 will be the first full year of services as implementation is not expected until the 4th quarter of FY2007.</i></p> <p><i>This increment will help the department improve the following performance measures:</i></p> <p><i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>  <i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>  <i>HCS-B--T1-Increase the number of providers</i>  <i>DPH-A---Healthy people in healthy communities</i>  <i>DPH-A--A4-Assure access to early preventative services and quality health care</i></p>												
	1002 Fed Rcpts (Fed)	5,569.5										
	1003 G/F Match (UGF)	1,089.5										
	1092 MHTAAR (Other)	1,000.0										
L	FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid											
		FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p><i>This request replaces lost federal revenues resulting from a 5.1% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2007. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i></p> <p><i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Adult Preventative Dental Medicaid Services (continued)</b>												
FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
<i>Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 57.58% to 52.48% in FFY08. The regular FMAP for SFY08 will average 53.76% (57.58% from July-Sept. 2007 and 52.48% from Oct. 2007-June 2008). Approximately 63% of the Adult Preventative Dental Medicaid Services component's claims are reimbursed at the regular FMAP. The remaining 37% is Indian Health Service and is not affected by the change in FMAP. The FFY08 change in FMAP will require an estimated \$233.9 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												
1002 Fed Rcpts (Fed)		-233.9										
1003 G/F Match (UGF)		233.9										
FY2009 LFD: Add 3rd year fiscal note, HB 105, Adult Prev Dental Medicaid Svcs	IncOTI	6,659.0	0.0	0.0	0.0	0.0	0.0	6,659.0	0.0	0	0	0
<i>HB 105 is scheduled to sunset on 6/30/09</i>												
1002 Fed Rcpts (Fed)		5,569.5										
1003 G/F Match (UGF)		1,089.5										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2008.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment, the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1 with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage, or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%. The regular FMAP for SFY09 will average 51.02% across two federal fiscal years (52.48% from July-Sept. 2008 and 50.53% from Oct. 2008-June 2009). The enhanced FMAP for SFY09 will average 65.71% (66.74% from July-Sept. 2008 and 65.37% from Oct. 2008-June 2009).</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Adult Preventative Dental Medicaid Services (continued)</b>												
FY2009 FFY09 Federal Medical Assistance												
Percentage (FMAP) Rate Change for Medicaid												
(continued)												
<i>Approximately 92% of the Medicaid Services component's claims are reimbursed at the regular FMAP, and the remainder, 8%, is Indian Health Service, which is not affected by the change in FMAP. Based on current estimated expenditures for Medicaid, the FFY09 change in FMAP will require an estimated \$258.1 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
1002 Fed Rcpts (Fed)		-258.1										
1003 G/F Match (UGF)		258.1										
FY2009 MH Trust: Cont - Adult Dental Medicaid	IncOTI	1,400.0	0.0	0.0	0.0	0.0	0.0	1,400.0	0.0	0	0	0
Grant 599.02												
<i>Adult Dental Medicaid Match Funds: Alaska Mental Health Trust Authority Authorized Receipts (MHTAAR) funds are to match Medicaid expenditures for changes in the range of adult dental services allowed in the Medicaid program approved by the legislature. The program has enhanced the existing emergency dental program to include preventive and restorative care. The expanded program benefits those most in need as well as Alaskan seniors. The cap of \$1150 per year allows for a full set of dentures over a two-year period. The cap will be adjusted annually by emergency regulation to ensure the program remains within fiscal guidelines. The program will sunset in FY2010 unless extended by the legislature.</i>												
<i>The Alaska Mental Health Trust Authority (Trust) agreed to partner on the Medicaid match funds for the first three years because of the high percentage of adults with Medicaid who are Trust beneficiaries. Untreated infections of the mouth can result in numerous physical problems.</i>												
1092 MHTAAR (Other)		1,400.0										
FY2010 LFD: Match OMB: Restore Program Funding	IncOTI	6,133.8	0.0	0.0	0.0	0.0	0.0	6,133.8	0.0	0	0	0
1002 Fed Rcpts (Fed)		3,531.8										
1003 G/F Match (UGF)		2,602.0										
FY2010 AMD: Reauthorization of Adult Preventative Dental and Fund Source Adjustment	Inc	1,154.6	0.0	0.0	0.0	0.0	0.0	1,154.6	0.0	0	0	0
<i>This increment assumes reauthorization of the Adult Preventative Dental Medicaid program and adjusts existing authorization to current projections. Projections for FY 2010 using actual paid claims through December 2008 indicate rate increases approved last year by the Legislature to improve access to care have resulted in increased utilization. The FY2010 projection is \$7.3 million (\$4.2 million federal and \$3.1 million GF), up from a previous estimate of \$6.1 million (\$3.5 million federal and \$2.6 million GF).</i>												
1002 Fed Rcpts (Fed)		705.9										
1003 G/F Match (UGF)		448.7										
FY2010 AMD: FMAP Increase of 6.2%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds available due to the federal economic stimulus package.</i>												
1003 G/F Match (UGF)		-521.0										
1212 Stimulus09 (Fed)		521.0										
FY2011 LFD: Match OMB: Restore Program Funding-technical correction to add base budget funding	Inc	6,133.8	0.0	0.0	0.0	0.0	0.0	6,133.8	0.0	0	0	0



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Adult Preventative Dental Medicaid Services (continued)</b>												
FY2011 LFD: Match OMB: Restore Program												
Funding-technical correction to add base												
budget funding (continued)												
1002 Fed Rcpts (Fed)		3,531.8										
1003 G/F Match (UGF)		2,602.0										
FY2011 Medicaid Growth	Inc	704.4	0.0	0.0	0.0	0.0	0.0	704.4	0.0	0	0	0
<i>This increment is necessary to maintain the current level of Medicaid's Adult Preventative Dental services. For FY11, Adult Preventative Dental Medicaid costs are projected to grow 8.9% from FY10, due to enrollment and utilization increases. Projections for formula growth are based on historical trends in population, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP).</i>												
<i>The FY11 forecast (with the 2010 FMAP) is \$7,498.4 (5,040.7 Federal / 2,457.7 GF). Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</i>												
<i>The Adult Preventative Dental program provides restorative and preventative dental services under an annual \$1,150 limit per person. Funds support services for improvement of oral health and reduction in emergency dental services. Covered services include most routine restorative dental services, including exams, cleanings, tooth restoration or extraction, and upper or lower full dentures. The program supports the department's mission to manage health care for eligible Alaskans in need. Providing adult preventative dental services through Medicaid improves and enhances the quality of life for Alaskans with dental problems.</i>												
1002 Fed Rcpts (Fed)		448.0										
1003 G/F Match (UGF)		256.4										
FY2011 AMD: Medicaid Growth	Inc	285.6	0.0	0.0	0.0	0.0	0.0	285.6	0.0	0	0	0
<i>The FY11 Governor's Budget request for Medicaid programs was based on data as of late summer 2009. Based on that data, DHSS was expecting the FY10 spending for the Health Care Services, Adult Preventative Dental Medicaid Services component to be 11.0% higher than FY09, and spending for FY11 would be 8.9% higher than FY10. There have been unexpected increases in enrollment and utilization in recent months. Based upon the spending that has occurred in recent months, DHSS now projects spending in FY10 to be 18.1% higher than FY09, with FY11 spending being 15.0% higher than FY10.</i>												
<i>Medicaid expenditure projections have changed from \$5,319.6 to \$5,605.2 federal funds based on December 2009 data.</i>												
1002 Fed Rcpts (Fed)		153.8										
1212 Stimulus09 (Fed)		131.8										
FY2011 Ch. 60, SLA 2010 (SB 199) MEDICAID COVERAGE	FisNot	935.0	0.0	0.0	0.0	0.0	0.0	935.0	0.0	0	0	0
FOR DENTURES												
1002 Fed Rcpts (Fed)		626.5										
1003 G/F Match (UGF)		308.5										
L FY2011 FMAP enhanced rate expected to be phased out beginning 1/1/11, triggering section 16b contingency funding	Contngnt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-178.9										
1003 G/F Match (UGF)		178.9										
FY2012 Growth from FY11 to FY12	IncM	249.6	0.0	0.0	0.0	0.0	0.0	249.6	0.0	0	0	0
<i>This increment is necessary to maintain the current level of Medicaid's Adult Preventive Dental services. Adult</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Adult Preventative Dental Medicaid Services (continued)</b>												
FY2012 Growth from FY11 to FY12 (continued)												
<i>Preventive Dental Medicaid costs are projected to grow 9.4% from FY11 to FY12, due to enrollment and utilization increases. Projections for formula growth are based on historical trends in population, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility or benefits.</i>												
<i>Spending for Adult Preventive Dental grew by 13.4% from FY09 to FY10.</i>												
1002 Fed Rcpts (Fed)		85.4										
1003 G/F Match (UGF)		164.2										
FY2012 Replace ARRA funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>ARRA Medicaid funding will end by the end of FY2011. This change record converts ARRA authorization to federal authorization in anticipation of a potential continuation of the increased FMAP.</i>												
1002 Fed Rcpts (Fed)		765.7										
1212 Stimulus09 (Fed)		-765.7										
FY2012 AMD: Growth From FY11 to FY12 -- FMAP Increase to 57.67%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The original change record for "Growth from FY11 to FY12" was for \$249.6 and assumed an FMAP of 50.00%. If we assume that ARRA will be extended through FY2012 at the 57.67% FMAP that Alaska will have from April through June 2011, we will save approximately \$16.2 in General Funds for this growth increment over what we would have spent with a 50.00% FMAP.</i>												
1002 Fed Rcpts (Fed)		16.2										
1003 G/F Match (UGF)		-16.2										
FY2013 Medicaid Growth from FY2012 to FY2013	IncM	4,008.7	0.0	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										
FY2013 Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	FndChg	0.0	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										
<b>* Allocation Total *</b>		<b>37,956.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>37,956.5</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Health Care Medicaid Services</b>												
FY2006 Increase for Unrealized Cost Containment Efforts	Inc	19,709.7	0.0	0.0	0.0	0.0	0.0	19,709.7	0.0	0	0	0
<i>In the FY2005 budget the Department proposed an aggressive package of cost containment proposals to reduce Medicaid costs. For the Health Care Services Medicaid Program the total reduction was estimated at \$41.5 million, including \$18.4 million in general funds.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2006 Increase for Unrealized Cost												
Containment Efforts (continued)												
<p><i>The Department is requesting an increment of \$19.7 million, including \$9.3 million in general funds, to restore funding to the base budget for those areas of cost containment that are not anticipated to be attainable at this time. However, it should be noted that the department continues to consistently work towards containing costs of Medicaid wherever possible.</i></p> <p><i>Progress has been made towards implementation of many of these proposals despite delays, political and industry push-back, administrative difficulties, provider complaints, etc. that have hindered implementation and subsequently reduced the original estimate of cost savings. Additionally, the current Medicaid Management Information System (MMIS) has limitations that have delayed system changes until approximately the spring of 2006 when the new information system currently under development can be implemented.</i></p> <p><i>Although, it is difficult to identify the results of cost containment over a short interval of time, the department will continuously track the progress of cost containment implementation and reassess any additional savings or potential shortfalls that may result from this activity.</i></p> <p><i>Breakdown of Increment</i>  FY2004 Cost Containment Efforts - 2,704.8 GF  In FY2004, the department proposed various cost containment reductions and in FY05 took a further reduction of the annualized costs for those. Below is a summary of those areas that have been unattainable:</p> <p><i>Hospitals - More Flexible Revenue Codes: This project was tabled until all other priority cost containment measures have been implemented since the project would require dedicated resources with relatively minimal savings.</i></p> <p><i>Implementation not only requires review of hospital outpatient and inpatient cost centers in order to develop clear criteria for billing these revenue codes, but 100% prepayment review of hospital claims to ensure accurate billings.</i></p> <p><i>Facilities:</i></p> <ul style="list-style-type: none"> <li>- <i>Separate Psychiatric Rate for Acute Care Hospital Psych Beds: This project was tied to increased bed capacity that was postponed until December of 2006.</i></li> <li>- <i>Exclude Home Office Costs from Facility Rates: Regulations have been implemented that result in no cost savings until a rebase of facility rates has been done by the Office of Rate Review, which is not anticipated until 2007. The initiative depends on facility reports that were not required under old regulations and therefore the State has no authority to make this change until the next rebase.</i></li> </ul> <p><i>Pharmacy:</i></p> <ul style="list-style-type: none"> <li>- <i>Cost Avoid Rather Than Pay And Chase Third Party Liability Recoveries. The current Medicaid Management Information System (MMIS) system has limitations that make it impossible to implement this project until the new information system currently under development can be implemented (in approximately spring of 2006).</i></li> <li>- <i>Reduce Pharmacy Dispensing Fee -</i></li> <li>- <i>Decrease % of AWP for Brand Name Drugs -</i></li> <li>- <i>Decrease % of AWP for Generic Drugs and State Maximum Acquisition Costs -</i></li> </ul>												

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**Medicaid Services (continued)**

**Health Care Medicaid Services (continued)**

FY2006 Increase for Unrealized Cost

Containment Efforts (continued)

*These projects were tabled to focus on building collaboration for the PDL project which was anticipated to have greater cost savings potential.*

*Physicians:*

*- Reduce Physician Payment Schedule - After regulations were drafted, the decision was made not to implement in order to focus on building collaboration for the PDL project.*

*- Increase Co-Payments: This project was tabled because it required more staff resources than the anticipated savings potential.*

*Administration - New Reconsideration Process - This project was deemed impossible to accomplish by Department of Law findings that it did not comply with the Administrative Procedures Act.*

*Unattainable FY2005 Cost Containment Proposals*

*Cost avoid Medicare Covered Drugs: \$521.0 GF, \$879.0 Federal. The original estimate of \$2.7 million, including \$1 million in general funds, savings has not been achievable. The decision was made to implement cost avoidance for Medicare covered drugs along with the broader project of implementing cost avoidance for all pharmacy services. Implementation of cost avoidance for all pharmacy services required regulatory and MMIS system changes, which has resulted in some delay to realizing savings. The required regulation changes have already been put out for public notice and cost avoidance for all pharmacy services is scheduled for early calendar year 2005, six months into FY05.*

*Expand Case Management of high cost recipients: \$720.0 GF; \$1,080.0 FFP. There are currently 37 lock-in cases which require case management for high cost recipients. However, providers are hesitant to build practices on lock-in cases, since all recipients have appealed lock-in status.*

*Expand effort to identify Drug Abuse: \$459.0 GF; \$741 FFP. The original estimate for this item was \$760.0 GF and \$1,140.0 FFP. The expanded effort to identify Drug Abuse requires expanded prior authorizations for certain classes of drugs. The implementation of this project is being done by specific drug class in conjunction with expanding the PDL for those classes of drugs.*

*Expand Preferred Drug List: 4,464.9 GF, 7,327.4 FFP. The original estimate for these proposals was \$8,076.9 GF and \$12,115.4 FFP. This project was delayed by 2 to 3 months due to PHARMA's interest in trying to stop these types of state projects. Additionally, Alaska is one of a handful of states which has broken new ground with a multi-state supplemental drug rebate pool, which was delayed for 5 months by Centers for Medicare and Medicaid Services (CMS), further delaying implementation. As this supplemental rebate pool attracts additional states (there are now 8 participating states), savings will increase.*

*Implementation was also delayed in order to maintain cooperation from Pharmacy providers and Physician groups. As a result, a phased approach to determining and adding specific drug classes became the preferred method of implementing and expanding the PDL.*

*Approximately one-third of the estimated PDL savings is attached to behavioral health drugs, one of the last drug classes phases to be implemented.*

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2006 Increase for Unrealized Cost												
Containment Efforts (continued)												
<i>Implement Prior Authorization requirement for Outpatient visits: \$147.3 GF; \$220.9 FFP. Expansion of case management and prior authorization programs have been delayed to allow division resources to be used on other priority projects such as: development and implementation of a new MMIS, Medicare Part D, Senior and Disability Services payment projects, PERM, school based services, Bring the Kids Home, and the State Travel Office.</i>												
<i>Eliminate Duplicative services: \$17.6 GF; \$29.9 FFP. This estimate has been reduced by half from the original request. This project to enhance claim check editing to include a variety of provider types was scaled back due to span date billing instead of single date of service billing for many provider types. Implementation is still anticipated for September 2005 at this time.</i>												
<i>Implement Prior Authorization for Physical Therapy: \$160.9 GF; \$241.3 FFP.</i>												
<i>Implement Prior Authorization for Occupational Therapy: \$32.5 GF; \$48.5 FFP.</i>												
<i>More in-depth research and analysis of estimated costs savings determined that implementing these projects would, in fact, increase costs rather than save.</i>												
<i>Rate Setting: \$229.0 GF</i>												
<i>Regulation changes include clarification of allowable inflation factors, a revision of the base year for facility rates from 12 to 24 months, and clarification of costs that can be included in determining facility rates. There are three regulation components for the clarification of costs.</i>												
<i>Other savings through implemented cost containment measures not budgeted:</i>												
<i>Control Durable Medicaid Expenditure supply costs - Implementation results in \$135.6 GF and \$179.7 federal savings that originally were not anticipated in the FY05 budget and reduces the net incremental need for FY06.</i>												
1002 Fed Rcpts (Fed)		10,388.3										
1003 G/F Match (UGF)		9,321.4										
FY2006 CC: Reduce general fund match and federal receipts for unrealized cost containment	Dec	-9,854.8	0.0	0.0	0.0	0.0	0.0	-9,854.8	0.0	0	0	0
1002 Fed Rcpts (Fed)		-5,194.1										
1003 G/F Match (UGF)		-4,660.7										
FY2006 Projected HCS Medicaid Growth averaging approximately 14% over the past five years	Inc	29,030.5	0.0	0.0	0.0	0.0	0.0	29,030.5	0.0	0	0	0

*Health Care Medicaid Services experienced a 14% annual average rate of growth over the last five years. Cost increases are due to increases in both costs and number of clients served. The number of recipients rose an average of 11% annually while the cost-per-recipient rose 4% annually.*

*Pharmacy services accounted for 62% of the increased cost in FY04. Residential Pharmacy services is the fastest growing category of service with a 23% increase between FY03 and FY04. Hospitals and Physician Services, which comprise 57% of the total costs for this component, grew only 4% and 1%, respectively.*

*Growth for the component slowed somewhat from 17% in FY03 to 8% in FY04 and is projected to grow 10% in FY05 and 10% in FY06. This is primarily due to projected increases in Pharmacy and Transportation costs.*

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2006 Projected HCS Medicaid Growth averaging approximately 14% over the past five years (continued)												
1002 Fed Rcpts (Fed)		16,000.0										
1003 G/F Match (UGF)		13,030.5										
FY2006 Reduce Excess Federal Authorization	Dec	-20,150.8	0.0	0.0	0.0	0.0	0.0	-20,150.8	0.0	0	0	0
<i>This request reduces excess federal authority that will not be utilized in FY06.</i>												
1002 Fed Rcpts (Fed)		-20,150.8										
FY2006 Reduce amount paid from the general funds for abortions not qualifying for federal Medicaid payment	Dec	-311.2	0.0	0.0	0.0	0.0	0.0	-311.2	0.0	0	0	0
<i>Reduce amount paid from the general funds for abortions not qualifying for federal Medicaid payment. Rep Coghill</i>												
<i>HSS sub-committee amendment #3 passed.</i>												
1004 Gen Fund (UGF)		-311.2										
FY2007 Reduce federal receipts. Shortfall due to shrinking redistribution of SCHIP allotments	Dec	-1,413.6	0.0	0.0	0.0	0.0	0.0	-1,413.6	0.0	0	0	0
1002 Fed Rcpts (Fed)		-1,413.6										
FY2007 Increase GF due to shortfall due to shrinking redistribution of State Children's Insurance Program (SCHIP) allotments	Inc	1,166.4	0.0	0.0	0.0	0.0	0.0	1,166.4	0.0	0	0	0
1004 Gen Fund (UGF)		1,166.4										
FY2007 Medicare Part D 90% Clawback per Medicare Prescription Drug, Improvement, and Modernization Act (MMA) 2003 eff. 1/1/06	Inc	4,360.0	0.0	0.0	0.0	0.0	0.0	4,360.0	0.0	0	0	0
<i>The Medicare Prescription Drug Improvement and Modernization Act of 2003 created a new Medicare Part D prescription drug benefit available to all Medicare recipients, effective January 1, 2006. Medicare recipients who qualify for Medicaid will no longer be eligible to receive prescription drug coverage through Medicaid.</i>												
<i>States' direct spending on drugs for dual eligibles will decrease, but savings are offset by the state's phased-down contribution (also known as the "clawback"), a provision of the new law requiring states to pay the federal government according to a formula intended to estimate those savings. States will be required to pay 90% of the estimated savings in the first year, phasing down to 75% in 10 years.</i>												
<i>The formula uses gross Medicaid expenditures for prescription drugs in 2003, inflated forward using a national inflation factor for prescription drugs, rather than individual state Medicaid drug inflation. This rate may be higher than the rate experienced by an individual state. States, including Alaska, have taken aggressive measures to reduce prescription drug spending since 2003. We have used a prescription drug list (PDL) to achieve savings that are not reflected in 2003 spending.</i>												
<i>The state's general fund share of savings is computed by the Centers for Medicaid and Medicare Services (CMS) using its current FMAP rate. No adjustment is made for prescription drugs provided by tribal pharmacies, for which we receive 100% federal reimbursement. This will overestimate Alaska's savings, resulting in a higher payback for Alaska.</i>												
<i>Some cost containment measures, such as PDL, take advantage of volume purchasing to achieve their savings. As states experience a significant reduction in the amount of prescription drugs they are purchasing, they may find</i>												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2007 Medicare Part D 90% Clawback per Medicare Prescription Drug, Improvement, and Modernization Act (MMA) 2003 eff. 1/1/06 (continued)												
<i>that the net price available through a PDL, or other volume discount arrangement, increases for the drugs they continue to purchase. No adjustment is made for this impact on drug pricing in the savings estimate.</i>												
<i>The department estimates the FY07 clawback (or phase down) payment for Alaska to be \$20,668.8 (90% of CMS' estimated savings based on 2003 actual spending). The clawback estimate is based on CMS' calculation of a \$145.35 per capita cost, times DHSS estimate of 11,850 dual eligibles, times 12 months.</i>												
<i>Pharmacy expenditure and Drug Rebate reductions are estimated at \$33.2 million in SFY07 (16,866.2 fed, 16,308.8 GF) due to Part D implementation. The net impact of Part D drug savings and clawback payments is a decrease of \$16,866.2 federal and an increase of \$4,360.0 general funds. The net GF increment is shown here and the federal savings are in a separate change record.</i>												
1004 Gen Fund (UGF)		4,360.0										
FY2007 Projected FY07 Growth	Inc	80,350.0	0.0	0.0	0.0	0.0	0.0	80,350.0	0.0	0	0	0
<i>Health Care Medicaid Services experienced an approximate 6% rate of growth from FY04 to FY05. The projection for growth of \$61.8 million (16,113.1 GF, 45,636.9 federal) assumes the same growth rate from FY06 projected to FY07. While the overall growth was about 6%, growth in direct services was around 11%. Direct service's growth is mostly due to increases in the number of clients served. The number of recipients rose an average of 9% while the cost-per-recipient rose 1%.</i>												
<i>Most of the increased cost for FY05 can be attributed to Physician Services and Hospitals. Hospitals and Physician Services comprise 61% of the total costs for this component. Physician Services grew 18% from FY04 to FY05. Hospitals grew 7% during the same period. Durable Medical Equipment and Audiology Services grew at the fastest rate, 22%; however, this is a relatively small category and therefore does not have much impact on total expenditures.</i>												
<i>Pharmacy services grew 4% after rebates. (The impact of Medicare Part D, which is expected to reduce drastically pharmacy claims, is addressed in other change records.).</i>												
<i>Transportation Services saw a 16% increase in costs from FY04 to FY05. In January 2005, the Department of Administration's State Travel Office began arranging all non-emergency air transportation for Medicaid clients. The State Travel Office saved money by getting a better airfare than was generally available; however, because overall ticket prices increased, the best efforts of the STO could not prevent the cost-per-recipient from rising 16%.</i>												
<i>Growth for the component slowed from 17% in FY03 and is projected to remain at 6% for FY06 and FY07.</i>												
<i>This increment also includes increases of: \$16.9 million federal authorization for funding Continuing Care Settlements to Tribal Hospitals which provide ongoing care for EPSDT related medical costs at 100% federal reimbursement; and \$1.8 million (763.5 GF and 1036.5 federal) for Exceptional Relief rate adjustment payments to providers.</i>												
<i>The increment request is based on FY06 existing authorization compared to FY07 growth need. FY07 fund</i>												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2007 Projected FY07 Growth (continued)												
source projections are based on regular FMAP of 57.58% (all 4 quarters) and enhanced FMAP of 70.31% (all 4 quarters). Projected expenditures are allocated based on HCS Medicaid's actual expenditures by FMAP in FY05. HCS Medicaid administers the programs with the highest IHS participation at 100% FMAP which increases their effective FMAP rate.												
1002 Fed Rcpts (Fed)		63,473.4										
1003 G/F Match (UGF)		16,876.6										
FY2007 Premium Increases for Medicare Part A and Part B	Inc	2,627.2	0.0	0.0	0.0	0.0	0.0	2,627.2	0.0	0	0	0
Medicare Part A covers hospital care for approximately 750 recipients and Part B covers outpatient treatment, physician office visits and physician administered therapies for approximately 11,000 recipients.												
Actual payments for Part A increased on average 1.84% p/year (based on the five years preceeding FY06) and are estimated to increase 2.4% in the five years preceeding FY07, for a combined increase in FY07 of \$123.7.												
Actual payments for Part B increased on average 14.22% p/year (based on the five years preceeding FY06) and are estimated to increase 15.39% in the five years preceeding FY07, for a combined increase in FY07 of \$2,973.0.												
The increment is calculated at 50.84% SFY FMAP.												
1002 Fed Rcpts (Fed)		1,313.6										
1003 G/F Match (UGF)		1,313.6										
FY2007 Add Tribal Targeted Case Management Services (TCM). TCM state plan amendment approved June 2005.	Inc	4,750.0	0.0	0.0	0.0	0.0	0.0	4,750.0	0.0	0	0	0
Targeted case management services (TCM) are provided to Medicaid-eligible recipients who are Alaska Native/American Indians served through an IHS 638 facility. The Tribal TCM state plan amendment was approved in June 2005. TCM services include developing case plans for medical, education, social, or other services; facilitating access to resources; evaluating services; and reassessment. (One other TCM program, Infant Learning, is served through Office of Children's Services and does not fall under this component.) Tribal TCM services are reimbursed at 100% IHS FFP. Payments are based on a monthly encounter rate of \$200.00. Implementation of TCM will be phased in during FY06 and FY07 due to necessary system changes and staff training. By FY07 nearly 2,000 persons a month (5.6% of the approximately 36,000 eligible enrollees) are expected to receive Tribal TCM benefits.												
TCM services that will be covered include:												
Assessment												
After the need for tribal targeted case management services has been determined, the tribal case manager assesses the specific areas of concern, family strengths and resources, community resources and extended family resources available to resolve those identified issues. At assessment, the tribal case manager makes preliminary decisions about needed medical, social, educational, or other services and the level or direction tribal case management will take.												
Case Planning												
The tribal case manager develops a case plan, in conjunction with the client and family (where applicable), to identify the goals and objectives, which are designed to resolve the issues of concern identified through the assessment process. Case planning includes outlining activities to be completed by the tribal case manager, the family and client. The case planning activity includes accessing medical, social, educational, and other services to												



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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2007 Add Tribal Targeted Case Management Services (TCM). TCM state plan amendment approved June 2005. (continued)												
<i>meet the clients' needs.</i>												
<i>Case Plan Implementation</i>												
<i>The tribal case manager links the client and family with appropriate agencies and medical, social, educational, or other services by calling or visiting these resources. The tribal case manager facilitates implementation of agreed-upon services by ensuring the clients and providers fully understand how the services support their case plan and then assisting the client and family to access them.</i>												
<i>Case Plan Coordination</i>												
<i>After these linkages have been established, the tribal case manager will perform an ongoing evaluation of whether or not the medical, social, educational, or other services are being provided and used as agreed. Coordination activities include personal, mail and telephone contacts with providers and others identified by the case plan, and meetings with the client and family.</i>												
<i>Case Plan Reassessment</i>												
<i>The tribal case manager works with the individual to determine whether or not medical, social, educational or other services continue to be adequate to meet the goals and objectives identified in the case plan. Reassessment decisions include those to continue, change or terminate those services. Reassessment will also determine whether the case plan itself requires revision. This may include assisting clients to access different medical, social, educational or other needed services beyond those already provided. Reassessment activities include staffing and mail, personal, and telephone contacts with involved parties.</i>												
1002 Fed Rcpts (Fed)		4,750.0										
FY2007 Expand School-Based Therapy and Hearing Services	Inc	318.0	0.0	0.0	0.0	0.0	0.0	318.0	0.0	0	0	0
<i>In FY05 the Department began paying for School Based Services for Medicaid eligible children with a disability. The services covered were physical therapy; occupational therapy; speech-language pathology; and hearing services.</i>												
<i>During FY05 Kenai Peninsula school district began providing School Based Services in late fall. Juneau School District began providing services in the spring. Total expenses for School Based Services in FY05 were 174.8. Estimated expenses for FY07 are projected to be 317.9, if no new schools enroll as providers.</i>												
<i>The match portion for the federal funds is collected as SDPR from participating schools.</i>												
<i>The increment is calculated at 50.84% (blended regular) FMAP for SFY07.</i>												
1002 Fed Rcpts (Fed)		161.7										
1108 Stat Desig (Other)		156.3										
FY2007 Loss of Fairshare Statutory Designated Program Receipts (SDPR)	Dec	-45,000.0	0.0	0.0	0.0	0.0	0.0	-45,000.0	0.0	0	0	0
<i>This decrement reflects the discontinuation of the FairShare program by SFY07 due to a September 12, 2005 ruling by the U.S. Court of Appeals for the Ninth Circuit. The FairShare program allows Tribal hospitals to receive a higher rate than non-Tribal hospitals to provide relief for uncompensated care. The additional payment is 100% federally funded. Tribal hospitals return 90% of the FairShare payment as Statutory Designated Program Receipts (SDPR). Two hospitals participate currently in FairShare.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2007 Loss of Fairshare Statutory Designated Program Receipts (SDPR) (continued)												
<i>Due to the ruling, the department will not be collecting the estimated \$45 million in SDPR on the estimated \$50.2 million in FairShare payments. The FairShare program was a key part of the department's refinancing efforts and the SDPR receipts generated were used to provide matching funds for other Medicaid programs. GF will be required to replace the lost SDPR.</i>												
1108 Stat Desig (Other)		-45,000.0										
FY2007 Replacment of Fairshare Statutory Designated Program Receipts (SDPR)	Inc	45,000.0	0.0	0.0	0.0	0.0	0.0	45,000.0	0.0	0	0	0
<i>This increment reflects the discontinuation of the FairShare program by SFY07 due to a September 12, 2005 ruling by the U.S. Court of Appeals for the Ninth Circuit. The FairShare program allows Tribal hospitals to receive a higher rate than non-Tribal hospitals to provide relief for uncompensated care. The additional payment is 100% federally funded. Tribal hospitals return 90% of the FairShare payment as Statutory Designated Program Receipts (SDPR). Two hospitals participate currently in FairShare.</i>												
<i>Due to the ruling, the department will not be collecting the estimated \$45 million in SDPR on the estimated \$50.2 million in FairShare payments. The FairShare program was a key part of the department's refinancing efforts and the SDPR receipts generated were used to provide matching funds for other Medicaid programs. GF will be required to replace the lost SDPR.</i>												
1004 Gen Fund (UGF)		45,000.0										
FY2007 Medicare Part D Pharmacy Costs and Drug Rebates Reduction	Dec	-16,866.2	0.0	0.0	0.0	0.0	0.0	-16,866.2	0.0	0	0	0
<i>The Medicare Prescription Drug Improvement and Modernization Act of 2003 created a new Medicare Part D prescription drug benefit available to all Medicare recipients, effective January 1, 2006. With the implementation of Part D, Medicaid full-benefit enrollees who are also enrolled in Medicare ("dual-eligibles") will begin receiving nearly all their drug benefits through Medicare instead of Medicaid. This will reduce the amount of Medicaid expenditures for pharmacy claims and their associated drug rebates.</i>												
<i>The estimated 12,000 dual-eligibles currently enrolled per month account for approximately 49% of all Medicaid pharmacy benefits (after rebates). Not all drugs are covered under Part D. About 80% of dual-eligibles' pharmacy drugs will be covered under Part D. Medicaid will continue to pay for dual-eligibles' drugs not covered by Part D.</i>												
<i>For FY07, pharmacy expenditures (after rebates) are expected to drop approximately \$33.2 million (16,886.2 fed, 16,308.8 GF) from the FY06 budgeted amount. This represents approximately 39% of pharmacy costs.</i>												
<i>While spending on drugs for dual eligibles will decrease, savings are offset by the state's phased-down contribution (also known as the "clawback"), a provision of the new law requiring states to pay the federal government according to a formula intended to estimate those savings. States will be required to pay 90% of the estimated savings in the first year, phasing down to 75% in 10 years.</i>												
<i>The department estimates the FY07 GF clawback (or phase down) payment for Alaska to be \$20,668.8. The projected net impact of Part D drug savings and clawback payments is a decrease of \$16,866.2 federal and an increase of \$4,360.0 general funds. The GF net clawback payment increment is in a separate change record.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2007 Medicare Part D Pharmacy Costs and Drug Rebates Reduction (continued)												
<i>This request is based on SFY07 regular FMAP.</i>												
1002 Fed Rcpts (Fed)		-16,866.2										
FY2007 Change in Policy Moving from Pharmacy Pay-and-Chase to Cost Avoidance. Identifying third party claims at point-of-sale	Dec	-1,138.0	0.0	0.0	0.0	0.0	0.0	-1,138.0	0.0	0	0	0
<i>By January 2006, Medicaid should have cost avoidance in place for pharmacy claims. As payer of last resort, Medicaid has relied on the pay-and-chase method of recovering costs from third-party payers. Under pay-and-chase, Medicaid pays the claim and then tries to recover its costs from the other payer. Under cost avoidance, Medicaid tries to identify third-party claims at the point-of-sale and thereby avoid the claim entirely. It is estimated to save 2% of pharmacy expenditures.</i>												
 <i>\$65,825.0 FY07 projected pharmacy costs (after Part D) x 2% = \$1,315.5 additional savings * 50.84% SFY07 FMAP = \$668.8 Federal</i>												
1002 Fed Rcpts (Fed)		-580.0										
1003 G/F Match (UGF)		-558.0										
FY2007 AMD: Replace Unrealized Program Receipts	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>During the years of FY01 through FY04 the department utilized refinancing practices which allowed the state to make payments to qualified providers using Disproportionate Share (DSH) and ProShare funds (federal and general funds). These programs were intended to reimburse hospitals for uncompensated care and to ensure continued access to hospital services by Medicaid eligible persons. Once payment was made, the providers returned 90% of the payment to the state in the form of statutory designated program receipts (SDPR). The payments offered needed support to providers as well as generating SDPR receipts to the state which could be applied as match to other Medicaid payments and reduce the general fund need.</i>												
 <i>Though the technique was widely utilized by states across the country, the Center for Medicaid and Medicare Services (CMS) objected to the practice and began pressuring states to discontinue this form of refinancing. During FY05, the department revised its regulations to no longer allow payments of this type. Unfortunately, the information about the regulation request came to the budget section too late to include a fund change request in the FY06 budget request.</i>												
 <i>This component has a total of \$55,890.5 in SDPR authorization in FY06. A fund change request was submitted as part of the FY07 Governor's Budget to cover lost SDPR receipts from the discontinued FairShare refinancing program leaving \$10,890.5 in SDPR authorization. In FY03 SDPR collections from non-Fairshare refinancing was approximately \$4 million; in FY04 the department increased its refinancing efforts resulting in collections of \$11.5 million. Due to the regulation changes, FY05 SDPR collections were reduced to approximately \$4 million and in FY06 the department anticipates no SDPR receipts from DSH or ProShare refinancing.</i>												
 <i>It was the department's hope that new refinancing programs could be developed for FY07 that would allow collection of the remaining SDPR. However, that does not appear to be a possibility and those matching funds must be replaced with general funds.</i>												
 <i>Lack of matching funds would mean that the department would be unable to disburse DSH and ProShare funds to eligible providers for uncompensated care.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2007 AMD: Replace Unrealized Program Receipts (continued)												
1003 G/F Match (UGF)		10,890.5										
1108 Stat Desig (Other)		-10,890.5										
FY2007 AMD+:Reduction to Medicare Part D Clawback due to CMS revised per capita calculation	Dec	-1,990.2	0.0	0.0	0.0	0.0	0.0	-1,990.2	0.0	0	0	0
1004 Gen Fund (UGF)		-1,990.2										
FY2007 CC: Reduce general funds used to pay for abortions using expenditure code 73175	Dec	-250.0	0.0	0.0	-250.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-250.0										
FY2007 Ch. 96, SLA 2006 (HB 426) Medical Assistance/INS Cooperation	FisNot	-2,734.9	0.0	0.0	0.0	0.0	0.0	-2,734.9	0.0	0	0	0
1002 Fed Rcpts (Fed)		-1,574.8										
1003 G/F Match (UGF)		-1,160.1										
FY2008 Decrease federal and general funds related to Disproportionate Share Hospital Payment Audits	Dec	-284.5	0.0	0.0	0.0	0.0	0.0	-284.5	0.0	0	0	0

*This is to transfer funds into the Rate Review component for critical Medicaid items:*

*Independent Certified Audits for Disproportionate Share Hospital Payments: By federal law, beginning with FY 2005 each state must submit an independent certified audit of its Medicaid disproportionate share hospital (DSH) program to the federal Centers for Medicare and Medicaid (CMS) Services to receive Federal disproportionate share hospital payments. The department relies almost exclusively on the DSH program for operational expenses at the Alaska Psychiatric Institute. Annual DSH expenditures of over \$15 million generate almost \$8 million in federal funds for Alaska.*

*Although this statutory requirement has been in place since 2005, CMS has not yet adopted regulations regarding the administration of the requirement and therefore has not required submission of the audit. CMS is now under pressure to release the regulations and will likely adopt guidelines outlining the details of the audit requirement in FFY07.*

*Efficiency Audits of Facilities for Exceptional Relief: Alaska's Medicaid Rate Setting Regulations and State Plan provide for additional payments to hospitals, nursing facilities, federally qualified health centers and rural health clinics under the exceptional relief program. Efficiency auditors are needed to justify exceptional relief by analyzing the facilities staffing models, staffing levels and employee compensation, patient census, length of stay and acuity, physical plant, purchasing and the market within which the facility operates for opportunities to reduce costs. Efficiency audits will allow the department to pay the minimum required in exceptional relief circumstances.*

*Other critical contracts are needed to ensure the medicaid rate system is run efficiently.*

*This increment will help the department improve the following performance measures:*

*Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems  
Dept-D-4--Provide quality management of health care coverage services providers and clients  
DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Decrease federal and general funds related to Disproportionate Share Hospital Payment Audits (continued)												
<i>disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		-142.0										
1004 Gen Fund (UGF)		-142.5										
FY2008 Decline in Upper Payment Limit - Proshare	Dec	-4,044.0	0.0	0.0	0.0	0.0	0.0	0.0	-4,044.0	0	0	0
<i>This change record replaces a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL.</i>												
<i>Typically Medicaid rates do not cover the full billed amount for services so some providers choose not to see Medicaid patients. General hospitals, however, are required to see patients regardless of their income or insurance coverage. UPL helps to compensate these hospitals for the cost of providing care to persons who are publicly insured. The department has made payments to hospitals and community health care providers for several years under this program and ProShare is an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans.</i>												
<i>ProShare payments are eligible for average federal reimbursement of 53.22% in FY08 (57.58% from July-Sept. 2007 and 51.76% from Oct. 2007-June 2008), but only up to the amount of the UPL allotment. Any amount of ProShare over the allotment does not receive federal reimbursement. Since 2003 the UPL allotment had increased annually and the total amount of ProShare expenditures was below the cap. The funding need arose because an audit finding changed the way the department calculates the UPL and shortened the amount of time to expend it. The additional funding is needed because the change resulted in a UPL allotment lower than our current ProShare payment level. Without ProShare the same services would have to be funded through grant programs that are totally GF.</i>												
<i>The department is committed to continue ProShare funding at the same level in support of its mission to manage health care for Alaskans in need. The additional GF would allow the department to continue providing the same level of services.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Decline in Upper Payment Limit -												
Proshare (continued)												
DPH-A--A4-Assure access to early preventative services and quality health care												
SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services												
1002 Fed Rcpts (Fed)		-4,044.0										
FY2008 Replace federal reduction due to Upper Payment Limit	Inc	4,044.0	0.0	0.0	0.0	0.0	0.0	0.0	4,044.0	0	0	0
Decline - Proshare												
This change record replaces a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL.												
Typically Medicaid rates do not cover the full billed amount for services so some providers choose not to see Medicaid patients. General hospitals, however, are required to see patients regardless of their income or insurance coverage. UPL helps to compensate these hospitals for the cost of providing care to persons who are publicly insured. The department has made payments to hospitals and community health care providers for several years under this program and ProShare is an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans.												
ProShare payments are eligible for average federal reimbursement of 53.22% in FY08 (57.58% from July-Sept. 2007 and 51.76% from Oct. 2007-June 2008), but only up to the amount of the UPL allotment. Any amount of ProShare over the allotment does not receive federal reimbursement. Since 2003 the UPL allotment had increased annually and the total amount of ProShare expenditures was below the cap. The funding need arose because an audit finding changed the way the department calculates the UPL and shortened the amount of time to expend it. The additional funding is needed because the change resulted in a UPL allotment lower than our current ProShare payment level. Without ProShare the same services would have to be funded through grant programs that are totally GF.												
The department is committed to continue ProShare funding at the same level in support of its mission to manage health care for Alaskans in need. The additional GF would allow the department to continue providing the same level of services.												
This increment will help the department improve the following performance measures:												
Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems												
Dept-D-4--Provide quality management of health care coverage services providers and clients												
DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system												
HCS-B---Provide affordable access to quality health care services to eligible Alaskans												
HCS-B--T1-Increase the number of providers												
DPH-A---Healthy people in healthy communities												
DPH-A--A2-Reduce suffering, death and disability due to chronic disease												
DPH-A--A4-Assure access to early preventative services and quality health care												
SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Replace federal reduction due to Upper Payment Limit Decline - Proshare (continued)												
1004 Gen Fund (UGF)		4,044.0										
FY2008 Shortfall due to shrinking redistribution of unspent State Children's Health Insurance Program (SCHIP) allotments	Dec	-2,612.1	0.0	0.0	0.0	0.0	0.0	0.0	-2,612.1	0	0	0
<i>This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.</i>												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 41% of the federal SCHIP funding needed to cover program expenditures in 2008, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Health Care Services Medicaid Services component will need an additional \$2,612.1 GF in 2008.</i>												
<i>Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		-2,612.1										
FY2008 Replace federal reduction in redistributed State Children's Health Insurance Program (SCHIP) allotments	Inc	2,612.1	0.0	0.0	0.0	0.0	0.0	0.0	2,612.1	0	0	0
<i>This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Replace federal reduction in redistributed State Children's Health Insurance Program (SCHIP) allotments (continued)												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 41% of the federal SCHIP funding needed to cover program expenditures in 2008, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Health Care Services Medicaid Services component will need an additional \$2,612.1 GF in 2008.</i>												
<i>Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1003 G/F Match (UGF)		2,612.1										
FY2008 Increase Disproportionate Share Hospital (DSH) - Hospitals Uncompensated Care	Inc	22,701.6	0.0	0.0	0.0	0.0	0.0	22,701.6	0.0	0	0	0
<i>This increment allows the department to fully utilize its annual Medicaid Disproportionate Share Hospital (DSH) federal allotment by providing the necessary GF match. Hospitals that provide a disproportionately high share of care to persons who are uninsured or underinsured may qualify for DSH payments to help offset their loss of revenue for uncompensated charity care.</i>												
<i>The State of Alaska will use the additional Medicaid funds to make payments to hospitals for the otherwise uncompensated cost of charity care for the uninsured or underinsured. The state plans to negotiate agreements with qualifying hospitals to preserve or expand health care services that will benefit the state or local community.</i>												
<i>Full utilization of the DSH allotment furthers the department's mission to manage health care coverage for Alaskans in need. The number of uninsured adults has grown steadily since 2000. Many underinsured and uninsured patients wait to seek needed care until it becomes an emergency, increasing the cost of their care and</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Increase Disproportionate Share												
Hospital (DSH) - Hospitals Uncompensated												
Care (continued)												
<i>placing pressure on the health care system. They are seriously impacted by waiting until they have a health care emergency - their recovery may take longer, and sometimes they will put their lives in jeopardy. The health care needs of the uninsured and underinsured have a huge impact on hospitals and other health care providers in Alaska, as well as on the Department of Health and Social Services. Many Alaska hospitals have a high amount of uncompensated care. These hospitals often have low private caseloads and are thus less able to shift the cost of uncompensated care to privately insured patients.</i>												
<i>The department does not currently have sufficient funding to expend the full allotment. Under federal and state laws, there are mandatory programs for qualifying hospitals that must be met: institutes for mental disease (such as Alaska Psychiatric Institute), Medicaid inpatient utilization, low-income DSH, single-point-of-entry psychiatric hospital, and designated evaluation and treatment hospitals. Without additional funding the department can only make the mandatory DSH payments.</i>												
<i>Alaska's allotment of federal DSH funds increases by 16% each federal fiscal year; however, the level of funding in the state's budget for DSH has not increased in many years. The amount of state matching funds required each year is based on the regular FMAP, which is projected to average 53.22% for FY08 (57.58% from July-Sept. 2007 and 51.76% from Oct. 2007-June 2008). In FFY08 the allotment is projected to be \$19,186.7 (federal) which will require \$16,864.9 GF in matching funds to expend the full \$36,051.6. The increment of \$22,701.6 (11,499.7 fed/11,201.9 GF) is the difference between the amount allocated in the HCS Medicaid Services component for DSH of \$13,350.0 (\$7,686.9 federal/5,663.1 GF) and the amount needed to fully utilize the FFY08 allotment.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>DBH-A-1-A2.1b-Improve and enhance the quality of life of Alaskans with SED, SMI and /or a substance abuse disorder through the development of a comprehensive, integrated BH service system</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		11,499.7										
1003 G/F Match (UGF)		11,201.9										
FY2008 Medicaid Rate Increase - Primary Care	Inc	8,000.0	0.0	0.0	0.0	0.0	0.0	8,000.0	0.0	0	0	0
<i>Reimbursement rates for Medicaid physician services (fee for service only) are tied to Medicare rates through relative value units (RVU's) determined by the Centers for Medicaid and Medicare Services (CMS). CMS will be re-basing Medicare reimbursements for each covered procedure, effective January 1, 2007. The State bases its Medicaid rates on the Medicare rates, and will need to change them as Medicare rates change.</i>												
<i>Both Medicare and Medicaid use the resource-based relative value scale (RBRVS) formula to determine reimbursement rates for procedures billed by primary care physicians. In the formula, both RVU and geographic cost payment indexes (GCPi) have separate components adjusting for the cost of work, operating costs, and insurance/malpractice costs. Medicare rates are determined by RVU, GCPi, and state conversion factors</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Medicaid Rate Increase - Primary												
Care (continued)												
<i>established by the CMS. Alaska Medicaid reimbursement is determined using the Medicare RVUs for a procedure, coupled with the GCPIs and conversion factor established in Alaska regulation [7 ACC 43.108]. The Medicaid conversion factor has not been changed since its implementation in 1997, when the RBRVS methodology was adopted.</i>												
<i>Reimbursement rates for Medicaid primary care services provided by IHS physicians are adjusted annually by the Indian Health Service (IHS) and are not subject to the RBRVS formula. Encounter rates for clinics (IHS, federally qualified health clinics, and rural health clinics) are also not subject to the RBRVS method for re-basing.</i>												
<i>Because of the large number and variety of Current Procedural Terminology, or CPT codes, used for billing physician services and the fact that each is reviewed separately for RVU's by CMS, it is difficult to estimate the net impact of Medicare rate adjustments on the division's Medicaid budget until CMS publishes the new rates in the federal register. CMS has predicted that they will be lowering RVU's for some procedure codes but substantially increasing the RVU's for evaluation and management procedures.</i>												
<i>Evaluation and management procedures such as office visits and hospital visits are the most frequently billed codes for Medicaid primary care services in Alaska. Fee for service claims comprised almost 95% of physician services payments in 2005 and about two thirds of that was for procedures billed by non-IHS physicians. About 60% of non-IHS physician fee for service payments were for evaluation and management procedures in 2005.</i>												
<i>Based on information from CMS, the division anticipates paying an additional \$14.44 each time the procedure code for an office or outpatient visit for the evaluation of an established patient (CPT code 99213) is billed after January 1, 2007 by a non-IHS physician. The fee increase for this procedure code alone will increase payments by over \$1.8 million, assuming no increase in the number of clients or utilization.</i>												
<i>The FY08 growth projection for all physician services is \$139,361.0 (fee for service and encounter billing combined) with \$97,328.0 needed for non-IHS claims. The requested increment will increase the projection for all physician services to \$147,361.0 and increase the non-IHS need to \$105,328.0. The additional cost to Medicaid in FY08 due to Medicare adjustments to relative value units in the RBRVS formula for physician fees will be \$8,000.0 (3,742.4 GF and 4,257.6 Fed).</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--A1-Increase IHS participation</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
1002 Fed Rcpts (Fed)		4,257.6										
1004 Gen Fund (UGF)		3,742.4										
FY2008 Medicaid Facility Rates Rebased - Hospitals	Inc	6,004.2	0.0	0.0	0.0	0.0	0.0	6,004.2	0.0	0	0	0
<i>This increment is necessary to maintain acute care hospital services at their current level.</i>												
<i>By regulation, payment rates for most facilities must be re-based at least every four years [ 7 AAC 43.685(a)(6)(B)]</i>												

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**Medicaid Services (continued)**

**Health Care Medicaid Services (continued)**

FY2008 Medicaid Facility Rates Rebased -  
Hospitals (continued)

J. Hospital, nursing home, and inpatient psych hospital facilities were last re-based in SFY04.

Hospital payment rates for FY08 will be adjusted based on review of FY06 operating expenses and Medicaid billing activity for each facility. The new rate for each facility will become effective at the start of that facility's 2008 fiscal cycle. The Department estimates that rates will be adjusted by an average of 8%.

Hospitals that will bill under re-based rates for the full 12 months of FY08 include Petersburg Medical Center, Sitka Community Hospital, South Peninsula Hospital, Providence Seward Medical Center, and Providence Valdez Medical Center. Alaska Regional Hospital, Fairbanks Memorial Hospital, Providence Alaska Medical Center, and Valley Hospital will only bill under new rates for the last six months of the fiscal year. Remaining in-state hospitals subject to review under this regulation will re-base effective FY09.

Not all hospitals providing services to Alaska Medicaid patients are subject to the re-basing addressed by this increment. Payment rates for smaller in-state facilities (acute care, specialty, or psychiatric hospital or combined acute care hospital-nursing facilities billing 4,000 or fewer acute care patient days, or freestanding nursing home facilities billing 15,000 or fewer nursing facility days) are determined using a different methodology, established under a separate regulatory authority [7 ACC 43.689]. Payment rates for out-of-state facilities are determined by that outside state. This analysis assumes no significant rate changes for small Alaska facilities or for out-of-state facilities.

Data for Indian Health Service (IHS) facilities has been excluded from this analysis. The only IHS hospital facility currently subject to re-basing by the Department under 7 ACC 43.685 is Norton Sound Regional Hospital. It will rebase effective July 1, 2008 (FY09) and its re-basing will not affect the requested increment. Payment rates for most other IHS facilities are determined annually by the federal government.

To calculate the increment required to cover facilities rate increases in FY08, the percentage of non-IHS hospital payments made to hospitals scheduled to re-base for the full 2008 fiscal year and the percentage made to non-IHS hospitals scheduled to re-base for only the last six months were determined, based on Medicaid claims payments for all non-IHS inpatient, outpatient, and outpatient surgery hospitals in SFY06. Less than a third (29%) of payments for non-IHS hospital services will be impacted by re-based rates in FY08.

The formula for calculation of the requested increment is: 8% X 28.95% X growth projection for FY08 non-IHS hospital services.

The FY08 growth projection for non-IHS hospital services is \$259,248.2. Facilities rate adjustments will increase that projection to \$265,252.2 and will increase the projected cost of all hospital services (IHS facilities included) to \$288,116.6. The additional cost to Medicaid from re-basing in FY08 will be \$6,004.2 (2,779.4 GF and 3,224.8 Fed).

This increment will help the department improve the following performance measures:

Dept-D-4--Provide quality management of health care coverage services providers and clients  
HCS-B---Provide affordable access to quality health care services to eligible Alaskans  
HCS-B--T1-Increase the number of providers

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Medicaid Facility Rates Rebased -												
Hospitals (continued)												
DPH-A--Healthy people in healthy communities												
DPH-A--A2-Reduce suffering, death and disability due to chronic disease												
DPH-A--A4-Assure access to early preventative services and quality health care												
1002 Fed Rcpts (Fed)		3,224.8										
1004 Gen Fund (UGF)		2,779.4										
FY2008 Remove 1/2 of Medicaid Facility Rates Rebased -	Dec	-3,002.1	0.0	0.0	0.0	0.0	0.0	-3,002.1	0.0	0	0	0
Hospitals Increment												

*This increment is necessary to maintain acute care hospital services at their current level.*

*By regulation, payment rates for most facilities must be re-based at least every four years [ 7 AAC 43.685(a)(6)(B) ]. Hospital, nursing home, and inpatient psych hospital facilities were last re-based in SFY04.*

*Hospital payment rates for FY08 will be adjusted based on review of FY06 operating expenses and Medicaid billing activity for each facility. The new rate for each facility will become effective at the start of that facility's 2008 fiscal cycle. The Department estimates that rates will be adjusted by an average of 8%.*

*Hospitals that will bill under re-based rates for the full 12 months of FY08 include Petersburg Medical Center, Sitka Community Hospital, South Peninsula Hospital, Providence Seward Medical Center, and Providence Valdez Medical Center. Alaska Regional Hospital, Fairbanks Memorial Hospital, Providence Alaska Medical Center, and Valley Hospital will only bill under new rates for the last six months of the fiscal year. Remaining in-state hospitals subject to review under this regulation will re-base effective FY09.*

*Not all hospitals providing services to Alaska Medicaid patients are subject to the re-basing addressed by this increment. Payment rates for smaller in-state facilities (acute care, specialty, or psychiatric hospital or combined acute care hospital-nursing facilities billing 4,000 or fewer acute care patient days, or freestanding nursing home facilities billing 15,000 or fewer nursing facility days) are determined using a different methodology, established under a separate regulatory authority [7 ACC 43.689]. Payment rates for out-of-state facilities are determined by that outside state. This analysis assumes no significant rate changes for small Alaska facilities or for out-of-state facilities.*

*Data for Indian Health Service (IHS) facilities has been excluded from this analysis. The only IHS hospital facility currently subject to re-basing by the Department under 7 ACC 43.685 is Norton Sound Regional Hospital. It will rebase effective July 1, 2008 (FY09) and its re-basing will not affect the requested increment. Payment rates for most other IHS facilities are determined annually by the federal government.*

*To calculate the increment required to cover facilities rate increases in FY08, the percentage of non-IHS hospital payments made to hospitals scheduled to re-base for the full 2008 fiscal year and the percentage made to non-IHS hospitals scheduled to re-base for only the last six months were determined, based on Medicaid claims payments for all non-IHS inpatient, outpatient, and outpatient surgery hospitals in SFY06. Less than a third (29%) of payments for non-IHS hospital services will be impacted by re-based rates in FY08.*

*The formula for calculation of the requested increment is: 8% X 28.95% X growth projection for FY08 non-IHS hospital services.*

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**Numbers and Language**

**Agency: Department of Health and Social Services**

**Medicaid Services (continued)**

**Health Care Medicaid Services (continued)**

FY2008 Remove 1/2 of Medicaid Facility Rates

Rebased - Hospitals Increment (continued)

*The FY08 growth projection for non-IHS hospital services is \$259,248.2. Facilities rate adjustments will increase that projection to \$265,252.2 and will increase the projected cost of all hospital services (IHS facilities included) to \$288,116.6. The additional cost to Medicaid from re-basing in FY08 will be \$6,004.2 (2,779.4 GF and 3,224.8 Fed).*

*This increment will help the department improve the following performance measures:*

*Dept-D-4--Provide quality management of health care coverage services providers and clients*

*HCS-B--Provide affordable access to quality health care services to eligible Alaskans*

*HCS-B--T1-Increase the number of providers*

*DPH-A--Healthy people in healthy communities*

*DPH-A--A2-Reduce suffering, death and disability due to chronic disease*

*DPH-A--A4-Assure access to early preventative services and quality health care*

1002 Fed Rcpts (Fed) -1,612.4

1004 Gen Fund (UGF) -1,389.7

FY2008 FY08 Projected Medicaid Growth

Inc	25,641.1	0.0	0.0	0.0	0.0	0.0	25,641.1	0.0	0	0	0
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*This increment funds increases in Medicaid service costs due to increases in enrollment and utilization.*

*For FY08, Health Care Services' Medicaid costs are projected to grow 3% over the authorized amount of \$ 725,226.2. This increment request is necessary to maintain the current level of long term health services in Medicaid. The Medicaid Services component funds acute health care services such as hospitals, physicians, pharmacy, and dental and other Medicaid services such as premium assistance and supplemental hospital payments.*

*In FY06 Health Care Services' Medicaid provided services to approximately 122,000 beneficiaries at an average cost of \$379 per person per month. Medicaid Services' claims grew 3% from FY04 to FY06. The projection for FY08 is for the growth rate to remain the same.*

*Most of the increase can be attributed to hospital services which experienced a 6% increase from FY05 to FY06 due to an increase in the number of hospitalizations. The fastest growing segments are some of the smallest categories of service and therefore do not affect the total growth rate by much. Diagnostic services (laboratory and x-ray), durable medical equipment, and rehabilitation services (occupations/physical/speech therapy and chiropractic) all grew more than 10%. Another contributing factor is an increase in tribal claims for early, periodic, screening, diagnosis and treatment services, which are 100% federally funded.*

*The fund source projection is based on the actual amount of federal revenue collected in FY06 in this component, 69%, and assumes that the proportion of expenditures eligible for each type of federal reimbursement remains the same. It also assumes that the FY08 average federal medical assistance percentage remains at 57.58% for regular Medicaid and 70.31% for SCHIP.*

*This increment also provides \$750.0 authority for statutory designated program receipts (SDPR) in the Behavioral Health Medicaid Services component for recoveries of overpayments to Medicaid providers discovered through audits.*

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 FY08 Projected Medicaid Growth (continued)												
<i>Per AS 47.05.200 the department is required to audit Medicaid provider payments. Overpayments to the providers must be returned by the provider to the state. The overpayment includes both the federal and state match portion of the original claim. The amount actually recovered can include only the federal funds or the state matching funds, too. This increment provides budget authority to collect the state matching fund portion of the audit recovery.</i>												
<i>The additional funding supports the department's mission to manage health care for Alaskans in need. This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A-A2--Expand fund recovery efforts</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		17,194.9										
1004 Gen Fund (UGF)		7,696.2										
1108 Stat Desig (Other)		750.0										
FY2008 AMD: Limited Modification of Facility Cost-Based Rate Methodologies (Reg Chg)	Dec	-1,282.8	0.0	0.0	0.0	0.0	0.0	-1,282.8	0.0	0	0	0
<i>Reduce Medicaid payment rates by adjusting rate methodologies for such items as reasonableness of administrative costs, pay therapies through the physician fee schedule, pay the pharmacy directly for drugs administered in a hospital, eliminating Medicaid payment for empty beds, and other changes consistent with state and federal guidelines. This option would require regulatory change, corroboration within the department and with providers, and possible defense of the rate reductions in a legal environment. This change would reduce the amount of funds available to hospitals for supporting operations and furnishing services to the uninsured.</i>												
1002 Fed Rcpts (Fed)		-682.8										
1003 G/F Match (UGF)		-600.0										
FY2008 AMD: Reduce Medicaid Pharmacy for Cost Avoidance	Dec	-4,400.0	0.0	0.0	0.0	0.0	0.0	-4,400.0	0.0	0	0	0
<i>Reduced pharmacy costs are projected due to implementation of several cost avoidance policies including:</i>												
<i>~ Mental Health Prescription Drug List</i>												
<i>~ Clinical Edits for Opioids</i>												
<i>~ DUR Interventions</i>												
<i>~ Clinical Edit Anti-malarial</i>												
<i>~ Generic Opioid</i>												
<i>~ Dose Optimization</i>												
<i>Pain specialists and nursing homes may object to some of these constraints. Dose optimization will require computer system changes. Adding a generic opioid will require regulation change.</i>												
1002 Fed Rcpts (Fed)		-2,300.0										
1003 G/F Match (UGF)		-2,100.0										
FY2008 AMD: SFY08 Realized Cost Containment for Medicaid Acute Care	Dec	-9,677.4	0.0	0.0	0.0	0.0	0.0	-9,677.4	0.0	0	0	0

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 AMD: SFY08 Realized Cost												
Containment for Medicaid Acute Care												
(continued)												
<i>The Medicaid Services component funds acute health care services such as hospitals, physicians, pharmacy, dental and other Medicaid services such as premium assistance and supplemental hospital payments.</i>												
<i>In FY06 services were provided services to approximately 122,000 beneficiaries at an average cost of \$379 per person per month. Claims grew 3% from FY04 to FY06.</i>												
<i>Cost containment efforts begun in FY04 have successfully dampened the rate of growth in recent years especially in pharmacy. Growth in pharmacy services slowed after implementation of a prescription drug list and Medicare's implementation of their new drug plan.</i>												
<i>Implementation of cost containment and our continued savings from that effort give the department confidence that this type of savings will continue.</i>												
1002 Fed Rcpts (Fed)		-6,677.4										
1004 Gen Fund (UGF)		-3,000.0										
FY2008 AMD: Assume Federal Government Increases SCHIP	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
FFY07 Funding												
<i>This request assumes that the federal government will take action to fully fund the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. The national SCHIP program is up for reauthorization in congress and some proposals should fix the flaw in the current national formula and allotment for Alaska. If the federal government does not take action, the department will need to seek a supplemental appropriation.</i>												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 25% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
<i>The amount of funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 41% of the federal SCHIP funding needed to cover program expenditures in 2008, exhausting its SCHIP funds in the second quarter.</i>												
1002 Fed Rcpts (Fed)		2,612.1										
1003 G/F Match (UGF)		-2,612.1										
FY2008 AMD: Reverse DSH Increment Request for Hospital Uncompensated Care	Dec	-22,701.6	0.0	0.0	0.0	0.0	0.0	-22,701.6	0.0	0	0	0

## Numbers and Language

**Medicaid Services (continued)**  
**Health Care Medicaid Services (continued)**

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*This decrement reverses the request in the Governor's budget for additional funding to allow the department to fully utilize its annual Medicaid Disproportionate Share Hospital (DSH) federal allotment by providing the necessary GF match. Hospitals that provide a disproportionately high share of care to persons who are uninsured or underinsured may qualify for DSH payments to help offset their loss of revenue for uncompensated charity care.*

*The number of uninsured adults has grown steadily since 2000. Many underinsured and uninsured patients wait to seek needed care until it becomes an emergency, increasing the cost of their care and placing pressure on the health care system. They are seriously impacted by waiting until they have a health care emergency - their recovery may take longer, and sometimes they will put their lives in jeopardy. The health care needs of the uninsured and underinsured have a huge impact on hospitals and other health care providers in Alaska, as well as on the Department of Health and Social Services. Many Alaska hospitals have a high amount of uncompensated care. These hospitals often have low private caseloads and are thus less able to shift the cost of uncompensated care to privately insured patients.*

Per federal regulation, Alaska's allotment of federal DSH funds increases by 16% each federal fiscal year; however, the level of funding in the state's budget for DSH has not increased in many years. The amount of state matching funds required each year is based on the regular FMAP, which is projected to average 53.22% for FY08 (57.58% from July-Sept. 2007 and 51.76% from Oct. 2007-June 2008). In FFY08 the allotment is projected to be \$19,186.7 (federal) which will require \$16,864.9 GF in matching funds to expend the full \$36,051.6. The increment of \$22,701.6 (11,499.7 fed/11,201.9 GF) was the difference between the amount allocated in the HCS Medicaid Services component for DSH of \$13,350.0 (\$7,686.9 federal/5,663.1 GF) and the amount needed to fully utilize the FFY08 allotment.

[illegible]

*The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly.*



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
<i>By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 57.58% to 52.48% in FFY08 and the enhanced FMAP from 70.31% to 66.74%. The regular FMAP for SFY08 will average 53.76% across two federal fiscal years (57.58% from July-Sept. 2007 and 52.48% from Oct. 2007-June 2008). The enhanced FMAP for SFY08 will average 67.63% (70.31% from July-Sept. 2007 and 66.74% from Oct. 2007-June 2008). Approximately 68% of the Medicaid Services component's claims are reimbursed at the regular FMAP and another 3% at the enhanced FMAP. The remaining 29% is Indian Health Service or family planning and is not affected by the change in FMAP. The FFY08 change in FMAP will require an estimated \$23,834.5 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												
1002 Fed Rcpts (Fed)		-23,834.5										
1003 G/F Match (UGF)		23,834.5										
FY2008 AMD: Reduce Excess Federal Authorization	Dec	-50,000.0	0.0	0.0	0.0	0.0	0.0	-50,000.0	0.0	0	0	0
<i>This decrement reduces the amount of excess federal authorization. The excess has built up over several years and this will rebalance the funds. There are several reasons for the excess.</i>												
<i>First, the end of the 100% federally funded FairShare program left the component with an excess of federal authority. Some of the excess federal was reduced in 2007, but not all. This decrement removes the remainder of the FairShare-related federal authorization (approx. \$30 million).</i>												
<i>Second, several of the refinancing activities in the department's base budget have not been approved by the federal Centers for Medicare and Medicaid Services; therefore, the federal revenue has not been received. This has led to an excess of federal authorization. Refinancing activities are those activities in existing programs currently funded with general funds that can be funded with Medicaid (approx. \$10 million).</i>												
<i>Third, the proportion of federal revenue collected has not been as high as projected. Actual federal revenue is a dependent on the mix of eligible clients, utilization of services, and the federal matching rate. The federal matching rate has been decreasing over the last several years (from a high of 60.60% in FFY04 to 52.48% in FFY08). Additionally, as a result of limits to eligibility, the number of children whose claims are reimbursed at an enhanced rate (66.74% in FFY08) have been declining. This has resulted in the fund source authorization becoming unbalanced (approx. \$10 million).</i>												
1002 Fed Rcpts (Fed)		-50,000.0										

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**Agency: Department of Health and Social Services**

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2008 Reduce GF used to pay for abortions using expenditure account 73175	Dec	-576.1	0.0	0.0	0.0	0.0	0.0	0.0	-576.1	0	0	0
<i>Amendment #2 adopted in House Finance Sub Committee action on 3/12/07.</i>												
<i>Amount based on the amount of GF used to pay for abortions in the last six months of FY06 and the first six months of FY07 that did not qualify for federal funding because they did not qualify under the Hyde Amendment (language per amendment #2).</i>												
1004 Gen Fund (UGF)		-576.1										
FY2008 Ch. 48, SLA 2007 (SB 27) - Medical Assistance Eligibility	FisNot	2,195.4	0.0	0.0	0.0	0.0	0.0	2,195.4	0.0	0	0	0
1002 Fed Rcpts (Fed)		1,577.6										
1003 G/F Match (UGF)		617.8										
FY2009 Reduce General Funds due to Elimination of ProShare Financing	Dec	-4,044.0	0.0	0.0	0.0	0.0	0.0	-4,044.0	0.0	0	0	0
<i>In SFY 08 a GF increment of \$4,044.0 was authorized to replace a federal funding reduction in the Medicaid ProShare program. The ProShare program allows the state to make payments to qualifying hospitals for the difference between Medicare and Medicaid rates. This difference is called the Upper Payment Limit or UPL. That entire increment was placed in Health Care Services / Medicaid Services. This transfer of the general funds is necessary to provide the divisions the funding needed to continue these services.</i>												
<i>Behavioral Health-Behavioral Health Grants \$820.9</i>												
<i>Behavioral Health-Psychiatric Emergency Services \$614.4</i>												
<i>Behavioral Health-Services to the Seriously Mentally Ill \$798.7</i>												
<i>Behavioral Health-Services for Severely Emotionally Disturbed Youth \$211.0</i>												
<i>Office of Children's Services-Family Preservation \$76.9</i>												
<i>Juvenile Justice- McLaughlin YF \$45.5</i>												
<i>Juvenile Justice-Mat-Su YF \$6.0</i>												
<i>Juvenile Justice-Kenai YF \$5.0</i>												
<i>Juvenile Justice-Fairbanks YF \$11.1</i>												
<i>Juvenile Justice-Bethel YF \$8.1</i>												
<i>Juvenile Justice-Nome YF \$5.4</i>												
<i>Juvenile Justice-Johnson YF \$9.3</i>												
<i>Juvenile Justice-Ketchikan Regional YF \$4.2</i>												
<i>Public Health-Community Health Grants \$279.4</i>												
<i>Senior and Disabilities Services-Community DD Grants \$1,148.1</i>												
1004 Gen Fund (UGF)		-4,044.0										
FY2009 Reduce Federal Receipts for possible FY09 Medicaid SCHIP Allotment Shortfall	Dec	-1,000.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0.0	0	0	0
<b>**CONTINGENT UPON CONGRESSIONAL ACTION TO REAUTHORIZE SCHIP PROGRAM. CURRENT LEGISLATION BEFORE CONGRESS COULD FULLY FUND THE CURRENT PROGRAM AND NEGATE THE NEED FOR THIS INCREMENT.</b>												
<i>This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 Reduce Federal Receipts for possible												
FY09 Medicaid SCHIP Allotment Shortfall												
(continued)												
<i>and supports the department's mission to manage health care for Alaskans in need.</i>												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 43% of the federal SCHIP funding needed to cover program expenditures in FY09, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Health Care Services Medicaid Services component will need an additional \$1,000.0 GF in FY09.</i>												
<i>Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 30% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
1002 Fed Rcpts (Fed)		-1,000.0										
FY2009 Request General Fund Match for possible FY09	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
Medicaid SCHIP Allotment Shortfall												
<b>**CONTINGENT UPON CONGRESSIONAL ACTION TO REAUTHORIZE SCHIP PROGRAM. CURRENT LEGISLATION BEFORE CONGRESS COULD FULLY FUND THE CURRENT PROGRAM AND NEGATE THE NEED FOR THIS INCREMENT.</b>												
<i>This request replaces lost federal revenues resulting from a decrease in the amount of federal funds available for the State Children's Health Insurance Program (SCHIP), a part of Alaska's Medicaid program operated through Denali KidCare. This increment is necessary to maintain the current level of health care provided to these children and supports the department's mission to manage health care for Alaskans in need.</i>												
<i>SCHIP helps reach uninsured children whose families earn too much to qualify for regular Medicaid but not enough to afford private coverage. Each month, SCHIP provides health coverage for about 9,000 uninsured children under age 19. Without this funding, low-income children now enrolled in Denali KidCare could lose their SCHIP health coverage and become uninsured.</i>												
<i>The federal and state governments jointly fund SCHIP. The amount of federal funding depends on the federal SCHIP allotment which has not grown to keep pace with SCHIP expenditures. The federal medical assistance percentage, or FMAP, determines the amount of state matching funds. The state receives a higher, enhanced FMAP for SCHIP than for regular Medicaid; however, this enhanced reimbursement is capped at the SCHIP</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 Request General Fund Match for possible FY09 Medicaid SCHIP Allotment												
Shortfall (continued)												
<i>allotment. If costs exceed available SCHIP funds, claims are reimbursed at the lower, regular FMAP, resulting in reduced federal revenues. Alaska will have only 43% of the federal SCHIP funding needed to cover program expenditures in FY09, exhausting its SCHIP funds in the second quarter. When it reverts to regular Medicaid, the difference in federal reimbursement rates means that Health Care Services Medicaid Services component will need an additional \$1,000.0 GF in FY09.</i>												
<i>Alaska's annual allotment has fluctuated between \$7 and \$11 million. Since Alaska's annual allotment represents only about 30% of our costs, we have relied heavily on unspent funds from other states which were redistributed to Alaska to maintain access to the enhanced FMAP. As more and more states have increased their SCHIP programs, there is less and less redistributed funding available and we do not anticipate any further redistributions.</i>												
1003 G/F Match (UGF)		1,000.0										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2008.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%. The regular FMAP for SFY09 will average 51.02% across two federal fiscal years (52.48% from July-Sept. 2008 and 50.53% from Oct. 2008-June 2009). The enhanced FMAP for SFY09 will average 65.71% (66.74% from July-Sept. 2008 and 65.37% from Oct. 2008-June 2009).</i>												
<i>Approximately 67% of the Medicaid Services component's claims are reimbursed at the regular FMAP and another 6% at the enhanced FMAP. The remaining 27% is Indian Health Service, family planning, or non-reimbursable and is not affected by the change in FMAP. Based on current estimated expenditures for Medicaid, the FFY09 change in FMAP will require an estimated \$14,308.5 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												
1002 Fed Rcpts (Fed)		-14,308.5										
1003 G/F Match (UGF)		14,308.5										
FY2009 FY09 Projected Medicaid Formula Growth	Inc	41,381.6	0.0	0.0	0.0	0.0	0.0	41,381.6	0.0	0	0	0
<i>This increment funds increases in Medicaid service costs due to increases in enrollment and utilization.</i>												
<i>For SFY09, Health Care Services' Medicaid costs are projected to grow 6% over the authorized amount of \$689,694.3. This increment request is necessary to maintain the current level of long term health services in Medicaid. The Medicaid Services component funds acute health care services such as hospitals, physicians, pharmacy, and dental and other Medicaid services such as premium assistance and supplemental hospital payments.</i>												
<i>In FY07 Health Care Services contracted approximately 6% from the previous fiscal year. Growth in FY08 is expected to be 9% higher FY07. The requested FY09 growth increment, 6%, is based on the FY08 projection and the FY09 baseline forecast from the short term forecasting model.</i>												
<i>Most of the increase can be attributed to hospital services which are expected to grow at approximately 11% between FY07 and FY08 and 6% between FY08 and FY09. Hospital and physician services were both affected by rate rebasing in FY08. Transportation and Pharmacy also contributed to the overall growth with growth rates between 6 and 7%.</i>												
<i>The fund source projection is based on the actual amount of federal revenue collected in SFY07 in this component, 68.2%, and assumes that the proportion of expenditures eligible for each type of federal reimbursement remains the same. It also assumes that the SFY09 average federal medical assistance percentage remains at 53.76% for regular Medicaid and 67.63% for enhanced FMAP.</i>												
<i>The additional funding supports the department's mission to manage health care for Alaskans in need. This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A-A2--Expand fund recovery efforts</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		26,587.7										
1003 G/F Match (UGF)		14,793.9										
FY2009 Reduce Medicaid Rates for Durable Medical Equipment (Reg Chg) 1/2 YR	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0

*This proposal is to reduce Medicaid rates for high cost durable medical equipment items by changing the current*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 Reduce Medicaid Rates for Durable Medical Equipment (Reg Chg) 1/2 YR (continued)												
<i>pricing methodology and requiring documentation of MSRP or true cost before establishing a rate of reimbursement.</i>												
<i>Fed % = 51.02 SFY09 avg FMAP.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		-51.0										
1003 G/F Match (UGF)		-49.0										
FY2009 Discontinue Private ProShare Refinancing	Dec	-16,013.9	0.0	0.0	0.0	0.0	0.0	-16,013.9	0.0	0	0	0
<i>This change record reduces the federal funding no longer needed because the Private ProShare Medicaid program has been discontinued by the federal Medicaid agency.</i>												

*The department has made payments to hospitals and community health care providers for several years under this program, and ProShare was an important part of the department's strategy to provide access to quality health care services. ProShare funds have supported rural health care, mental health care, and children's health care programs that benefit many Alaskans. Without ProShare the same services would have to be funded through grant programs that are totally GF.*

*ProShare came about in SFY 2004 when the Division of Medical Assistance (now Health Care Services) proposed an innovative move to optimize use of Medicaid funding through the Private Hospital Proportionate Share Program. ProShare made payments for certain medical assistance services to qualified private hospitals. The hospital in turn granted funds to qualified community service providers to secure services in rural, remote areas. ProShare funds also were used to refinance medical care for children in juvenile justice facilities. Health Care Services paid the hospitals the ProShare payments and the divisions provided Health Care Services with the matching GF through reimbursable services agreements. The general funds saved through refinancing these grants/services were removed from the divisions' budgets and replaced with federal funds in Health Care Services' budget. The Legislature supported this cost containment effort and about \$16 million in general funds was replaced with federal funds in that first year. Since 2004, the state has saved approximately \$36 million in GF through ProShare refinancing.*

*In 2006 the Centers for Medicare & Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost the appeal when the U.S. Department of Health and Human Services Department Appeals Board upheld the disallowed claim.*

*The department is committed to continue funding these services at the same level in support of its mission to*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 Discontinue Private ProShare												
Refinancing (continued)												
<i>manage health care for Alaskans in need. While the federal authority is no longer needed in Health Care Services, in order to maintain current service levels, the department is requesting additional GF in the divisions with refinanced grants/services to replace this lost federal money.</i>												
<i>Behavioral Health Grants \$3,448.2</i>												
<i>Psychiatric Emergency Services \$1,631.6</i>												
<i>Services to the Seriously Mentally Ill \$3,324.9</i>												
<i>Seriously Emotionally Disturbed Youth \$902.0</i>												
<i>Office of Children's Services/Family Preservation \$322.4</i>												
<i>Public Health/Community Health \$1,172.0</i>												
<i>Senior &amp; Disabilities Services/Community DD Grants \$4,815.7</i>												
<i>Juvenile Justice-McLaughlin YF \$191.1</i>												
<i>Juvenile Justice-Mat-Su YF \$25.1</i>												
<i>Juvenile Justice-Kenai YF \$21.4</i>												
<i>Juvenile Justice-Fairbanks YF \$46.5</i>												
<i>Juvenile Justice-Bethel YF \$33.9</i>												
<i>Juvenil Justice-Nome YF \$22.6</i>												
<i>Juvenile Justice-Johnson YF \$38.9</i>												
<i>Juvenile Justice-Ketchikan Regional \$17.6</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>Dept-Core Service --Promote independence of Alaska senior and people with physical or developmental disabilities</i>												
<i>Dept-B-2--Improve and enhance the quality of life for Alaskans with serious behavioral health problems</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
<i>SDS-A--Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1002 Fed Rcpts (Fed)		-16,013.9										
FY2009 Medicaid Cost Containment in Pharmacy	Dec	-1,020.4	0.0	0.0	0.0	0.0	0.0	-1,020.4	0.0	0	0	0
<i>Savings are anticipated from cost containment efforts in Medicaid pharmacy services. These efforts include expanding the list of drugs requiring prior authorization, using tamper resistant prescription pads, implementing a drug dose optimization program, and adoption of federal upper limit average manufacturer's price (AMP) for generic drugs effective January 2008. This is a conservative estimate. Actual savings possible from these initiatives could be higher but are highly uncertain at this time as most of the savings could be wiped out by the anticipated increase in pharmacy dispensing fees.</i>												
<i>Fed % = 51.02 SFY09 avg. FMAP</i>												
<i>Performance Measures Affected:</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 Medicaid Cost Containment in Pharmacy (continued)												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		-520.4										
1003 G/F Match (UGF)		-500.0										
FY2009 Medicaid Cost Containment in End Stage Renal Dialysis (Reg Chg)	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
<i>This proposal would reduce costs for end stage renal dialysis (ESRD) through a change to the rate structure and by shifting eligible costs to Medicare. These changes are anticipated to save \$500.0 in FY 2009 (1/2 year); annually \$1 million could be saved.</i>												
<i>Currently Medicaid pays providers 100% of their billed charges for each procedure and different providers can charge different rates for the same service. The new rate would be an inclusive composite rate so that all providers are paid the same rate for the same group of services. A comparison of the current rate to the Medicare rate found that in some cases Medicaid is paying as much as ten times what Medicare pays.</i>												
<i>A large portion of Medicaid clients receiving end stage renal dialysis treatment are over age 65 and are likely eligible for Medicare. Medicaid is the "payor of last resort" so if a client is eligible for both Medicare and Medicaid, Medicare will be billed first. By making sure that dually eligible clients are enrolled in Medicare, Medicaid will be able to avoid the full cost of treatment.</i>												
<i>Savings for SFY 2009 are estimated for 1/2 year due to the need to change regulations regarding the rate structure.</i>												
<i>Fed % = 51.02 SFY09 avg FMAP</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		-255.1										
1003 G/F Match (UGF)		-244.9										
FY2009 Decrease medical allotments for amount spent on abortions in FY07	Dec	-1,200.1	0.0	0.0	0.0	0.0	0.0	-1,200.1	0.0	0	0	0
1002 Fed Rcpts (Fed)		-606.4										
1004 Gen Fund (UGF)		-593.7										
FY2009 AMD: Medicaid Facility Rates - Hospitals	Inc	1,521.5	0.0	0.0	0.0	0.0	0.0	1,521.5	0.0	0	0	0
<i>This increment is necessary to maintain Alaska acute care hospital services at their current level.</i>												
<i>By regulation, payment rates for most in-state facilities must be re-based at least every four years. In other years</i>												



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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 AMD: Medicaid Facility Rates - Hospitals (continued)												
<i>the facility gets a rate adjustment for inflation. The last rebasing year was FY04.</i>												
<i>This is the second year of a two year process to phase in these required rate increases. Some hospitals were rebased last year. Hospitals remaining to be rebased in FY09 include Bartlett Regional Hospital in Juneau, Central Peninsula General Hospital in Soldotna, Cordova Community Medical Center, Ketchikan General Hospital, Wrangell Medical Center, and Norton Sound Regional Hospital in Nome. Most Indian Health Service (IHS) facilities are subject to payment rates determined by the federal government and adjusted annually. Norton Sound Regional Hospital is an exception in that its reimbursement schedule is determined by the state.</i>												
<i>The six hospitals scheduled to rebase in FY09 comprise about 9.8% of Medicaid claims payments for all acute care hospitals and outpatient surgery centers in FY07. In FY07, claims for hospital services were paid by Medicaid for approximately 66,000 Medicaid beneficiaries.</i>												
<i>The rebased rates are facility-specific and are cost-based from a review of FY07 operating expenses and Medicaid billing activity. Each facility's new rate will become effective at the start of its 2009 fiscal cycle. The Department estimates that the rate adjustment will be about 6.5% above medical inflation.</i>												
<i>The additional cost to Medicaid from re-basing acute care hospitals in FY09 will be \$1,521.5.</i>												
<i>Federal % = 51.02% SFY09 avg FMAP.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		776.2										
1003 G/F Match (UGF)		745.3										
FY2009 AMD: Increase Dental Rates for non-Tribal Providers	Inc	2,675.6	0.0	0.0	0.0	0.0	0.0	2,675.6	0.0	0	0	0

*Many dentists choose not to participate in Medicaid because of the low reimbursement rates. According to a study published by the Alaska dental provider community, Medicaid offers the lowest reimbursement rates for dental services in the state. Except for dental services billed at physician rates (oral surgeries) and dental services with codes developed after 1997, rates for most dental services have not been updated since February 1997.*

*Current fee-for-service rates are based on 80% of billed charges (usual and customary) for dental procedures in 1995. In today's dollars, that means that Medicaid is currently paying only 60% of billed charges for dental services. The division proposes to update reimbursement rates to approximately 80% of current billed charges over two or three years. Medicaid pays dental claims for about 42,000 persons a year, mostly children.*

*The division estimates that it will require an additional \$2,675.6 in SFY09 due to fee-for-service rate increases.*

*Federal % = 51.02% SFY09 avg FMAP.*

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 AMD: Increase Dental Rates for non-Tribal Providers (continued)												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--A1-Increase IHS participation</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
1002 Fed Rcpts (Fed)		1,365.0										
1003 G/F Match (UGF)		1,310.6										
FY2009 AMD: Increase Rates for Emergency Transportation	Inc	2,668.5	0.0	0.0	0.0	0.0	0.0	2,668.5	0.0	0	0	0
<i>The Division of Health Care Services is requesting additional funding to increase the reimbursement rates for Medicaid Emergency Transportation Services. This will bring rates up to Medicare rates but still fall below current market rates.</i>												
<i>These services are a high priority. Emergency air ambulance and ground ambulance transports very ill Medicaid beneficiaries. Often emergency transportation is the difference between life and death. About 1,500 persons use air ambulance services in a year; about 11,000 use ground ambulance services.</i>												
<i>Historically, Medicaid and every other non-federal insurance carrier in Alaska paid a higher rate than Medicare. In 2002 when these rates were last set by Medicaid, they were equal to or higher than Medicare's rates. Since 2002 the cost of fuel, salaries, benefits, liability insurance, and worker's compensation benefits have risen sharply.</i>												
<i>While Alaska's Medicaid rates remained unchanged, Medicare increased their rates for these services to the point that today Medicaid consistently pays a much lower rate than Medicare. Emergency transportation service providers have shown the department compelling evidence that they are actually losing money every time they transport a Medicaid recipient in an emergency situation.</i>												
<i>Emergency transportation services included in this rate increase proposal are ambulance and emergency air transportation for medical evacuations. This increase does not apply to providers of non-emergency transportation, for example, when a child living in a small community has to be flown to a larger community for a routine dental appointment.</i>												
<i>Federal % = 51.02% SFY09 avg FMAP.</i>												
1002 Fed Rcpts (Fed)		1,361.5										
1003 G/F Match (UGF)		1,307.0										
FY2009 AMD: Reduce Federal Authorization due to Loss of Proshare SPEP	Dec	-1,100.0	0.0	0.0	0.0	0.0	0.0	-1,100.0	0.0	0	0	0
<i>This change record reduces the federal funding no longer needed because the Private ProShare Single Point of Entry Psychiatric (SPEP) Medicaid program has been discontinued by the federal Medicaid agency. This is an amendment to an existing change record in the Governor's Budget requesting a \$16,000.0 decrement in federal funding due to the previously disallowed larger, non-SPEP, portion of the Private ProShare program. This increase became necessary after the reconsideration of the SPEP portion of the ProShare program was denied.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2009 AMD: Reduce Federal Authorization due to Loss of Proshare SPEP (continued)												
<p><i>The department has made payments to hospitals for several years under this program. SPEP was an important part of the ProShare program and the department's strategy to provide access to quality health care services. ProShare SPEP Medicaid funds have supported mental health care programs that benefit many Alaskans. Without the ProShare SPEP Medicaid program the same services will have to be funded with 100 percent GF.</i></p> <p><i>In 2006 the Centers for Medicare &amp; Medicaid Services (CMS) decided that Alaska's ProShare program was not allowed and denied reimbursement for these payments. The department appealed this decision, and with the agreement of the Legislature, decided to continue the program until the case was resolved. CMS again disallowed the ProShare claim for 2007. On July 31, 2007 the department learned that it had lost the appeal when the U.S. Department of Health and Human Services Department Appeals Board upheld the disallowed claim. At that time it was not yet determined how the SPEP portion of that claim would be handled.</i></p> <p><i>The department is committed to continue funding these services at the same level in support of its mission to manage mental health care for Alaskans in need. While the federal authority is no longer needed in Health Care Services, in order to maintain current service levels, the department is requesting an additional \$1,100.0 GF in the Behavioral Health division to replace this lost federal money.</i></p>												
1002 Fed Rcpts (Fed)		-1,100.0										
FY2009 Medical Assistance Eligibility (SB 212)	FisNot	2,274.3	0.0	0.0	0.0	0.0	0.0	2,274.3	0.0	0	0	0
1002 Fed Rcpts (Fed)		1,504.2										
1003 G/F Match (UGF)		770.1										
FY2009 DID NOT PASS: Medical Assistance Eligibility (SB 212)	FisNot	-2,274.3	0.0	0.0	0.0	0.0	0.0	-2,274.3	0.0	0	0	0
1002 Fed Rcpts (Fed)		-1,504.2										
1003 G/F Match (UGF)		-770.1										
FY2009 Ch. 84, SLA 2008 (SB 196) Prescription Database	FisNot	-86.0	0.0	0.0	0.0	0.0	0.0	-86.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-44.0										
1003 G/F Match (UGF)		-42.0										
FY2010 Medicaid Program - Change in Federal Financial Participation	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

*This fund change request rebalances state and federal funding needs resulting from a 0.9-point increase in the annual rate the federal government reimburses the state for Medicaid benefits.*

*The new federal medical assistance percentage, or FMAP, takes effect on October 1st at the start of the federal fiscal year. The preliminary rate for FFY2010 is 51.43%, up from 50.53% in FFY2009. For FFY2010 the preliminary enhanced FMAP is 65.37%. The final rates will be published in December but are not expected to change much from the current estimates.*

*One in five Alaskans is enrolled in Medicaid at some time each year. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.*

*The federal and state governments jointly fund Medicaid. The total amount of federal reimbursement for Medicaid depends on a complex array of federal financial participation rates; however, the bulk of the federal funding for*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2010 Medicaid Program - Change in Federal												
Financial Participation (continued)												
<p><i>Medicaid benefits comes from claims reimbursed at the FMAP rate. The State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC), which are part of Alaska's Medicaid program, are reimbursed at an enhanced FMAP rate. Indian Health Service and family planning service reimbursement rates of 100% and 90%, respectively, are fixed and do not change annually. U.S. Department of Health and Human Services sets the FMAP rate; it is outside the control of the state government. The FMAP is based on a state's national rank of a three-year average of per capita personal income but can be no less than 50%. The enhanced FMAP reduces the state's share of costs by 30% over the regular FMAP. The enhanced rate can be no lower than 65%.</i></p> <p><i>The average FMAP for the state fiscal year is 51.21% (50.53% from July-September and 51.43% from October-June). The enhanced FMAP for FY2010 will average 65.84% (65.37% from July-September and 66.00% from October-June). Approximately 67% of the Health Care Services/Medicaid Services component's claims are reimbursed at the regular FMAP and another 6% at the enhanced FMAP. The remaining 27% is not affected by the change in FMAP.</i></p>												
1002 Fed Rcpts (Fed)		6,692.8										
1003 G/F Match (UGF)		-6,692.8										
FY2010 Medicaid Program - Formula Growth	Inc	34,333.6	0.0	0.0	0.0	0.0	0.0	34,333.6	0.0	0	0	0
<p><i>This increment is necessary to maintain the current level of quality Medicaid health-care services for nearly 117,000 eligible Alaskans, about 95% of all those enrolled in the Alaska Medicaid program during the year.</i></p> <p><i>The Medicaid Services component funds acute health care services such as hospitals, physicians, prescription drugs, dental, and transportation. Providing acute health services through Medicaid improves the department's success of reaching its goal of healthy people in healthy communities. These programs support the department's mission to manage health care for eligible Alaskans in need. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly.</i></p> <p><i>For FY2010, Health Care Services' Medicaid costs are projected to grow 6% from FY2009. Spending will rebound from the 4% drop seen between 2007 and 2008, returning to a slightly higher level than 2007. The current FY2010 forecast (with FMAP 2009) is \$627,770.1 (\$219,069.3 GF/\$403,950.8 federal/\$4,750.0 Other). The forecast has a 95% confidence interval that it is +/- 5%. Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</i></p> <p><i>In recent years the department has implemented Medicaid reforms aimed at improving Medicaid sustainability. Cost containment efforts begun in FY2004 have successfully reduced the rate of growth in recent years for direct benefits from a high of 21.5% for 2003. Cost containment has been especially effective in pharmacy services; costs for this category have fallen 28% since the high of \$95.7 million in 2005. Additional capacity expected on completion of new facilities and increases in provider reimbursement approved by the 2008 Legislature will contribute to the approximately 6% increase in costs forecast for FY2010.</i></p> <p><i>Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. Projections include recently adopted policy changes that are not yet reflected in the trends, e.g. provider rate increases effective in 2009; however, the formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP).</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2010 Medicaid Program - Formula Growth (continued)												
1002 Fed Rcpts (Fed)		21,468.3										
1003 G/F Match (UGF)		12,865.3										
FY2010 Medicaid Program - Reduce Excess Federal & I/A Authorization	Dec	-25,818.1	0.0	0.0	0.0	0.0	0.0	-25,818.1	0.0	0	0	0
<i>This decrement reduces excess federal and interagency receipts authorization in the Health Care Services Medicaid Services component.</i>												
1002 Fed Rcpts (Fed)		-15,000.0										
1007 I/A Rcpts (Other)		-10,818.1										
FY2010 Medicaid Program - Adjust Authorization for Current Trends	Dec	-24,000.0	0.0	0.0	0.0	0.0	0.0	-24,000.0	0.0	0	0	0
<i>This item reduces authorization to reflect current Medicaid projections.</i>												
<i>One in five Alaskans is enrolled in Medicaid in any given year. In an average week, 25,500 Alaskans receive some level of medical care that costs the Medicaid program \$17-25 million in benefit payments made to 2,100 health care providers. Medicaid services are funded through both state general funds and federal matching funds. There must be sufficient state general funds available in order to maximize utilization of federal funds. Good business practice requires the department to maintain adequate funding to ensure that timely payments can be made to service providers.</i>												
<i>The Legislature has requested that departments minimize supplemental budget requests through careful budget projections. The department uses both long-term and short-term forecasting models to project Medicaid spending. The Medicaid budget is based on projections of the number of eligible Alaskans who will access Medicaid funded services, the estimates of the quantity of services that may be used and the anticipated changes in the costs of those services. The long-term trend indicates annual increases in costs driven by inflation and population changes. Short-term projections are influenced mainly by enrollment and utilization of services. The change over a long period is generally smoother and more gradual than the fluctuations experienced in the short term. The budget preparation cycle requires projections up to 24 months in the future, often before recent policies have been fully implemented and reflected in the baseline spending data; therefore it is too early to know if recent changes in spending are temporary or will last.</i>												
<i>The department has implemented reforms in Medicaid aimed at improving Medicaid sustainability. For example, the department has been successful in avoiding some costs and in containing growth rates that can result in authorization being briefly ahead of the trend. The department can adjust its authorization this year to reflect current trends by reducing the Medicaid Services component budget by \$24 million (\$9 million in state general funds, and \$15 million in federal Medicaid revenue). The \$9 million GF cut represents 2% of the Medicaid Services component's existing authorization of \$422.1 million GF. This will leave a sufficient amount of funding to continue services at the current level. This decrement assumes that the Legislature approves the formula growth increment and FMAP fund changes.</i>												
1002 Fed Rcpts (Fed)		-15,000.0										
1003 G/F Match (UGF)		-9,000.0										
FY2010 Medicaid Cost Containment in Pharmacy	Dec	-1,400.0	0.0	0.0	0.0	0.0	0.0	-1,400.0	0.0	0	0	0
<i>This decrement reduces authorization for costs avoided in the Medicaid pharmacy program through a variety of cost containment strategies.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2010 Medicaid Cost Containment in												
Pharmacy (continued)												
<i>While great inflationary pressures are appearing in drug manufacturing and sales, the department continues to reform the pharmacy program and pursue cost containment efforts for a sustainable Medicaid program. The actual amount of avoided costs from these efforts is highly uncertain due to the inflationary pressures on the prescription drug market.</i>												
<i>One successful cost containment strategy is the Preferred Drug List, which the department continues to grow. The department will review a new class of drugs, the Atypical Antipsychotics, this fall. It is estimated that adding this drug class to the PDL may provide cost containment in FY2009 of \$800.0. Another cost containment strategy employed in the pharmacy program is prior-authorization for proton pump inhibitors. Implementing this change avoided costs of \$400.0 over six months in FY2008 and is expected to avoid an additional \$400.0 in FY2009.</i>												
<i>Another method of counteracting the inflationary pressure on prescription drugs is the supplemental rebate program. In FY2009 the pharmacy program should be able to offset some inflationary cost increases with rebates on the Antipsychotic drugs.</i>												
<i>The department is in the process of completing a Fee Survey which may increase reimbursement for dispensing fees; however, this should be mitigated with a corresponding decrease in the Estimated Acquisition Cost of drugs and adoption of a State Maximum Acquisition Cost. Currently the EAC is 95% of average wholesale price. The net effect of these initiatives will be an anticipated decrease in pharmacy costs of \$200.0. This change in reimbursement is contingent on approval of a state plan amendment as required by CMS.</i>												
<i>These cost containment reforms to the Medicaid pharmacy program help the department manage health-care coverage for Alaskans in need.</i>												
1002 Fed Rcpts (Fed)		-700.0										
1003 G/F Match (UGF)		-700.0										
FY2010 AMD: PH Nursing RSA and Medicaid Claim Reduced	Dec	-4,000.0	0.0	0.0	0.0	0.0	0.0	-4,000.0	0.0	0	0	0
<i>The Medicaid claim generated by Public Health Nursing's RSA was overstated because the approved cost allocation methodology wasn't followed. The claim is based on a random moment time study of Field Nurses. The cost allocation methodology has two stages: time spent on Medicaid allowable activities and proportion of Medicaid eligible population or MER. The cost allocation only used the first stage and ignored the second (MER).</i>												
<i>Because the RSA was overbilled, Health Care Services Medicaid component needs to reduce the budgeted funding for the RSA.</i>												
1002 Fed Rcpts (Fed)		-2,000.0										
1003 G/F Match (UGF)		-2,000.0										
FY2010 AMD: FMAP Increase of 6.2%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds available due to the federal economic stimulus package.</i>												
1003 G/F Match (UGF)		-34,724.2										
1212 Stimulus09 (Fed)		34,724.2										
FY2010 Phase II reimbursement rate increases for non-Tribal	Inc	1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
Medicaid dental providers, for codes not increased in Phase I												
1002 Fed Rcpts (Fed)		500.0										
1003 G/F Match (UGF)		500.0										

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2010 The amount paid from general funds for abortions not qualifying for federal Medicaid payment in calendar year 2008	Dec	-418.2	0.0	0.0	-418.2	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)		-418.2										
FY2011 Medicaid Growth	Inc	34,544.3	0.0	0.0	0.0	0.0	0.0	34,544.3	0.0	0	0	0
<p><i>This increment is necessary to maintain the current level of quality Medicaid health care services for eligible Alaskans. For FY11, Health Care Services' Medicaid costs are projected to grow 2.1% from FY10. Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP). The current FY11 forecast (with FMAP 2010) is \$686,782.9 (472,187.6 Federal / 207,455.3 GF / 7,140.0 Other). Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</i></p> <p><i>Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly.</i></p> <p><i>In recent years the department has implemented Medicaid reforms aimed at improving Medicaid sustainability. Cost containment efforts begun in FY04 have successfully reduced the rate of growth in recent years for direct benefits from a high of 21.5% for 2003. Cost containment has been especially effective in pharmacy services; costs for this category have fallen 27% since the high of \$95.7 million in 2005. Additional enrollment and utilization will contribute to the approximate 2.1% increase in costs forecast for FY11.</i></p> <p><i>The Medicaid Services component funds acute health care services such as hospitals, physicians, prescription drugs, dental, and transportation. Providing acute health services through Medicaid improves the department's goal of healthy people in healthy communities. These programs support the department's mission to manage health care for eligible Alaskans in need.</i></p>												
1002 Fed Rcpts (Fed)		17,214.1										
1003 G/F Match (UGF)		17,330.2										
FY2011 Improve Medicaid Tobacco Cessation Services	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<p><i>Modify Medicaid tobacco cessation service coverage to better coordinate and complement the efforts of the Tobacco Quit Line, American Lung Association, and tribal efforts, and assist with public education and partnering with other advocacy groups to deter young kids from starting to smoke or to chew tobacco products.</i></p> <p><i>Objectives of this increment include:</i></p> <ol style="list-style-type: none"> <li><i>1) Expand the provider types being able to perform and be reimbursed for tobacco cessation services</i></li> <li><i>2) Better care and lower tobacco use by Medicaid recipients</i></li> <li><i>3) Reduce incidence and Medicaid payments for secondary conditions associated with smoking</i></li> <li><i>4) Expand the number of pharmaceuticals available to the Medicaid population to address tobacco cessation</i></li> <li><i>5) Focus on pregnant women in an effort to lower and/or eliminate the effects smoking has on the child, i.e. low birth weight, asthma, etc.</i></li> </ol> <p><i>While quantifiable and standardized measures are still in the discussion phase and have to be agreed upon, they could include reduced Medicaid payments addressing secondary conditions associated with smoking as well as the reduced effects of maternal smoking on newborns.</i></p>												
1002 Fed Rcpts (Fed)		152.5										

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2011 Improve Medicaid Tobacco Cessation Services (continued)												
1168 Tob ED/CES (DGF) 97.5												
FY2011 Decrease Interagency Receipt Authority for the Discontinued ProShare Program	Dec	-4,000.0	0.0	0.0	-4,000.0	0.0	0.0	0.0	0.0	0	0	0
<i>Decrease interagency (I/A) receipt authority related to the discontinued Private Hospital Proportionate Share (ProShare) program.</i>												
1007 I/A Rcpts (Other) -4,000.0												
FY2011 Budget Clarification Project, fund change to reflect client payments to offset cost of Medicaid health insurance premium	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm (DGF) 750.0												
1156 Rcpt Svcs (DGF) -750.0												
FY2011 AMD: Reflect Unbudgeted Reimbursable Service Agreements	Inc	3,475.0	0.0	0.0	3,475.0	0.0	0.0	0.0	0.0	0	0	0
<i>Reflect three unbudgeted reimbursable service agreements that provide general fund match from the Division of Behavioral Health for Medicaid payments for the following:</i>												
<i>1. Disproportionate Share (DSH) Single Point of Entry Psychiatric Services at Providence Hospital - \$1,625.0</i>												
<i>2. Disproportionate Share for Designated Evaluation and Treatment Services provided by Fairbanks Memorial Hospital - \$900.0</i>												
<i>3. Disproportionate Share for Designated Evaluation and Treatment Services provided by Bartlett Regional Hospital - 950.0</i>												
1007 I/A Rcpts (Other) 3,475.0												
FY2011 AMD: Medicaid Growth	Inc	65,478.3	0.0	0.0	0.0	0.0	0.0	65,478.3	0.0	0	0	0
<i>The FY11 Governor's Budget request for Medicaid programs was based on data as of late summer 2009. Based on that data, DHSS was expecting the FY10 spending for the Health Care Services Medicaid Services component to be 5.9% higher than FY09, and spending for FY11 would be 2.1% higher than FY10. There have been unexpected increases in enrollment and utilization in recent months. Based upon the spending that has occurred in recent months, DHSS now projects spending in FY10 to be 12.8% higher than FY09, with FY11 spending being 3.6% higher than FY10.</i>												
<i>Medicaid expenditure projections have changed from \$198,268.6 to \$228,655.7 in general funds and from \$476,055.8 to \$511,147.0 in federal funds based on December 2009 data.</i>												
1002 Fed Rcpts (Fed) 22,067.4												
1003 G/F Match (UGF) 30,387.1												
1212 Stimulus09 (Fed) 13,023.8												
FY2011 Provide Primary Eye Care and Vision Rehabilitation to Rural Alaskan Communities	Inc	165.0	0.0	0.0	0.0	0.0	0.0	165.0	0.0	0	0	0
<i>Provide primary eye care and vision related rehabilitation to those rural Alaskan communities who currently do not have access to those services.</i>												
<i>This effort is a partnership with the Joint Vision Awareness Committee consisting of the Lions International, Alaska Primary Care Association, and the Alaska Center for the Blind &amp; Visually Impaired. These organizations are providing matching funds and in-kind</i>												



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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2011 Provide Primary Eye Care and Vision Rehabilitation to Rural Alaskan Communities (continued) contributions.												
2/24/10: Adopted in the H&SS House Finance Subcommittee.												
1004 Gen Fund (UGF)		165.0										
FY2011 The amount paid from general funds for abortions not qualifying for federal Medicaid payments in calendar year 2009	Dec	-615.9	0.0	0.0	-615.9	0.0	0.0	0.0	0.0	0	0	0
3 17 10: Added in Senate subcommittee. In the calendar year 2009, 1,875 abortions were performed in Alaska (6.6% increase over 2008). Of these, 1,033 individuals received either abortions or abortion-related services totaling the estimated expenditure of \$615,900 in general fund dollars because none of the services qualified under the Hyde Amendment for Medicaid reimbursements.												
1004 Gen Fund (UGF)		-615.9										
FY2011 Amend Medicaid projections between Governor's Amended request and legislative consultant recommendations	Dec	-1,967.1	0.0	0.0	0.0	0.0	0.0	-1,967.1	0.0	0	0	0
3/5/10 budget amendment: Adjust funding of Medicaid allocations to split the differences between the Governor's Amended Medicaid request and projections of a legislative consultant.												
1002 Fed Rcpts (Fed)		-1,072.8										
1003 G/F Match (UGF)		-767.1										
1212 Stimulus09 (Fed)		-127.2										
FY2011 Medicaid savings due to retroactive FMAP increase related to Medicare Part D Clawback repayments to CMS	Dec	-4,900.0	0.0	0.0	0.0	0.0	0.0	-4,900.0	0.0	0	0	0
Prior to the Medicare Part D program implementation, the State paid prescriptions for Medicaid dual eligible (enrollees in both Medicaid and Medicare) through Medicaid. With the implementation of Medicaid Part D, the state no longer pays for dual eligibles' prescriptions but does help finance them through payments to the federal government. This is commonly referred to as the "Clawback." Payments are based on a per capita cost calculated by the federal government and made on a monthly basis. The state's portion is determined by the Title XIX FMAP rate.												
In October 2008, ARRA provided an increase in the State's FMAP rate; it was initially determined that this higher FMAP rate would not apply to the Medicare Part D Clawback payments. On Feb. 18, 2010, HSS announced a change to this decision and will now apply the ARRA FMAPs to the Clawback payments. This change will be retroactive to Oct. 1, 2008. The State's overpayments of past monthly Clawback will be refunded in the form of a credit to offset future payments. Alaska's credit from Oct. 1, 2008 through Dec. 31, 2009 is approximately \$5.1 million. In addition, future payments will be calculated using the ARRA FMAP and there will be savings from what was originally budgeted for Clawback payments. The savings will be approximately \$390,000 per month for the remaining 6 months of SFY 2010 (Jan. 1 - Jun. 30, 2010). This is a total of \$7.5 million in savings for SFY 2010 from original calculations.												
These savings will continue through Dec. 31, 2010 and are anticipated to be further extended through June 30, 2011 at approximately \$414,000 per month for a total SFY 2011 savings for \$4.9 million over 12 months. Savings for SFY2010 are higher than those for SFY2011 due to the credit from past payments; in effect 21 months of savings are being realized in												

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2011 Medicaid savings due to retroactive FMAP increase related to Medicare Part D Clawback repayments to CMS (continued) SFY2010.												
<i>These savings are all State GF dollars.</i>												
1004 Gen Fund (UGF)		-4,900.0										
FY2011 MEDICAL ASSISTANCE ELIGIBILITY (SB 13)	FisNot	2,286.0	0.0	0.0	0.0	0.0	0.0	2,286.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		1,592.7										
1003 G/F Match (UGF)		693.3										
FY2011 VETO: MEDICAL ASSISTANCE ELIGIBILITY (SB 13)	Veto	-2,286.0	0.0	0.0	0.0	0.0	0.0	-2,286.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-1,592.7										
1003 G/F Match (UGF)		-693.3										
L FY2011 FMAP enhanced rate expected to be phased out beginning 1/1/11, triggering section 16b contingency funding	Contngnt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-12,881.1										
1003 G/F Match (UGF)		12,881.1										
FY2012 Growth from FY11 to FY12	IncM	43,243.2	0.0	0.0	0.0	0.0	0.0	43,243.2	0.0	0	0	0
<i>This transaction addresses the additional funds we need for Health Care Services Medicaid due to growth from FY11 to FY12 and is necessary to maintain the current level of quality Medicaid health care services for eligible Alaskans. Spending for Health Care Services Medicaid is projected to grow by 5.5% from FY11 to FY12, compared with the 15.1% growth it experienced from FY09 to FY10. Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits, or federal medical assistance percentage (FMAP).</i>												
<i>Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly.</i>												
<i>The Medicaid Services component funds acute health care services such as hospitals, physicians, prescription drugs, dental, and transportation. Providing acute health services through Medicaid improves the department's goal of healthy people in healthy communities. These programs support the department's mission to manage health care for eligible Alaskans in need.</i>												
1002 Fed Rcpts (Fed)		21,281.9										
1003 G/F Match (UGF)		21,961.3										
FY2012 Incorporate funding needed in FY12 to reflect FY11 growth	IncM	43,549.0	0.0	0.0	0.0	0.0	0.0	43,549.0	0.0	0	0	0
<i>Our projection for Medicaid spending in FY11 has increased since the budget was prepared last winter. This change record deals with the increment for FY12 that can be attributed to growth in FY11 that is not already included in the money appropriated for FY11. Additional change records will deal with FMAP changes and the growth from FY11 to FY12. Total spending for FY10 exceeded our estimates. Even though the growth in Medicaid enrollment has slowed down in recent months, it is still at a higher level than we were expecting when the Governor's Amended budget was prepared. Enrollment increased from 105,462 in January 2010 to 109,418 by March 2010. Enrollment in July is at 109,648.</i>												
1002 Fed Rcpts (Fed)		33,359.6										

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<b>Medicaid Services (continued)</b>												
<b>Health Care Medicaid Services (continued)</b>												
FY2012 Incorporate funding needed in FY12 to reflect FY11 growth (continued)												
1003 G/F Match (UGF)		5,775.7										
1212 Stimulus09 (Fed)		4,413.7										
FY2012 Replace ARRA funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>ARRA Medicaid funding will end by the end of FY 2011. This change record converts ARRA authorization to federal authorization in anticipation of a potential continuation of the increased FMAP.</i>												
1002 Fed Rcpts (Fed)		59,556.9										
1212 Stimulus09 (Fed)		-59,556.9										
FY2012 AMD: Growth From FY11 to FY12 -- FMAP Increase to 57.67%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The original change record for "Growth from FY11 to FY12" was for \$43,243.2 and assumed an FMAP of 50.00%. If we assume that ARRA will be extended through FY2012 at the 57.67% FMAP that Alaska will have from April through June 2011, we will save approximately \$2,205.6 in general funds for this growth increment over what we would have spent with a 50.00% FMAP.</i>												
1002 Fed Rcpts (Fed)		2,205.6										
1003 G/F Match (UGF)		-2,205.6										
FY2012 Decrement the amount that the Department spent on abortions or abortion-related services in calendar year 2010	Dec	-549.0	0.0	0.0	0.0	0.0	0.0	0.0	-549.0	0	0	0
1004 Gen Fund (UGF)		-549.0										
FY2013 Medicaid Growth from FY2012 to FY2013	IncM	53,272.3	0.0	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</i>												
<i>0.2% for utilization growth per enrollee</i>												
<i>3.1% for inflation</i>												
<i>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										
FY2013 Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	FndChg	0.0	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										
FY2013 Remove funding used for abortions and abortion related services in Calendar Year 2011	Dec	-504.2	0.0	0.0	0.0	0.0	0.0	-504.2	0.0	0	0	0
<i>4/15/12 - LFD changed line item from the misc. line to the grants line (at request of department).</i>												
1004 Gen Fund (UGF)		-504.2										
<b>* Allocation Total *</b>		<b>295,540.9</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,809.1</b>	<b>0.0</b>	<b>0.0</b>	<b>298,475.1</b>	<b>-1,125.1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services</b>												
FY2006 Increase I/A for Ak Pioneer Homes Asst Living Services Match for Eligible Medicaid Clients	Inc	1,375.0	0.0	0.0	0.0	0.0	0.0	1,375.0	0.0	0	0	0
<i>To budget previously unbudgeted Alaska Pioneer Home (DAPH) assisted living services state match RSA.</i>												
<i>Due to a change in federal policy, Pioneer Home residents may now obtain Medicaid coverage and Pioneer Homes are eligible to be licensed as Medicaid Providers. Medicaid payments to DAPH will be paid through DSDS Medicaid Services component. This transaction provides I/A receipt authorization needed to collect the General Fund Match (GFM) portion of the Medicaid payments from DAPH. The Federal Receipts are already budgeted in SDS Medicaid. In FY 05, GFM was estimated at \$1,031.0 for 9 months. This transaction provides for a full 12 months of payments.</i>												
1007 I/A Rcpts (Other)		1,375.0										
FY2006 Increase for Audit Services on Medicaid Providers	Inc	800.0	0.0	0.0	800.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Senior and Disabilities Medicaid Program has grown 179% over the last four years. Most of this growth has occurred in the Personal Care Attendant program. In order to get controls in place that will ensure that the DSDS consumer receives only the services necessary to achieve a quality life, the division is asking for an increment to contract out audit services on the Medicaid programs.</i>												
1002 Fed Rcpts (Fed)		600.0										
1003 G/F Match (UGF)		200.0										
FY2006 Projected Senior & Disabilities Medicaid growth averaging approximately 18%	Inc	39,266.4	0.0	0.0	0.0	0.0	0.0	39,266.4	0.0	0	0	0
<i>Senior and Disabilities Medicaid Services component funds the following types of services: Personal Care, Nursing Home, Older Alaskan Waiver, Children with Chronic Medical Conditions Waiver, Mental Retardation and Developmental Disabilities Waiver and Adult Disabled Waiver services.</i>												
<i>Senior and Disabilities Medicaid Services experienced an 18% annual average rate of growth over the last five years. Cost increases are mainly due to an increase in the number of clients. The number of recipients rose an average of 16% annually while the cost-per-recipient rose less than 2% annually.</i>												
<i>Personal Care Services accounted for 86% of the increased cost in FY04. Personal Care was the fastest growing category of service with a 65% increase between FY03 and FY04.</i>												
<i>Growth for the component slowed somewhat to 15% in FY04 from the near 25% increases seen in FY01, FY02, and FY03. Growth is projected to slow in the near future to 7.5% in FY05 and 10% in FY06. This is primarily because the rate of growth in Personal Care Services is expected to slow to between 12 and 15%.</i>												
1002 Fed Rcpts (Fed)		19,778.2										
1003 G/F Match (UGF)		19,488.2										
FY2006 Increase for Unrealized Cost Containment and adding back efforts achieved via changes to PCA regulations	Inc	12,690.7	0.0	0.0	0.0	0.0	0.0	12,690.7	0.0	0	0	0
<i>In the FY2005 budget the Department proposed an aggressive package of cost containment proposals to reduce Medicaid costs. For the Senior and Disability Services Medicaid Program the total reduction was estimated at \$48.5 million, including \$20.3 million in general funds.</i>												
<i>The Department is requesting an increment of \$16.7 million, including \$7.1 million in general funds, to restore funding to the base budget for those areas of cost containment that are not anticipated to be attainable at this time. However, it should be noted that the department continues to consistently work towards containing costs of Medicaid wherever possible.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2006 Increase for Unrealized Cost												
Containment and adding back efforts achieved												
via changes to PCA regulations (continued)												

*Progress has been made towards implementation of many of these proposals despite delays, political and industry push-back, administrative difficulties, provider complaints, etc. that have hindered implementation and subsequently reduced the original estimate of cost savings. Additionally, the current Medicaid Management Information System (MMIS) has limitations that have delayed system changes until approximately the spring of 2006 when the new information system currently under development can be implemented.*

*Although, it is difficult to identify the results of cost containment over a short interval of time, the department will continuously track the progress of cost containment implementation and reassess any additional savings or potential shortfalls that may result from these proposals.*

**Increment Breakdown**

OA/AD Contract: \$681.8 GF; \$1,022.7 Federal.

*In March 2004, the assessment function for Level of Care Assessments was removed from the Care Coordinator to an independent contractor working for DSDS. However, each year, Waiver clients must be reassessed for medical eligibility. There have been several cases in which clients were denied Level of Care at annual renewal, yet because they can appeal such decisions while continuing to receive services, and since this process can take several months to complete, savings do not occur until the appeal process is complete.*

Medicaid Waiver Savings: \$2,174.5 GF; \$3,255.8 Federal

*The DSDS issued a Request for Proposals to conduct a cost study for the Medicaid Waivers with the intent of standardizing the methodology for calculation of reimbursement rates and establishing a fair and reasonable reimbursement rate for each of the Waiver services. The Department received no responses to this RFP. DSDS staff then organized a Cost-Study Task Force to review all Waiver payment structures for the various service categories. Task Force members included DSDS staff, provider representatives from each of the four Medicaid Waiver services, and Older American Act grantees. The task force reviewed reimbursement information by region and type of service for each provider. Given the magnitude of the cost differential from one agency to another and absent appropriate regulatory authority to make changes to "annual reimbursement rates," the cost study was placed on hold. (This occurred at the same time the industry was extremely upset and vocal over other regulatory changes.) DSDS is now working with the GCDSE, the ACoA and the AMHTA in preparing another RFP to conduct a long-term study for the state of Alaska regarding all LTC expenditures including Nursing Homes, the four Medicaid Waivers and the PCA program. This study will investigate appropriate reimbursement rates, a comparison of Alaska's long-term care system with those in other states (including served and under served populations), and make recommendations for responsible change. The new Home and Community Based Regulations that took effect on June 28, 2004 have placed a moratorium on any increases in cost-based reimbursement rates. DSDS staff is currently working with DD provider agencies to establish a uniform cost based rate for each service category within the provisions of the moratorium. Once this project is complete any new client placed in service will have a specific rate for each type service and will not be allowed to receive "bundled" services. (Under the DD program, the cost of service is based upon the client and not the individual services.)*

Eliminate Exceptional Relief: \$1,000 GF; \$1,355.0 Federal

*Final regulations did not eliminate exceptional relief but did add two cost containment provisions. Both of these provisions help to clarify that the department intends to offer exceptional relief only when Medicaid patients will*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2006 Increase for Unrealized Cost												
Containment and adding back efforts achieved												
via changes to PCA regulations (continued)												
<i>lose access to services to a greater degree than the general public. At this time it is not possible to determine how much of this reduction is achievable through these regulatory cost containment efforts.</i>												
<i>Limit Administrative and General Costs: \$580.0 GF; \$870.0 Federal</i>												
<i>Reduce Respite Utilization: \$1,590.0 GF; \$2,392.0 Federal</i>												
<i>The regulations for these services became effective on June 28, 2004, and it is anticipated that part of the originally proposed cost savings should be achieved. However, under the four Medicaid Waiver programs, clients receive approval for a one year Plan of Care. On the advice of legal counsel, the Plan of Care is considered a contract between the state and the client and could not be changed by regulation. As each Plan of Care comes up for renewal, the new regulatory provisions will take effect. However, the MRDD Waiver program currently requires manual input of data since the conversion has had significant problems and rejected about 20% of client billings.</i>												
<i>Nursing Homes - Preadmission Care Plans: \$1,540.9 GF; \$2,459.1 Federal</i>												
<i>This reduction proposal did not take into consideration the level of need for Nursing Home care. Although this cost containment measure has been implemented and DSDS staff has been very successful in reducing admission to Nursing Homes or transferring existing clients out of nursing homes, savings have not been realized since each time an individual has been transferred out, another individual in need of Nursing Home care has been admitted.</i>												
<i>Other savings through implemented cost containment measures not budgeted:</i>												
<i>Implementation of the following items results in additional savings in FY05 not originally anticipated in the FY05 budget and reduces the net incremental need for FY06.</i>												
<i>Additional Personal Care Attendant Contract Savings - \$282.9 GF; \$183.8 Federal Tribal Refinancing - \$200.0 GF savings; increased federal participation \$700.0 Refinance PCA Grants - \$864.5 Additional Federal Receipts</i>												
1002 Fed Rcpts (Fed)		7,606.3										
1003 G/F Match (UGF)		5,084.4										
FY2006 CC: Unrealized Cost Containment and adding back efforts achieved via changes to PCA regulations	Dec	-6,345.3	0.0	0.0	0.0	0.0	0.0	-6,345.3	0.0	0	0	0
<i>In the FY2005 budget the Department proposed an aggressive package of cost containment proposals to reduce Medicaid costs. For the Senior and Disability Services Medicaid Program the total reduction was estimated at \$48.5 million, including \$20.3 million in general funds.</i>												
<i>The Department is requesting an increment of \$16.7 million, including \$7.1 million in general funds, to restore funding to the base budget for those areas of cost containment that are not anticipated to be attainable at this time. However, it should be noted that the department continues to consistently work towards containing costs of Medicaid wherever possible.</i>												
<i>Progress has been made towards implementation of many of these proposals despite delays, political and industry push-back, administrative difficulties, provider complaints, etc. that have hindered implementation and subsequently reduced the original estimate of cost savings. Additionally, the current Medicaid Management Information System (MMIS) has limitations that have delayed system changes until approximately the spring of</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Medicaid Services (continued)**

**Senior and Disabilities Medicaid Services (continued)**

FY2006 CC: Unrealized Cost Containment and  
adding back efforts achieved via changes to  
PCA regulations (continued)

*2006 when the new information system currently under development can be implemented.*

*Although, it is difficult to identify the results of cost containment over a short interval of time, the department will continuously track the progress of cost containment implementation and reassess any additional savings or potential shortfalls that may result from these proposals.*

*Increment Breakdown*

*OA/AD Contract: \$681.8 GF; \$1,022.7 Federal.*

*In March 2004, the assessment function for Level of Care Assessments was removed from the Care Coordinator to an independent contractor working for DSDS. However, each year, Waiver clients must be reassessed for medical eligibility. There have been several cases in which clients were denied Level of Care at annual renewal, yet because they can appeal such decisions while continuing to receive services, and since this process can take several months to complete, savings do not occur until the appeal process is complete.*

*Medicaid Waiver Savings: \$2,174.5 GF; \$3,255.8 Federal*

*The DSDS issued a Request for Proposals to conduct a cost study for the Medicaid Waivers with the intent of standardizing the methodology for calculation of reimbursement rates and establishing a fair and reasonable reimbursement rate for each of the Waiver services. The Department received no responses to this RFP. DSDS staff then organized a Cost-Study Task Force to review all Waiver payment structures for the various service categories. Task Force members included DSDS staff, provider representatives from each of the four Medicaid Waiver services, and Older American Act grantees. The task force reviewed reimbursement information by region and type of service for each provider. Given the magnitude of the cost differential from one agency to another and absent appropriate regulatory authority to make changes to "annual reimbursement rates," the cost study was placed on hold. (This occurred at the same time the industry was extremely upset and vocal over other regulatory changes.) DSDS is now working with the GCDSE, the ACoA and the AMHTA in preparing another RFP to conduct a long-term study for the state of Alaska regarding all LTC expenditures including Nursing Homes, the four Medicaid Waivers and the PCA program. This study will investigate appropriate reimbursement rates, a comparison of Alaska's long-term care system with those in other states (including served and under served populations), and make recommendations for responsible change. The new Home and Community Based Regulations that took effect on June 28, 2004 have placed a moratorium on any increases in cost-based reimbursement rates. DSDS staff is currently working with DD provider agencies to establish a uniform cost based rate for each service category within the provisions of the moratorium. Once this project is complete any new client placed in service will have a specific rate for each type service and will not be allowed to receive "bundled" services. (Under the DD program, the cost of service is based upon the client and not the individual services.)*

*Eliminate Exceptional Relief: \$1,000 GF; \$1,355.0 Federal*

*Final regulations did not eliminate exceptional relief but did add two cost containment provisions. Both of these provisions help to clarify that the department intends to offer exceptional relief only when Medicaid patients will lose access to services to a greater degree than the general public. At this time it is not possible to determine how much of this reduction is achievable through these regulatory cost containment efforts.*

*Limit Administrative and General Costs: \$580.0 GF; \$870.0 Federal*

*Reduce Respite Utilization: \$1,590.0 GF; \$2,392.0 Federal*

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**Medicaid Services (continued)**

**Senior and Disabilities Medicaid Services (continued)**

FY2006 CC: Unrealized Cost Containment and  
adding back efforts achieved via changes to  
PCA regulations (continued)

*The regulations for these services became effective on June 28, 2004, and it is anticipated that part of the originally proposed cost savings should be achieved. However, under the four Medicaid Waiver programs, clients receive approval for a one year Plan of Care.. On the advice of legal counsel, the Plan of Care is considered a contract between the state and the client and could not be changed by regulation. As each Plan of Care comes up for renewal, the new regulatory provisions will take effect. However, the MRDD Waiver program currently requires manual input of data since the conversion has had significant problems and rejected about 20% of client billings.*

*Nursing Homes - Preadmission Care Plans: \$1,540.9 GF; \$2,459.1 Federal*

*This reduction proposal did not take into consideration the level of need for Nursing Home care. Although this cost containment measure has been implemented and DSDS staff has been very successful in reducing admission to Nursing Homes or transferring existing clients out of nursing homes, savings have not been realized since each time an individual has been transferred out, another individual in need of Nursing Home care has been admitted.*

*Other savings through implemented cost containment measures not budgeted:*

*Implementation of the following items results in additional savings in FY05 not originally anticipated in the FY05 budget and reduces the net incremental need for FY06.*

*Additional Personal Care Attendant Contract Savings - \$282.9 GF; \$183.8 Federal Tribal Refinancing - \$200.0 GF savings; increased federal participation \$700.0 Refinance PCA Grants - \$864.5 Additional Federal Receipts*

1002 Fed Rcpts (Fed) -3,803.1

1003 G/F Match (UGF) -2,542.2

FY2006 AMD: Increased Medicaid Growth-Personal Care Attendant program	Inc	13,570.0	0.0	0.0	0.0	0.0	0.0	0.0	13,570.0	0.0	0	0	0
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*This request is to fund formula growth above the originally projected amount. The Division of Senior and Disabilities Services Medicaid Program includes some of the fastest growing Medicaid categories including Personal Care Attendant Services (PCA) and Nursing Homes.*

*Initial projections for PCA growth in FY05 were 11.6%. However, based on FY05 actuals to date, the growth rate in FY05 will exceed 19%.*

*Similarly, initial projections for Nursing Home growth in FY05 were 3.6%. However, based on FY05 actuals to date, the growth rate in FY05 will exceed 18%. A large part of this growth is attributable to the "re-basing" of nursing home rates which occurs once every 4 years. A comparison is made between actual costs and the current rate and a true up rate established. Re-basing of rates resulted in a weighted average increase of 8.7% from calendar year 2004 and calendar year 2005.*

*Conversely, waiver growth is coming in lower than the original projections. Overall FY05 component costs are now estimated to increase by approximately 8%.*

*This request for FY06 reflects a 5.3% growth above the current FY05 projection.*

1002 Fed Rcpts (Fed) 7,813.6



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Medicaid Services (continued)													
Senior and Disabilities Medicaid Services (continued)													
FY2006 AMD: Increased Medicaid Growth-Personal Care Attendant program (continued)													
		1003 G/F Match (UGF)	5,756.4										
L		FY2006 Sec. 54(e), Ch. 3, FSSLA 2005 (SB 46) - Funding to adopt new emergency regulations for FY06	Special	363.5	363.5	0.0	0.0	0.0	0.0	0.0	0	0	0
		1002 Fed Rcpts (Fed)		209.3									
		1004 Gen Fund (UGF)		154.2									
		FY2007 Projected FY07 Growth	Inc	55,690.0	0.0	0.0	0.0	55,690.0	0.0	0	0	0	
Senior and Disabilities Medicaid Services experienced a 9% rate of growth from FY04 to FY05. This projection assumes the same growth rate in FY06 and FY07. Growth is due to an increase in the number of clients. The number of recipients rose an average of 32% while the cost-per-recipient decreased 16%. The rapid increase in Senior & Disabilities Medicaid Services client base is not surprising since they serve the fastest growing segment of the population, those age 65 and over.													
Personal Care Services (PCA) accounted for 70% of the increased cost in FY05. Personal Care was the fastest growing category of service with a 24% increase from FY04 to FY05. However, this is a substantial improvement from the 65% increase PCA experienced between FY03 and FY04.													
Nursing Home services experienced an increase of 21% from FY04 to FY05. Nursing homes saw both an increase in the monthly average number of beneficiaries and the cost-per-recipient. The average cost increased because of facility rate adjustments. Rates are recalculated every four years and inflation adjusted in interim years.													
Growth for the component slowed to 9% in FY05 from the near 25% annual increases seen in FY01, FY02, and FY03. Growth is projected to remain at the FY05 level in FY06 and FY07. This is possible even with increases in the 65+ population because the rate of growth in Personal Care Services is expected to slow to between 12% and 15% and nursing home rates will not be recalculated until FY08.													
The increment request is based on FY06 existing authorization compared to FY07 growth need. FY07 fund source projections are based on regular FMAP of 57.58% (all 4 quarters) and enhanced FMAP of 70.31% (all 4 quarters). Projected expenditures are allocated by SDS Medicaid's actual expenditures by FMAP in FY05, resulting in an effective federal reimbursement rate for SDS of approximately 58%.													
		1002 Fed Rcpts (Fed)		32,382.4									
		1003 G/F Match (UGF)		23,307.6									
		FY2007 Developmental Disabilities Waiver	Inc	3,488.0	0.0	0.0	0.0	3,488.0	0.0	0	0	0	
		1002 Fed Rcpts (Fed)		1,988.0									
		1003 G/F Match (UGF)		1,500.0									
		FY2007 Complete funding for DD waitlist identified by Gov's Council on Disabilities and Special Education and Ad Hoc Committee	Inc	3,652.0	0.0	0.0	0.0	3,652.0	0.0	0	0	0	
		1002 Fed Rcpts (Fed)		2,152.0									
		1004 Gen Fund (UGF)		1,500.0									
		FY2007 Ch. 96, SLA 2006 (HB 426) Medical Assistance/INS Cooperation	FisNot	-83.1	0.0	0.0	0.0	-83.1	0.0	0	0	0	

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2007 Ch. 96, SLA 2006 (HB 426) Medical Assistance/INS Cooperation (continued)												
1002 Fed Rcpts (Fed)		-47.8										
1003 G/F Match (UGF)		-35.3										
 FY2008 Medicaid Facility Rates Rebased - Nursing Homes	Inc	3,081.0	0.0	0.0	0.0	0.0	0.0	3,081.0	0.0	0	0	0
<i>Alaska nursing home facilities currently serve about 1563 Medicaid clients per year. Most of these persons are elderly (69%) or disabled (30%). Twenty percent are over 84 years of age and 16% are under age 55.</i>												
<i>This increment is necessary to maintain nursing home services at their current level and to prevent loss of provider participation. By regulation, payment rates for most facilities must be re-based at least every four years [7 AAC 43.685(a)(6)(B)]. Hospital, nursing home, and inpatient psych hospital facilities were last re-based in FY04.</i>												
<i>Nursing home payment rates for FY08 will be adjusted based on review of FY06 operating expenses and Medicaid billing activity for each facility. The new rate for each facility will become effective at the start of its 2008 fiscal cycle. The Department estimates that rates will be adjusted by an average of 8%. Long Term Care (nursing home) facilities that will bill under re-based rates for the full 12 months of FY08 include collocated nursing facilities in Petersburg Medical Center, Sitka Community Hospital, South Peninsula Hospital, and Providence Valdez Medical Center, and the Providence Seward Medical Center/Wesley Care Center. Fairbanks Memorial Hospital/Denali Center, Providence Extended Care, Mary Conrad Center, Wildflower Court, and nursing home facilities at Providence Kodiak Island Medical Center will bill under rebased rates for the last six months of the fiscal year. Remaining in-state nursing facilities subject to review under 7ACC 43.685 will re-base effective FY09.</i>												
<i>Not all nursing home facilities providing services to Alaska Medicaid patients will be subject to the re-basing addressed by this increment. Payment rates for any smaller in-state facilities (acute care, specialty, or psychiatric hospital or combined acute care hospital-nursing facilities billing 4,000 or fewer acute care patient days, or freestanding nursing home facilities billing 15,000 or fewer nursing facility days) are determined using a different methodology, established under a separate regulatory authority [7 ACC 43.689]. This analysis assumes no significant rate changes for small Alaskan facilities. There are currently no out-of-state nursing home facilities billing for services to Alaska Medicaid enrollees.</i>												
<i>Data for Indian Health Service (IHS) facilities has been excluded from this analysis. The only IHS nursing home facility currently subject to re-basing by the Department under 7 ACC 43.685 is Quyanna Care Center (Norton Sound Regional Hospital). It will rebase effective July 1, 2008 (FY09) so its rate adjustment will not affect the requested increment. Payment rates for most other IHS facilities are determined annually by the federal government.</i>												
<i>Alaska Pioneer Homes are assisted living facilities, not nursing homes, and are not considered here.</i>												
<i>To calculate the increment required to cover nursing home rate increases in FY08, the percent of FY06 non-IHS nursing home payments made to nursing facilities scheduled to re-base for the full 2008 fiscal year and the percent made to non-IHS nursing homes scheduled to re-base for only the last six months were determined, based on Medicaid claims payments for all non-IHS nursing home services in FY06. Re-based rates will impact 52.3% of payments for non-IHS nursing home services in FY08.</i>												

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**Agency: Department of Health and Social Services**

**Medicaid Services (continued)**

**Senior and Disabilities Medicaid Services (continued)**

FY2008 Medicaid Facility Rates Rebased -  
Nursing Homes (continued)

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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*The formula for calculation of the requested increment is: 8% X 52.3% X growth projection for FY08 non-IHS nursing home services.*

*The FY08 growth projection for non-IHS nursing home services is \$73,636.5. Facilities rate adjustments will increase that projection to \$76,697.5 and will increase the projected cost of all nursing home services (IHS facilities included) to \$80,550.0. The additional cost to Medicaid from re-basing in FY08 will be \$3,081.0 (\$1,441.3 GF and \$1,639.7 Fed).*

*This increment will help the department improve the following performance measures:*

*Dept-A-1--Provide a safe environment for Alaska pioneers and veterans*

*HCS-B---Provide affordable access to quality health care services to eligible Alaskans*

*HCS-B--T1-Increase the number of providers*

*DPH-A--Healthy people in healthy communities*

*DPH-A--A2-Reduce suffering, death and disability due to chronic disease*

*DPH-A--A4-Assure access to early preventative services and quality health care*

*SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services*

1002 Fed Rcpts (Fed) 1,639.7

1004 Gen Fund (UGF) 1,441.3

FY2008 Remove 1/2 of the Medicaid Facility Rates Rebased - Nursing Homes increment	Dec	-1,540.5	0.0	0.0	0.0	0.0	0.0	-1,540.5	0.0	0	0	0
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*Alaska nursing home facilities currently serve about 1563 Medicaid clients per year. Most of these persons are elderly (69%) or disabled (30%). Twenty percent are over 84 years of age and 16% are under age 55.*

*This increment is necessary to maintain nursing home services at their current level and to prevent loss of provider participation. By regulation, payment rates for most facilities must be re-based at least every four years [7 AAC 43.685(a)(6)(B)]. Hospital, nursing home, and inpatient psych hospital facilities were last re-based in FY04.*

*Nursing home payment rates for FY08 will be adjusted based on review of FY06 operating expenses and Medicaid billing activity for each facility. The new rate for each facility will become effective at the start of its 2008 fiscal cycle. The Department estimates that rates will be adjusted by an average of 8%. Long Term Care (nursing home) facilities that will bill under re-based rates for the full 12 months of FY08 include colocated nursing facilities in Petersburg Medical Center, Sitka Community Hospital, South Peninsula Hospital, and Providence Valdez Medical Center, and the Providence Seward Medical Center/Wesley Care Center. Fairbanks Memorial Hospital/Denali Center, Providence Extended Care, Mary Conrad Center, Wildflower Court, and nursing home facilities at Providence Kodiak Island Medical Center will bill under rebased rates for the last six months of the fiscal year. Remaining in-state nursing facilities subject to review under 7ACC 43.685 will re-base effective FY09.*

*Not all nursing home facilities providing services to Alaska Medicaid patients will be subject to the re-basing addressed by this increment. Payment rates for any smaller in-state facilities (acute care, specialty, or psychiatric*

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2008 Remove 1/2 of the Medicaid Facility Rates Rebased - Nursing Homes increment (continued)												
<i>hospital or combined acute care hospital-nursing facilities billing 4,000 or fewer acute care patient days, or freestanding nursing home facilities billing 15,000 or fewer nursing facility days) are determined using a different methodology, established under a separate regulatory authority [7 ACC 43.689]. This analysis assumes no significant rate changes for small Alaskan facilities. There are currently no out-of-state nursing home facilities billing for services to Alaska Medicaid enrollees.</i>												
<i>Data for Indian Health Service (IHS) facilities has been excluded from this analysis. The only IHS nursing home facility currently subject to re-basing by the Department under 7 ACC 43.685 is Quyanna Care Center (Norton Sound Regional Hospital). It will rebase effective July 1, 2008 (FY09) so its rate adjustment will not affect the requested increment. Payment rates for most other IHS facilities are determined annually by the federal government.</i>												
<i>Alaska Pioneer Homes are assisted living facilities, not nursing homes, and are not considered here.</i>												
<i>To calculate the increment required to cover nursing home rate increases in FY08, the percent of FY06 non-IHS nursing home payments made to nursing facilities scheduled to re-base for the full 2008 fiscal year and the percent made to non-IHS nursing homes scheduled to re-base for only the last six months were determined, based on Medicaid claims payments for all non-IHS nursing home services in FY06. Re-based rates will impact 52.3% of payments for non-IHS nursing home services in FY08.</i>												
<i>The formula for calculation of the requested increment is: 8% X 52.3% X growth projection for FY08 non-IHS nursing home services.</i>												
<i>The FY08 growth projection for non-IHS nursing home services is \$73,636.5. Facilities rate adjustments will increase that projection to \$76,697.5 and will increase the projected cost of all nursing home services (IHS facilities included) to \$80,550.0. The additional cost to Medicaid from re-basing in FY08 will be \$3,081.0 (\$1,441.3 GF and \$1,639.7 Fed).</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
<i>SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1002 Fed Rcpts (Fed)		-819.9										
1004 Gen Fund (UGF)		-720.6										
FY2008 FY08 Projected Medicaid Growth	Inc	21,746.9	0.0	0.0	0.0	0.0	0.0	21,746.9	0.0	0	0	0
<i>This increment funds increases in Medicaid service costs due to increases in enrollment and utilization.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2008 FY08 Projected Medicaid Growth (continued)												
<p><i>For FY08, Senior and Disabilities' Medicaid costs are projected to grow 7% over the authorized amount of \$312,795.9. This increment request is necessary to maintain the current level of long term health services in Medicaid. The Senior and Disabilities Medicaid Services component funds three types of services: nursing homes, personal care attendants, and home and community based services.</i></p> <p><i>In FY06 Senior and Disabilities Medicaid provided services to approximately 7,700 beneficiaries at an average cost of \$3,031 per person per month. Senior and Disabilities Medicaid claims grew 10% from FY04 to FY05, and 9% from FY05 to FY06. The projection for FY08 is for the growth rate to decrease slightly. This is due to changes in the personal care attendant program that have curtailed growth.</i></p> <p><i>Most of the increase can be attributed to home and community based waiver services which experienced a 14% increase from FY05 to FY06. This figure is somewhat skewed, however, as billing delays in FY05 artificially lowered that year's claim payments. The true growth rate was closer to 5% averaged over two years. Personal care attendant services, which grew 23% between FY04 and FY05, grew only 4.8% in the prior year. Nursing homes increased 5.1%.</i></p> <p><i>The fund source projection is based on the actual amount of federal revenue collected in FY06 in this component, 59%, and assumes that the proportion of expenditures eligible for each type of federal reimbursement remains the same. It also assumes that the FY08 average federal medical assistance percentage remains at 57.58% for regular Medicaid and 70.31% for SCHIP.</i></p> <p><i>This increment also provides \$1,200.0 authority for statutory designated program receipts (SDPR) in the Behavioral Health Medicaid Services component for recoveries of overpayments to Medicaid providers discovered through audits.</i></p> <p><i>Per AS 47.05.200 the department is required to audit Medicaid provider payments. Overpayments to the providers must be returned by the provider to the state. The overpayment includes both the federal and state match portion of the original claim. The amount actually recovered can include only the federal funds or the state matching funds, too. This increment provides budget authority to collect the state matching fund portion of the audit recovery.</i></p> <p><i>The additional funding supports the department's mission to manage health care for Alaskans in need. This increment will help the department improve the following performance measures:</i></p> <p><i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>  <i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>  <i>HCS-A-A2--Expand fund recovery efforts</i>  <i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>  <i>HCS-B--T1-Increase the number of providers</i>  <i>DPH-A---Healthy people in healthy communities</i>  <i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>  <i>DPH-A--A4-Assure access to early preventative services and quality health care</i>  <i>SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i></p>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2008 FY08 Projected Medicaid Growth (continued)												
1002 Fed Rcpts (Fed)		12,904.7										
1004 Gen Fund (UGF)		7,642.2										
1108 Stat Desig (Other)		1,200.0										
FY2008 AMD: Limited Modification of Facility Cost-Based Rate Methodologies (Reg Chg)	Dec	-641.4	0.0	0.0	0.0	0.0	0.0	-641.4	0.0	0	0	0
<i>Reduce Medicaid payment rates by adjusting rate methodologies for such items as reasonableness of administrative costs, pay therapies through the physician fee schedule, pay the pharmacy directly for drugs administered in a hospital, eliminating Medicaid payment for empty beds, and other changes consistent with state and federal guidelines. This option would require regulatory change, corroboration within the department and with providers, and possible defense of the rate reductions in a legal environment. This change would reduce the amount of funds available to hospitals for supporting operations and furnishing services to the uninsured.</i>												
1002 Fed Rcpts (Fed)		-341.4										
1003 G/F Match (UGF)		-300.0										
FY2008 AMD: SFY08 Realized Cost Containment for Medicaid -Personal Care Attendant	Dec	-16,500.0	0.0	0.0	0.0	0.0	0.0	-16,500.0	0.0	0	0	0
<i>New regulations governing the Personal Care Attendant (PCA) Medicaid program became law on 4/1/2006. These regulation changes were legislatively mandated to help contain costs in this Medicaid program. The new regulations require that all recipients of PCA services must be medically assessed to verify the medical need for the services they are receiving. As a result of these regulation changes, the Division of Senior and Disabilities Services has seen a dramatic decrease in utilization of this program and anticipates a substantial decrease in programmatic costs in FY08. This decrement should not have a significant impact on services provided to beneficiaries.</i>												
1002 Fed Rcpts (Fed)		-9,500.7										
1003 G/F Match (UGF)		-6,999.3										
L FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 5.1% decrease in the annual rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2007.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid and is outside the control of the state government. Without the increment the state would be forced to reduce eligibility or services currently provided to low income persons with disabilities and the elderly. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2008 AMD: FFY08 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
<i>The regular FMAP is projected to drop from 57.58% to 52.48% in FFY08 and the enhanced FMAP from 70.31% to 66.74%. The regular FMAP for SFY08 will average 53.76% (57.58% from July-Sept. 2007 and 52.48% from Oct. 2007-June 2008). The enhanced FMAP for SFY08 will average 67.63% (70.31% from July-Sept. 2007 and 66.74% from Oct. 2007-June 2008). Approximately 93% of the Medicaid Services component's claims are reimbursed at the regular FMAP and another 2% at the enhanced FMAP. The remaining 5% is Indian Health Service and is not affected by the change in FMAP. The FFY08 change in FMAP will require an estimated \$8,349.5 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												
1002 Fed Rcpts (Fed)		-8,349.5										
1003 G/F Match (UGF)		8,349.5										
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This request replaces lost federal revenues resulting from a 1.95% decrease in the rate the federal government reimburses the state for Medicaid benefits that will take effect on October 1, 2008.</i>												
<i>The federal and state governments jointly fund Medicaid. The federal fund reimbursement rate is set by the Centers for Medicare and Medicaid Services and is outside the control of the state government. One in five Alaskans is enrolled in Medicaid at some time each year. Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly. By approving this fund source change, the department will be able to continue to meet its mission of purchasing health care for Alaskans in need.</i>												
<i>The amount of federal funds the state receives for its Medicaid program depends on a complex array of reimbursement rates, some of which change each October 1st with the start of a new federal fiscal year. The bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage or FMAP. The FMAP rate is based on the state's national rank of per capita personal income but can be no less than 50%. Also affected are the State Children's Health Insurance Program (SCHIP) and the Breast and Cervical Cancer program (BCC) which are part of Alaska's Medicaid program. Eligible claims for SCHIP and BCC are reimbursed at an enhanced FMAP rate which reduces the state share of costs by 30% over the regular FMAP.</i>												
<i>The regular FMAP is projected to drop from 52.48% to 50.53% in FFY09 and the enhanced FMAP from 66.74% to 65.37%. The regular FMAP for SFY09 will average 51.02% across two federal fiscal years (52.48% from July-Sept. 2008 and 50.53% from Oct. 2008-June 2009). The enhanced FMAP for SFY09 will average 65.71% (66.74% from July-Sept. 2008 and 65.37% from Oct. 2008-June 2009).</i>												
<i>Approximately 97% of the Senior and Disabilities Medicaid Services component's claims are reimbursed at the regular FMAP. The remaining 3% is Indian Health Service. Based on current estimated expenditures for Medicaid, the FFY09 change in FMAP will require an estimated \$9,004.9 increase in GF to replace the lost federal funds and maintain services at the current level.</i>												
<i>The rates used here are estimates. The final FMAP rate for FFY 2009 will not be known until November/December.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid (continued)												
1002 Fed Rcpts (Fed)		-9,004.9										
1003 G/F Match (UGF)		9,004.9										
FY2009 FY09 Projected Medicaid Formula Growth	Inc	19,116.6	0.0	0.0	0.0	0.0	0.0	19,116.6	0.0	0	0	0
<p><i>This increment funds increases in Medicaid service costs due to increases in enrollment and utilization. In FY09, services for seniors and the developmentally disabled are expected to grow 6% over the FY08 authorized amount. This increment request is necessary to maintain the current level of Medicaid long term health services. The Senior and Disabilities Medicaid Services component funds three types of services: nursing homes, personal care attendants, and home and community based services.</i></p> <p><i>In FY07, total growth was affected by the Mentally Retarded and Developmentally Disabled Waiver which grew approximately 4% from FY06 and is expected to grow again in FY08 by approximately 9%. Personal Care Services is a large portion of Senior and Disabilities Services, but its growth has been slowing due to cost containment measures. The Older Alaskan Waiver, another major contributor to overall growth, is expected to grow by 9% in FY08 and 7% in FY09.</i></p> <p><i>The fund source projection is based on the actual amount of federal revenue collected in SFY07 in this component, 59%, and assumes that the proportion of expenditures eligible for each type of federal reimbursement remains the same. It also assumes that the SFY09 average federal medical assistance percentage remains at 53.76% for regular Medicaid and 67.63% for enhanced Medicaid.</i></p> <p><i>The additional funding supports the department's mission to manage health care for Alaskans in need. This increment will help the department improve the following performance measures:</i></p> <p><i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i></p> <p><i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i></p> <p><i>HCS-A-A2--Expand fund recovery efforts</i></p> <p><i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i></p> <p><i>HCS-B--T1-Increase the number of providers</i></p> <p><i>DPH-A---Healthy people in healthy communities</i></p> <p><i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i></p> <p><i>DPH-A--A4-Assure access to early preventative services and quality health care</i></p> <p><i>SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i></p>												
1002 Fed Rcpts (Fed)		10,514.7										
1004 Gen Fund (UGF)		8,601.9										
FY2009 Increase RSA From Pioneer Homes for Assisted Living Home Payments to Pioneer Home Residents	Inc	304.8	0.0	0.0	0.0	0.0	0.0	304.8	0.0	0	0	0
<p><i>This increment request matches anticipated increases to general fund match requirements associated with the RSA between AKPH and SDS. This increase reflects additional funding required as a result of changes to the FMAP rate, which will required greater GF match from AKPH.</i></p> <p><i>This increment reflects an increase to the GF match portion paid by the Pioneer Homes to SDS Medicaid for</i></p>												



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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 Increase RSA From Pioneer Homes for Assisted Living Home Payments to Pioneer Home Residents (continued)												
<i>Assisted Living Services provided to Medicaid-eligible Pioneer Home residents. The increase is due to both higher Medicaid receipts to the Homes and to increased GF match due to reduced FMAP.</i>												
1007 I/A Rcpts (Other)		304.8										
FY2009 Decrement PCA cost containment	Dec	-3,000.0	0.0	0.0	0.0	0.0	0.0	-3,000.0	0.0	0	0	0
<i>Medicaid spending for personal care attendant (PCA) services grew by 42.2% per year between 1998 and 2004. The personal care cost containment initiatives for the program have been some of the most successful implemented by the department to date. Between FY00 and FY05, the PCA program grew from \$8 million to \$80 million. Since implementing regulation changes in FY06, the department succeeded in slowing the growth of the program and for FY07 spending actually decreased from the prior year by 7%. The department estimates that an additional \$3 million in cost containment can be realized in FY09.</i>												
<i>Performance Measures Affected:</i>												
<i>Dept-Core Services--Manage health care coverage for Alaskans in need</i>												
<i>Dept-Core Services--Protect and promote the health of Alaskans</i>												
<i>Dept-Core Services--Promote independence of Alaska senior and people with physical or developmental disabilities</i>												
<i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A-A2--Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A-A4--Assure access to early preventative services and quality health care</i>												
<i>SDS-A--Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1003 G/F Match (UGF)		-3,000.0										
FY2009 AMD: Personal Care Attendant Medicaid Rate Increases - 6%	Inc	4,968.9	0.0	0.0	0.0	0.0	0.0	4,968.9	0.0	0	0	0
<i>Senior and Disabilities Medicaid Services is proposing to increase reimbursement for personal care attendant services in FY09 by 6%. Rates for most providers have been frozen since 1999. Rate adjustments are necessary to maintain the current level of services and prevent loss of provider participation.</i>												
<i>Personal care attendant (PCA) services are typically provided in a consumer's home by health care paraprofessionals called personal care assistants. These services enable functionally disabled Alaskans of all ages, and frail elderly Alaskans, to live in their own homes instead of being placed in a more costly and restrictive long-term care setting. Recipients have a choice between two different options of PCA services:</i>												
<i>The Agency-Based PCA model allows consumers to use one of the qualified agencies that oversee, manage and supervise their care.</i>												
<i>The Consumer-Directed PCA model allows consumers to select, train, supervise, and discharge their PCA.</i>												
<i>In FY07, PCA services were provided to nearly 3,800 individuals.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 AMD: Personal Care Attendant												
Medicaid Rate Increases - 6% (continued)												
<i>This increment provides interim relief to personal care attendant reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented. The increment requested here is to raise rates, frozen for nearly 10 years, by 6%, which is medical inflation for two years, as a starting point.</i>												
<i>The additional cost to Medicaid from rate adjustments in SFY09 for care coordination services is estimated to be \$4,968.9.</i>												
<i>Federal % = 51.02 SFY09 FMAP.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--A1-Increase IHS participation</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
<i>SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1002 Fed Rcpts (Fed)		2,535.1										
1003 G/F Match (UGF)		2,433.8										
FY2009 AMD: Home & Community Based Waiver Rate	Inc	1,292.5	0.0	0.0	0.0	0.0	0.0	1,292.5	0.0	0	0	0
Increases (Assisted Living Homes) - 4%												
<i>Senior and Disabilities Medicaid Services is proposing to increase reimbursement for home and community based (HCB) waiver assisted living homes in FY09 by 4%. Rates for most services provided to waiver clients have been frozen since 2004. Rate adjustments are necessary to maintain the current level of services and prevent loss of provider participation.</i>												
<i>Last year (FY07) Alaska Medicaid processed waiver services claims for 3,792 individuals. The Adults with Physical Disabilities waiver program served 32% of waiver services recipients last year, the Mentally Retarded/Developmentally Disabled (MRDD) waiver served 24%, the Older Alaskan waiver served 39%, and the Children with Complex Medical Conditions waiver served almost 6% of all waiver clients.</i>												
<i>These four waiver programs serve different populations of clients with different medical needs and, depending on the waiver program, may provide care coordination, residential supported living services, chore and respite services, supplies and medical equipment, environmental modifications, meal services, or transportation services. Average costs per client vary widely between waiver programs, with costs for mentally retarded clients under the MRDD Waiver being higher than costs for clients served by any of the other three waivers. Older Alaskan Waiver clients on average cost less than other clients served by other waivers.</i>												
<i>Typically, residents of assisted living homes are not able to live without some form of daily assistance. They may require nursing and other physical and emotional support services offered in a licensed assisted living facility.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 AMD: Home & Community Based												
Waiver Rate Increases (Assisted Living Homes)												
- 4% (continued)												
<i>Professional services range from assurance of a safe environment and occasional help with daily life skills, to assistance with health care, personal care and other support services including end of life care. Alaska Pioneer Homes are licensed as assisted living homes.</i>												
<i>This increment provides interim relief to assisted living home reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented. The increment requested here is to raise rates by 4%, which is medical inflation for one year, as a starting point.</i>												
<i>The additional cost to Medicaid from rate adjustments in SFY09 for care coordination services is estimated to be \$1,292.5.</i>												
<i>Federal % = 51.02 SFY09 FMAP.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--A1-Increase IHS participation</i>												
<i>HCS-B--Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
<i>SDS-A--Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1002 Fed Rcpts (Fed)		659.4										
1003 G/F Match (UGF)		633.1										
FY2009 CC: One Time Funding to Increase Home & Community Based Waiver Rates (Assisted Living Homes) from 4% to 6%	IncOTI	568.7	0.0	0.0	0.0	0.0	0.0	568.7	0.0	0	0	0
<i>Increase the assisted living home reimbursement rate to 6% rather than the 4% originally recommended by the department. Other similar assisted living home reimbursements have been increased 6% annually (e.g., private hospitals, state managed assisted living beds).</i>												
1002 Fed Rcpts (Fed)		290.2										
1003 G/F Match (UGF)		278.5										
FY2009 AMD: Home & Community Based Waiver Rate Increases (Care Coordination) - 6%	Inc	534.7	0.0	0.0	0.0	0.0	0.0	534.7	0.0	0	0	0
<i>Senior and Disabilities Medicaid Services is proposing to increase reimbursement for home and community based (HCB) waiver care coordination services in FY09 by 6%. Rates for most services provided to waiver clients have been frozen since 1993. Rate adjustments are necessary to maintain the current level of services and prevent loss of provider participation.</i>												

*Last year (FY07) Alaska Medicaid processed waiver services claims for 3,792 individuals. The Adults with*

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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 AMD: Home & Community Based Waiver Rate Increases (Care Coordination) - 6% (continued)												
<i>Physical Disabilities waiver program served 32% of waiver services recipients last year, the Mentally Retarded/Developmentally Disabled (MRDD) waiver served 24%, the Older Alaskan waiver served 39%, and the Children with Complex Medical Conditions waiver served almost 6% of all waiver clients.</i>												
<i>These four waiver programs serve different populations of clients with different medical needs and, depending on the waiver program, may provide care coordination, residential supported living services, chore and respite services, supplies and medical equipment, environmental modifications, meal services, or transportation services. Average costs per client vary widely between waiver programs, with costs for mentally retarded clients under the MRDD Waiver being higher than costs for clients served by any of the other three waivers. Older Alaskan Waiver clients on average cost less than other clients served by other waivers.</i>												
<i>Care coordinators assist individuals enrolled on home and community based waivers to access waiver and other Medicaid services as well as needed medical, social, or other community services. Care coordination is ongoing - coordinators meet with each client at least twice a month to review existing services, monitor quality of care, and make revisions to the plan of care as needed. Care coordinators also initiate and oversee the annual plan of care renewal.</i>												
<i>This increment provides interim relief to care coordination provider reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented. The increment requested here is to raise rates, frozen for over 15 years, by 6%, which is less than medical inflation for two years, as a starting point.</i>												
<i>The additional cost to Medicaid from rate adjustments in SFY09 for care coordination services is estimated to be \$534.7.</i>												
<i>Federal % = 51.02 SFY09 FMAP.</i>												
<i>This increment will help the department improve the following performance measures:</i>												
<i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--A1-Increase IHS participation</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A---Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												
<i>SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services</i>												
1002 Fed Rcpts (Fed)		272.8										
1003 G/F Match (UGF)		261.9										
FY2009 AMD: Home & Community Based Waiver Rate	Inc	3,956.2	0.0	0.0	0.0	0.0	0.0	3,956.2	0.0	0	0	0
Increases (Residential Habilitation) - 4%												
<i>Senior and Disabilities Medicaid Services is proposing to increase reimbursement for home and community based</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 AMD: Home & Community Based												
Waiver Rate Increases (Residential Habilitation)												
- 4% (continued)												
<i>(HCB) waiver residential habilitation services in FY09 by 4%. Rates for most services provided to waiver clients have been frozen since 2005. Rate adjustments are necessary to maintain the current level of services and prevent loss of provider participation.</i>												
 <i>Last year (FY07) Alaska Medicaid processed waiver services claims for 3,792 individuals. The Adults with Physical Disabilities waiver program served 32% of waiver services recipients last year, the Mentally Retarded/Developmentally Disabled (MRDD) waiver served 24%, the Older Alaskan waiver served 39%, and the Children with Complex Medical Conditions waiver served almost 6% of all waiver clients.</i>												
 <i>These four waiver programs serve different populations of clients with different medical needs and, depending on the waiver program, may provide care coordination, residential supported living services, chore and respite services, supplies and medical equipment, environmental modifications, meal services, or transportation services. Average costs per client vary widely between waiver programs, with costs for mentally retarded clients under the MRDD Waiver being higher than costs for clients served by any of the other three waivers. Older Alaskan Waiver clients on average cost less than other clients served by other waivers.</i>												
 <i>Residential habilitation services provide assistance for activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and preparing food, and social and adaptive skills. Without residential habilitation the individual would have to reside in an institutional setting. Payments are not for room and board, or facility costs. Payments can be for modifications or adaptations to assure the health and safety of residents or to meet life safety codes. Payments are not made directly or indirectly to members of the individual's immediate family nor for routine care and supervision which a family or group home provider is expected to provide.</i>												
 <i>This increment provides interim relief to residential habilitation provider reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented. The increment requested here is to raise rates by 4%, which is the equivalent of medical inflation for one year, as a starting point.</i>												
 <i>The additional cost to Medicaid from rate adjustments in SFY09 for residential habilitation services is estimated to be \$3,956.2.</i>												
 <i>Federal % = 51.02 SFY09 FMAP.</i>												
 <i>This increment will help the department improve the following performance measures:</i>												
 <i>Dept-A-1--Provide a safe environment for Alaska pioneers and veterans</i>												
<i>Dept-D-4--Provide quality management of health care coverage services providers and clients</i>												
<i>HCS-A--A1-Increase IHS participation</i>												
<i>HCS-B---Provide affordable access to quality health care services to eligible Alaskans</i>												
<i>HCS-B--T1-Increase the number of providers</i>												
<i>DPH-A--Healthy people in healthy communities</i>												
<i>DPH-A--A2-Reduce suffering, death and disability due to chronic disease</i>												
<i>DPH-A--A4-Assure access to early preventative services and quality health care</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2009 AMD: Home & Community Based												
Waiver Rate Increases (Residential Habilitation)												
- 4% (continued)												
SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services												
1002 Fed Rcpts (Fed)		2,018.4										
1003 G/F Match (UGF)		1,937.8										
FY2009 AMD: Medicaid Facility Rates - Nursing Homes - 6.5%	Inc	837.2	0.0	0.0	0.0	0.0	0.0	837.2	0.0	0	0	0
This increment is necessary to maintain nursing home services at their current level and to prevent loss of provider participation.												
By regulation, payment rates for most in-state facilities must be re-based at least every four years. In other years the facility gets a rate adjustment for inflation. The last rebasing year was FY04.												
This is the second year of a two year process to phase in these required rate increases. Some nursing facilities were rebased during FY08. Facilities included in this budget request are the Quyanna Care Center associated with Norton Sound Regional Hospital in Nome, the Heritage Place facility associated with Central Peninsula Hospital in Soldotna, and nursing beds associated with Wrangell Medical Center, Ketchikan General Hospital, and Cordova Community Medical Center.												
Alaska nursing home facilities currently serve about 1,400 Medicaid clients per year. About 65% are elderly and 35% are persons with disabilities.												
Nursing home payment rates for FY09 will be based on review of FY07 operating expenses and the Medicaid billing activity for each facility. The new rate for a facility will become effective at the start of its 2009 fiscal cycle. The Department estimates that the rate adjustment will be an average of 6.5% above medical inflation.												
The additional cost to Medicaid from re-basing in FY09 will be \$837.2.												
Federal 5 = 51.01% SFY09 avg FMAP.												
This increment will help the department improve the following performance measures:												
Dept-A-1--Provide a safe environment for Alaska pioneers and veterans												
HCS-B---Provide affordable access to quality health care services to eligible Alaskans												
HCS-B--T1-Increase the number of providers												
DPH-A---Healthy people in healthy communities												
DPH-A--A2-Reduce suffering, death and disability due to chronic disease												
DPH-A--A4-Assure access to early preventative services and quality health care												
SDS-A---Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services												
1002 Fed Rcpts (Fed)		427.1										
1003 G/F Match (UGF)		410.1										
FY2010 Medicaid Program - Change in Federal Financial Participation	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2010 Medicaid Program - Change in Federal												
Financial Participation (continued)												
<i>This fund change request rebalances state and federal funding needs resulting from a 0.9-point increase in the annual rate the federal government reimburses the state for Medicaid benefits.</i>												
<i>The new federal medical assistance percentage, or FMAP, takes effect on October 1st at the start of the federal fiscal year. The preliminary rate for FFY 2010 is 51.43%, up from 50.53% in FFY 2009. For FFY 2010 the preliminary enhanced FMAP is 65.37%. The final rates will be published in December but are not expected to change much from the current estimates.</i>												
<i>One in five Alaskans is enrolled in Medicaid at some time each year. By approving this change record the department will be able to continue to meet its mission of managing health care for Alaskans in need.</i>												
<i>The federal and state governments jointly fund Medicaid. The total amount of federal reimbursement for Medicaid depends on a complex array of federal financial participation rates; however, the bulk of the federal funding for Medicaid benefits comes from claims reimbursed at the FMAP rate. The State Children's Health Insurance Program (CHIP) and the Breast and Cervical Cancer program (BCC), which are part of Alaska's Medicaid program, are reimbursed at an enhanced FMAP rate. Indian Health Service and family planning service reimbursement rates of 100% and 90%, respectively, are fixed and do not change annually. U.S. Department of Health and Human Services, sets the FMAP rate; it is outside the control of the state government. The FMAP is based on a state's national rank of a three-year average of per capita personal income but can be no less than 50%. The enhanced FMAP reduces the state's share of costs by 30% over the regular FMAP. The enhanced rate can be no lower than 65%.</i>												
<i>The FY 2010 average FMAP is 51.21% (50.53% from July-September and 51.43% from October-June). The enhanced FMAP for FY 2010 will average 65.84% (65.37% from July-September and 66.00% from October-June). Approximately 97% of the Senior and Disabilities Medicaid Services component's claims are reimbursed at the regular FMAP. The remaining 3% is not affected by the change in FMAP.</i>												
1002 Fed Rcpts (Fed)		748.6										
1003 G/F Match (UGF)		-748.6										
FY2010 Add Authorization for Previously Unbudgeted RSA	Inc	872.4	0.0	0.0	0.0	0.0	0.0	872.4	0.0	0	0	0
From AK Pioneer Homes												
<i>This budget increment adds \$655.4 of interagency receipt authorization to allow Senior and Disabilities Services (SDS) to collect previously unbudgeted receipts from AK Pioneer Homes. These receipts are given to SDS by AK Pioneer Homes to reimburse SDS for Medicaid payments made on behalf of pioneer home residents that are eligible for long term care through one of the SDS Medicaid waiver programs.</i>												
<i>Pioneer home residents that are determined eligible to receive Medicaid services (i.e. assisted living support) have their pioneer home residency paid from the Senior and Disabilities Services Medicaid Component. SDS pays the pioneer homes using federal Medicaid dollars and GF matching funds from the SDS budget. The Alaska Pioneer Homes in turn reimburses SDS for the GF match portion of these Medicaid payments. This change record budgets for this RSA in full and allows SDS to collect these interagency receipts. In FY2008, \$962.1 additional I/A receipt authority was needed to collect these unbudgeted RSA funds. This amount exceeded budgeted authorization and had to be established as an unbudgeted RSA. Of the \$962.1 that was unbudgeted, SDS was able to collect \$885.9. SDS anticipates full collection of \$962.1 in FY09 since more pioneer home residents are signed up for Medicaid services each year.</i>												

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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2010 Add Authorization for Previously Unbudgeted RSA From AK Pioneer Homes (continued)												
1007 I/A Rcpts (Other)		872.4										
FY2010 Medicaid Program - Formula Growth	Inc	32,138.0	0.0	0.0	0.0	0.0	0.0	32,138.0	0.0	0	0	0
<i>This increment is necessary to maintain the current level of long term health services in Medicaid for nearly 7,500 elderly Alaskans or persons with disabilities, about 6% of all those enrolled in the Alaska Medicaid program during the year.</i>												
<i>The Senior and Disabilities Medicaid Services component funds long term care services: nursing homes, personal care attendants, and home and community based services. These programs support the department's mission to manage health care for eligible Alaskans in need. Providing long term care through Medicaid improves and enhances the quality of life for seniors and persons with disabilities through cost-effective delivery of services.</i>												
<i>For FY 2010, Senior and Disabilities Medicaid costs are projected to increase 10% from FY 2009. Spending will grow from the 2% increase seen between 2007 and 2008 after several years of flat growth. While the Personal Care Attendant program has made remarkable progress in controlling costs, the savings from those cost containment efforts has been exhausted. Rate increases and increased utilization by the aging population will raise spending. The current FY 2010 forecast (with FMAP 2009) is \$352,372.0 (164,569.8 GF/185,722.4 federal/2,2079.8 Other). The forecast has a 95% confidence interval that it is accurate to within +/- 5%. Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</i>												
<i>In recent years the department has implemented Medicaid reforms aimed at improving Medicaid sustainability. Cost containment efforts begun in FY 2004 have successfully reduced the rate of growth in recent years. Changes to the Personal Care Attendant program have reduced utilization of these services. Additional capacity expected on completion of new facilities and increases in provider reimbursement approved by the 2008 Legislature will contribute to the approximately 10% increase in costs forecast for FY 2010.</i>												
<i>Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. Projections include recently adopted policy changes that are not yet reflected in the trends, e.g. provider rate increases effective in 2009; however, the formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP).</i>												
1002 Fed Rcpts (Fed)		16,770.0										
1003 G/F Match (UGF)		15,368.0										
FY2010 Medicaid Program - Reduce Excess Federal Authority	Dec	-11,000.0	0.0	0.0	0.0	0.0	0.0	-11,000.0	0.0	0	0	0
<i>This decrement reduces excess federal authorization in the Senior and Disabilities Medicaid Services component.</i>												
1002 Fed Rcpts (Fed)		-11,000.0										
FY2010 AMD: Adjust Authorization to Reflect Current Medicaid Trends	Dec	-6,000.0	0.0	0.0	0.0	0.0	0.0	-6,000.0	0.0	0	0	0
<i>This decrement adjusts federal and GF authorization to reflect current Medicaid trends.</i>												
<i>The department can adjust its authorization this year to reflect current trends by reducing the budget for Medicaid. The long-term trend indicates annual increases in costs driven by inflation and population changes. Short-term projections are influenced mainly by enrollment and utilization of services. The change over a long period is generally smoother and more gradual than the fluctuations experienced in the short term. Recently, the</i>												



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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2010 AMD: Adjust Authorization to Reflect												
Current Medicaid Trends (continued)												
<i>department has been successful in avoiding some costs and in containing growth rates (e.g., pharmacy services, personal care). The result is that authorization is briefly ahead of the current trend.</i>												
1002 Fed Rcpts (Fed)		-3,000.0										
1003 G/F Match (UGF)		-3,000.0										
FY2010 AMD: FMAP Increase of 6.2%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Funds available due to the federal economic stimulus package.</i>												
1003 G/F Match (UGF)		-27,241.2										
1212 Stimulus09 (Fed)		27,241.2										
FY2010 Reduce general fund match to current Medicaid projection trends	Dec	-10,000.0	0.0	0.0	0.0	0.0	0.0	-10,000.0	0.0	0	0	0
1003 G/F Match (UGF)		-10,000.0										
FY2010 Increase general fund match to adjust to current Medicaid projection trends	Inc	3,100.0	0.0	0.0	0.0	0.0	0.0	3,100.0	0.0	0	0	0
1003 G/F Match (UGF)		3,100.0										
FY2010 Home and Community Based Service Provider Rate Increase	Inc	1,200.0	0.0	0.0	0.0	0.0	0.0	1,200.0	0.0	0	0	0
1003 G/F Match (UGF)		1,200.0										
FY2011 Medicaid Growth	Inc	26,327.0	0.0	0.0	0.0	0.0	0.0	26,327.0	0.0	0	0	0
<i>This increment is necessary to maintain the current level of long-term health services in Medicaid eligible elderly or disabled Alaskans. For FY11, Senior and Disabilities Medicaid costs are projected to increase 9.8% from FY10, due to increases in rates and utilization. While the Personal Care Attendant program has made remarkable progress in controlling costs, the savings from those cost containment efforts have been exhausted. Rate increases and increased utilization by the aging population will cause costs to rise.</i>												
<i>Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP). Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</i>												
<i>The Senior and Disabilities Medicaid Services component funds long-term care services: nursing homes, personal care attendants, and home- and community-based services. These programs support the department's mission to manage health care for eligible Alaskans in need. Providing long-term care through Medicaid improves and enhances the quality of life for seniors and persons with disabilities through cost-effective delivery of services.</i>												
1002 Fed Rcpts (Fed)		13,143.3										
1003 G/F Match (UGF)		13,183.7										
FY2011 AMD: Medicaid Growth	Inc	18,792.0	0.0	0.0	0.0	0.0	0.0	18,792.0	0.0	0	0	0
<i>The FY11 Governor's Budget request for Medicaid programs was based on data as of late summer 2009. There have been unexpected increases in enrollment and utilization in recent months. Based upon the spending that has occurred in recent months, DHSS now projects spending in FY11 to be 9.8% higher than FY10. This increase is similar to the increase seen from FY08 to FY09 and the increase anticipated from FY09 to FY10.</i>												
<i>Medicaid expenditure projections have changed from \$144,987.6 to \$151,121.0 in general funds and from \$235,502.3 to \$248,160.9 in federal funds based on December 2009 data.</i>												

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	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2011 AMD: Medicaid Growth (continued)												
1002 Fed Rcpts (Fed)		3,893.4										
1003 G/F Match (UGF)		6,133.4										
1212 Stimulus09 (Fed)		8,765.2										
FY2011 Adjust Medicaid projections and split difference between Governor's Amended request and legislative recommendations	Dec	-4,265.7	0.0	0.0	0.0	0.0	0.0	-4,265.7	0.0	0	0	0
3/5/10 budget amendment: Adjust funding of Medicaid allocations to split the differences between the Governor's Amended Medicaid request and projections of a legislative consultant.												
1002 Fed Rcpts (Fed)		-2,201.5										
1003 G/F Match (UGF)		-1,616.7										
1212 Stimulus09 (Fed)		-447.5										
FY2011 Ch. 109, SLA 2010 (SB 219) TRAUMATIC BRAIN INJURY:PROGRAM/MEDICAID	FisNot	1,272.0	0.0	0.0	0.0	0.0	0.0	1,272.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		777.4										
1003 G/F Match (UGF)		494.6										
L FY2011 FMAP enhanced rate expected to be phased out beginning 1/1/11, triggering section 16b contingency funding	Contngnt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)		-9,684.8										
1003 G/F Match (UGF)		9,684.8										
FY2012 Growth from FY11 to FY12	IncM	34,560.1	0.0	0.0	0.0	0.0	0.0	34,560.1	0.0	0	0	0
<i>This funding is necessary to maintain the current level of long-term health services for Medicaid-eligible elderly or disabled Alaskans. Spending for Senior and Disabilities Services Medicaid is projected to grow by 8.4% from FY11 to FY12, compared with the 14.6% growth it experienced from FY09 to FY10. While the Personal Care Attendant program has made remarkable progress in controlling costs, the savings from those cost containment efforts have been exhausted. Rate increases and increased utilization by the aging population will cause costs to rise.</i>												
<i>Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits, or federal medical assistance percentage (FMAP). Projections are revised monthly and will be revisited for the Governor's Amended budget.</i>												
<i>The Senior and Disabilities Medicaid Services component funds long-term care services: nursing homes, personal care attendants, and home- and community-based services. These programs support the department's mission to manage health care for eligible Alaskans in need. Providing long-term care through Medicaid improves and enhances the quality of life for seniors and persons with disabilities through cost-effective delivery of services.</i>												
1002 Fed Rcpts (Fed)		16,457.1										
1003 G/F Match (UGF)		18,103.0										
FY2012 Incorporate funding needed in FY12 to reflect FY11 growth	IncM	15,270.5	0.0	0.0	0.0	0.0	0.0	15,270.5	0.0	0	0	0
<i>Our projection for Medicaid spending in FY11 has increased since the budget was prepared last winter. This change record deals with the increment for FY12 that can be attributed to growth in FY11 that is not already included in the money appropriated for FY11. Additional change records will deal with FMAP changes and the growth from FY11 to FY12. Total spending for FY10 was at the upper range of our estimates. Even though the</i>												

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<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2012 Incorporate funding needed in FY12 to reflect FY11 growth (continued)												
<i>growth in Medicaid enrollment has slowed down in recent months, it is still at a higher level than we were expecting when the Governor's Amended budget was prepared. Enrollment increased from 105,462 in January 2010 to 109,418 by March 2010. Enrollment in July is at 109,648.</i>												
1002 Fed Rcpts (Fed)		7,528.8										
1003 G/F Match (UGF)		3,346.2										
1212 Stimulus09 (Fed)		4,395.5										
FY2012 Medicaid Home and Community Based Services	Inc	14,000.0	0.0	0.0	0.0	0.0	0.0	14,000.0	0.0	0	0	0
Provider Rate Adjustments												
<i>Medicaid waivers provide the majority of long-term services and supports to needy Alaskans. Waiver programs allow the state to "waive" some of the federal rules governing Medicaid so that people can receive the services in their own homes and communities. The Division of Senior and Disabilities Services (SDS) administers waivers serving four distinct groups: Adults with Physical Disabilities (APD); Children with Complex Medical Conditions, individuals with Mental Retardation and Developmental Disabilities; and Older Alaskans (OA). Currently, waivers serve over 3,500 individuals with a variety of home-and community-based services (HCBS), including care coordination, home health care, chore service, habilitation and respite. To be eligible for an OA or APD waiver, an individual must be both Medicaid-eligible and be found to need the level of care available in a nursing home.</i>												
<i>The new rate methodology was developed to replace the previous rate determination method, which relied on projected (budgeted) costs submitted by the individual provider. Under the previous system, providers frequently found themselves providing similar services at very different rates of reimbursement. The department experienced rapidly rising expenditures, a rate freeze for Medicaid waiver services were implemented, which had been in effect for several years. The legislature, provider community, and recipients and their advocates voiced concern over lack of relationship, between rates of payment and the cost of the service.</i>												
<i>A change to the rate determination system that would periodically link the actual cost of providing the service to the reimbursement rate was advocated by the legislature, provider community, and recipients and their advocates.</i>												
<i>For SFY 2012 and 2013 this new payment system relies on a combination of costs provided through a cost survey and historical payment rates. A phase-in period will allow providers an opportunity to adjust to the new structure, and provide an opportunity for providers to collect and report to the department the costs of providing the various services. A rebasing will occur in SFY 2014.</i>												
1002 Fed Rcpts (Fed)		7,000.0										
1003 G/F Match (UGF)		7,000.0										
FY2012 Replace ARRA funds	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>ARRA Medicaid funding will end by the end of FY 2011. This change record converts ARRA authorization to federal authorization in anticipation of a potential continuation of the increased FMAP.</i>												
1002 Fed Rcpts (Fed)		45,855.7										
1212 Stimulus09 (Fed)		-45,855.7										
FY2012 2nd Year Traumatic Brain Injury Fiscal Note (SB 219)	Inc	115.9	0.0	0.0	0.0	0.0	0.0	115.9	0.0	0	0	0
<i>SB 219 requires the Department of Health and Social Services to establish a traumatic or acquired brain injury (TABI) program to provide Medicaid coverage for TABI services.</i>												
<i>The fiscal note for this legislation contained \$1,272.0 in funding for FY11 and \$1,221.0 for FY12. This transaction accounts for the decrease in funding of \$51.0.</i>												

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>												
<b>Senior and Disabilities Medicaid Services (continued)</b>												
FY2012 2nd Year Traumatic Brain Injury Fiscal												
Note (SB 219) (continued)												
1002 Fed Rcpts (Fed)		0.0										
1003 G/F Match (UGF)		115.9										
FY2012 AMD: Growth From FY11 to FY12 -- FMAP Increase to 57.67%	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The original change record for "Growth from FY11 to FY12" was for \$34,560.1 and assumed an FMAP of 50.00%. If we assume that ARRA will be extended through FY2012 at the 57.67% FMAP that Alaska will have from April through June 2011, we will save approximately \$2,589.8 in general funds for this growth increment over what we would have spent with a 50.00% FMAP.</i>												
1002 Fed Rcpts (Fed)		2,589.8										
1003 G/F Match (UGF)		-2,589.8										
FY2012 Ch. 6, SLA 2011 (HB 16) EXTEND SENIOR BENEFITS PAYMENT PROGRAM	FisNot	519.0	0.0	0.0	0.0	0.0	0.0	519.0	0.0	0	0	0
<i>In addition to reauthorizing the Senior Benefits Payment Program, this legislation also increases the personal needs allowance for residents of long-term care facilities, Alaska Pioneers' Homes, and Alaska Veterans' Homes to \$200 per month.</i>												
1002 Fed Rcpts (Fed)		259.5										
1003 G/F Match (UGF)		259.5										
FY2013 Traumatic Brain Injury Fiscal Note CH109 SLA2010 (SB219 FN year 3)	IncM	9.0	0.0	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										
FY2013 Medicaid Growth from FY2012 to FY2013	IncM	46,004.7	0.0	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 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>												
<i>3.3% in enrollment growth</i>												
<i>2.6% in utilization growth</i>												
<i>3.1% for inflation</i>												
1002 Fed Rcpts (Fed)		23,217.9										
1003 G/F Match (UGF)		22,786.8										
FY2013 Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	FndChg	0.0	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)		-48,445.5										
1004 Gen Fund (UGF)		48,445.5										
<b>* Allocation Total *</b>		<b>322,107.7</b>	<b>363.5</b>	<b>0.0</b>	<b>800.0</b>	<b>0.0</b>	<b>0.0</b>	<b>320,944.2</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>756,192.7</b>	<b>363.5</b>	<b>0.0</b>	<b>-1,009.1</b>	<b>0.0</b>	<b>0.0</b>	<b>757,409.9</b>	<b>-571.6</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*** Agency Total ***</b>		<b>981,802.5</b>	<b>32,173.7</b>	<b>3,112.2</b>	<b>39,212.7</b>	<b>13,967.3</b>	<b>1,062.1</b>	<b>920,521.7</b>	<b>-28,247.2</b>	<b>220</b>	<b>8</b>	<b>-19</b>

**2012 Legislature - Operating Budget  
Transaction Detail - Governor Structure  
05-13Inc/Decs Column**

**Numbers and Language**

**Agency: Department of Health and Social Services**

	<u>Trans</u> <u>Type</u>	<u>Total</u> <u>Expenditure</u>	<u>Personal</u> <u>Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital</u> <u>Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
**** All Agencies Total ****		981,802.5	32,173.7	3,112.2	39,212.7	13,967.3	1,062.1	920,521.7	-28,247.2	220	8	-19

Column Definitions

**05-13Inc/Decs (05-13 Incs/Decs/Fnd Changes)** - 13IncDecFnd+06Inc/Dec/F+07Inc/Dec/F+08Inc/Dec/F+09Inc/Dec/F+10Inc/Dec/F+11Inc/Dec/F+12Inc/Dec/F