

**2015 Legislature - Operating Budget
Transaction Compare - Governor Amend Structure
Between 16Adj Base and 16GovEndorsed**

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Alaska Pioneer Homes													
Alaska Pioneer Homes Management													
AMD: Dec Nurse Consultant (Rg 24) and Admin Assistant (Rg 14) support for 6 Pioneer Homes. Duties will be absorbed.	16GovEndorsed	Dec	-240.7	-229.3	-1.4	-8.8	-1.2	0.0	0.0	0.0	-2	0	0
<i>Personal Services</i> Decrements to this expenditure line will remove two positions full-time range 24 Anchorage Nurse Consultant (02-7019) and full-time range 14 Juneau Administrative Assistant (06-1950) which operate as centralized support for the six Pioneer Homes. The loss of these positions will require positions within the Pioneer Homes to absorb the functions previously performed by the central office.													
<i>Travel</i> Decrements to this expenditure line will require upper management to meet telephonically instead of face-to-face. This decrement will also impact the travel of the Pioneer Home Advisory Board members.													
<i>Services</i> Decrements to this expenditure line will require the termination of non-essential contractual agreements.													
<i>Commodities</i> Decrements to this expenditure line will require the division to utilize paperless options in order to conserve both paper and printing resources.													
1004 Gen Fund (UGF)			-240.7										
* Allocation Difference *			-240.7	-229.3	-1.4	-8.8	-1.2	0.0	0.0	0.0	-2	0	0
Pioneer Homes													
AMD: Reduce Pioneer Homes' Direct Service Staff, Non-Essential Services and Supplies	16GovEndorsed	Dec	-1,673.4	-1,321.3	-1.0	-221.3	-126.5	-1.6	-1.7	0.0	-10	-3	-4
<i>Personal Services</i> Decrements to this expenditure line will directly impact the care given to residents within the Alaska Pioneer Homes' six locations. Predicted impacts include, but are not limited to, (1) longer waiting periods for prospective residents to gain entrance into a home, (2) a reduction in the number of residents who can receive higher levels of care within the homes (e.g., memory care), (3) a reduction in licensed bed amounts, (4) residents will experience longer response times from staff, (5) compromising of resident safety due to low staffing ratios.													
As of January 5, 2015, there are 275 individuals actively waiting for placement within a home while 4,599 individuals have placed themselves on the inactive waitlist which indicates that they will desire placement in the future. The home with the longest wait time is currently Juneau, at approximately four years.													
The high level of care experienced by residents within each Pioneer Home is a source of great pride. However, the impacts of reducing staffing levels across the division will lower the overall level of care that residents will be able to experience within the homes.													
To offset the negative impacts of a change in unrestricted general fund revenue, the division will be requesting a rate increase of 8.5 percent with future automatic increases to match the cost of living adjustments provided by the Social Security Administration. The 8.5 percent increase in rates should allow the division to collect an additional \$1.3 million in general fund program receipts and \$434.0 in interagency receipts annually.													

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<u>Column</u>	<u>Trans Type</u>	<u>Total Expenditure</u>	<u>Personal Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
Alaska Pioneer Homes (continued)												
Pioneer Homes (continued)												
AMD: Reduce Pioneer Homes' Direct Service Staff, Non-Essential Services and Supplies (continued)												
<i>Travel</i>												
<i>Decrements to this expenditure line will require upper management to meet telephonically instead of face-to-face. This decrement will also impact the travel of the Pioneer Home Advisory Board members.</i>												
<i>Services</i>												
<i>Decrements to this expenditure line will require the termination of non-essential contractual agreements. These agreements include, but are not limited to, cable television services, veterinary fees, and contracted management services.</i>												
<i>Commodities</i>												
<i>Decrements to this expenditure line will require the division to leverage procurement efficiencies as the commodities purchased are vital to the care of residents.</i>												
<i>Capital Outlay</i>												
<i>Decrements to this expenditure line will require maintenance personnel in each home to develop safe and creative solutions for issues which previously would have been addressed using this expenditure line's authority.</i>												
<i>Grants</i>												
<i>Decrements to this expenditure line will not have an impact on current residents as this expenditure line is used to provide \$0.2 a month to residents without any income so that they may purchase personal care items. Currently, the number of residents receiving this allowance does not exceed the adjusted authorization for this expenditure line.</i>												
<i>Delete.</i>												
<i>Full-time range 10 Fairbanks Certified Nurse Aide (02-7242)</i>												
<i>Full-time range 9 Fairbanks Assisted Living Aide (02-7248)</i>												
<i>Full-time range 19 Palmer Nurse (02-7301)</i>												
<i>Full-time range 10 Anchorage Certified Nurse Aide (02-7439)</i>												
<i>Full-time range 10 Anchorage Certified Nurse Aide (02-7487)</i>												
<i>Full-time range 10 Anchorage Certified Nurse Aide (02-7496)</i>												
<i>Full-time range 10 Anchorage Certified Nurse Aide (02-7573)</i>												
<i>Part-time range 61 Ketchikan Food Service Sub Journey (02-7662)</i>												
<i>Full-time range 10 Juneau Certified Nurse Aide (02-7827)</i>												
<i>Part-time range 56 Palmer Maintenance General Sub Journey (02-6218)</i>												
<i>Full-time range 17 Palmer Administrative Officer (06-6234)</i>												
<i>Part-time range 18 Juneau Physical Therapist (06-9501)</i>												
<i>Non-perm range 57 Fairbanks Food Service Journey (06-N08005)</i>												
<i>Non-perm range 18 Juneau Nurse (06-N09013)</i>												
<i>Non-perm range 20 Juneau Nurse (06-N09015)</i>												
<i>Non-perm range 17 Sitka Licensed Practitioner Nurse (06-N09032)</i>												

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Alaska Pioneer Homes (continued)													
Pioneer Homes (continued)													
AMD: Reduce Pioneer Homes' Direct Service Staff, Non-Essential Services and Supplies (continued)													
<i>Full-time range 27 Anchorage Pharmacist (06-X120)</i>													
	1004 Gen Fund (UGF)		-1,673.4										
	AMD: Increase Pioneer Homes' Resident Rate by 8.5% (with future rate adjustments based on inflation)	16GovEndorsed	1,734.3	1,434.3	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
<i>To offset the negative impacts of a change in unrestricted general fund revenue, Alaska Pioneer Homes will increase resident's rates by 8.5 percent with future automatic increases to match the cost of living adjustments provided by the Social Security Administration. The 8.5 percent increase in rates should allow the division to collect an additional \$1,300.0 in general fund program receipts and \$434.0 in interagency receipts annually.</i>													
	1005 GF/Prgm (DGF)		1,300.0										
	1007 I/A Rcpts (Other)		434.3										
	* Allocation Difference *		60.9	113.0	-1.0	78.7	-126.5	-1.6	-1.7	0.0	-10	-3	-4
	** Appropriation Difference **		-179.8	-116.3	-2.4	69.9	-127.7	-1.6	-1.7	0.0	-12	-3	-4
Behavioral Health													
Behavioral Health Treatment and Recovery Grants													
	Transfer from Multiple Components to More Efficiently Deliver Services	16GovEndorsed	71,147.3	0.0	35.0	4,247.1	0.0	0.0	66,865.2	0.0	0	0	0
<i>Consolidate Behavioral Health Grants, Psychiatric Emergency Services, Services to the Seriously Mentally Ill, and Services for Severely Emotionally Disturbed Youth components into the new Behavioral Health Treatment and Recovery Grants component to more efficiently deliver services.</i>													
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>													
<i>By consolidating the treatment and recovery components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.</i>													
<i>The components being consolidated are as follows:</i>													
<i>Behavioral Health Grants -- \$28,983.0</i>													
<i>Psychiatric Emergency Services -- \$7,633.7</i>													
<i>Services to the Seriously Mentally Ill -- \$19,189.8</i>													
<i>Services for Severely Emotionally Disturbed Youth -- \$15,340.8</i>													
	1002 Fed Rcpts (Fed)		5,835.5										
	1004 Gen Fund (UGF)		3,852.7										
	1007 I/A Rcpts (Other)		1,192.3										
	1037 GF/MH (UGF)		43,279.1										

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Behavioral Health (continued)													
Behavioral Health Treatment and Recovery Grants (continued)													
Transfer from Multiple Components to More Efficiently Deliver Services (continued)													
1092 MHTAAR (Other)			1,050.0										
1180 A/D T&P Fd (DGF)			15,937.7										
AMD: Align Authority to Fund a Chronic Inebriate Pilot Project	16GovEndorsed	LIT	0.0	0.0	0.0	-226.9	0.0	0.0	226.9	0.0	0	0	0
<i>Align authority to fund chronic inebriate non-residential services. This represents a shift in services from contractually provided services to grantee funded services.</i>													
AMD: Achieve Savings by Reviewing Level of DHSS Grants and by Expanding Medicaid to Some Clients	16GovEndorsed	Dec	-1,558.7	0.0	0.0	0.0	0.0	0.0	-1,558.7	0.0	0	0	0
<i>The division will implement cuts to agencies based on lapsed funds for the previous year and the success of agencies in efficiently using their funds. The division has recently developed a baseline rating system for agencies receiving Consortium for Behavioral Health Training and Research (CBHTR) funds, called Grant Equitable Distribution (GED). Agencies will be rated on how well they are doing at providing services to their clients (efficiently and effectively), and on the use of their funds in comparison to the use of other available funds. While this is a reduction in expenditures, the division expects no loss of services as these services would be provided through Medicaid expansion. Those adults ages 21-64 under 138 percent of Federal Poverty Level will become eligible and will transition out of grant services to Medicaid services at 100 percent federal match.</i>													
1037 GF/MH (UGF)			-1,558.7										
AMD: Inc/Dec Pair--Dec Funding due to a decrease in Youth and Adult Individual Service Agreements	16GovEndorsed	Dec	-567.0	0.0	0.0	0.0	0.0	0.0	-567.0	0.0	0	0	0
<i>Authority is available to transfer from the Behavioral Health Treatment and Recovery component due to a decrease in youth and adult Individual Service Agreements. This downward trend is due to a change in the array of services that grantees can offer.</i>													
<i>Additional authority is needed in the Designated Evaluation and Treatment component to fund hospital, physician, and transport costs resulting from involuntary commitments as provided for under AS 47.30.660-47.30.915 and people who meet commitment criteria, but have agreed to voluntary services in lieu of commitment under AS 47.31.010(b)(1)(B).</i>													
1037 GF/MH (UGF)			-567.0										
AMD: Inc/Dec Pair--Additional UGF available because Fahrrenkamp Bldg Mtnc is no Longer Needed in Residential Child Care	16GovEndorsed	Inc	51.7	0.0	0.0	0.0	0.0	0.0	51.7	0.0	0	0	0
<i>The reimbursable services agreement with Department of Transportation and Public Facilities (DOTPF) for maintenance of Fahrrenkamp building has ended due to Mental Health Trust Authority taking over maintenance responsibility of the facility. This frees up a significant amount of money that can be utilized better in the funding of grantee services to children in residential care.</i>													
1004 Gen Fund (UGF)			51.7										
* Allocation Difference *			69,073.3	0.0	35.0	4,020.2	0.0	0.0	65,018.1	0.0	0	0	0

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Behavioral Health (continued)													
AK Fetal Alcohol Syndrome Program													
Transfer to Behavioral Health Prevention and Early Intervention to More Efficiently Deliver Services	16GovEndorsed	TrOut	-1,182.1	0.0	0.0	-171.6	0.0	0.0	-1,010.5	0.0	0	0	0
<i>Consolidate Alaska Fetal Alcohol Syndrome Program, Community Action Prevention and Intervention Grants, and Rural Services and Suicide Prevention components into the new Behavioral Health Prevention and Early Intervention Grants component to more efficiently deliver services.</i>													
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>													
<i>By consolidating the prevention and early intervention components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.</i>													
<i>The components being consolidated are as follows:</i>													
<i>Alaska Fetal Alcohol Syndrome Program -- \$1,182.1</i>													
<i>Community Action Prevention and Intervention Grants -- \$5,688.3</i>													
<i>Rural Services and Suicide Prevention -- \$3,992.0</i>													
1004 Gen Fund (UGF)			-822.6										
1037 GF/MH (UGF)			-359.5										
* Allocation Difference *			-1,182.1	0.0	0.0	-171.6	0.0	0.0	-1,010.5	0.0	0	0	0

Behavioral Health Grants													
Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services	16GovEndorsed	TrOut	-28,983.0	0.0	0.0	-1,744.0	0.0	0.0	-27,239.0	0.0	0	0	0
<i>Consolidate Behavioral Health Grants, Psychiatric Emergency Services, Services to the Seriously Mentally Ill, and Services for Severely Emotionally Disturbed Youth components into the new Behavioral Health Treatment and Recovery Grants component to more efficiently deliver services.</i>													
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>													
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Behavioral Health (continued)													
Behavioral Health Grants (continued)													
Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services (continued)													
<i>Behavioral Health Grants -- \$28,983.0</i>													
<i>Psychiatric Emergency Services -- \$7,633.7</i>													
<i>Services to the Seriously Mentally Ill -- \$19,189.8</i>													
<i>Services for Severely Emotionally Disturbed Youth -- \$15,340.8</i>													
1002 Fed Rcpts (Fed)			-3,825.9										
1004 Gen Fund (UGF)			-662.5										
1007 I/A Rcpts (Other)			-1,075.5										
1037 GF/MH (UGF)			-7,281.4										
1092 MHTAAR (Other)			-200.0										
1180 A/D T&P Fd (DGF)			-15,937.7										
* Allocation Difference *			-28,983.0	0.0	0.0	-1,744.0	0.0	0.0	-27,239.0	0.0	0	0	0
Behavioral Health Administration													
AMD: Transfer Funding from Commissioner's Office to Support Health Program Manager IV (06-0644)	16GovEndorsed	TrIn	160.2	160.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This full-time (range 23) Juneau Health Program Manager IV (06-0644) is tasked with coordination of efforts and services for the Bring the Kids Home program, including grant management. Bring the Kids Home program was initiated in the early 2000s and was, by design, a time-limited program. The 'sunset' of the program, and therefore the need for its management at the Commissioner's Office level, has passed. There are still some responsibilities that must be managed for the Bring the Kids Home but not at the intensity of previous years. At the same time, the Division of Behavior Health has a need for a specifically designated "family services" program manager that can carry the remaining responsibilities of the Bring the Kids Home and take on Children's Services grants and Family Services grants for the Division of Behavior Health.</i>													
<i>During FY2015 Management Plan, the Health Program Manager IV position was transferred from Departmental Support Services, Commissioner's Office to the Division of Behavioral Health, Behavioral Health Administration. During FY2015 the position is being supported through a reimbursable agreement between the Commissioner's Office and Behavioral Health Administration. The transfer of funding to support the personal services of this position is requested in FY2016.</i>													
1004 Gen Fund (UGF)			80.1										
1007 I/A Rcpts (Other)			80.1										
* Allocation Difference *			160.2	160.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Behavioral Health Prevention and Early Intervention Grants													
Transfer from Multiple Components to More Efficiently Deliver Services	16GovEndorsed	TrIn	10,862.4	0.0	0.0	2,009.2	40.0	0.0	8,813.2	0.0	0	0	0
<i>Consolidate Alaska Fetal Alcohol Syndrome Program, Community Action Prevention and Intervention Grants, and Rural Services and Suicide Prevention components into the new Behavioral Health Prevention and Early Intervention Grants component to more efficiently deliver services.</i>													

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Behavioral Health (continued)													
Behavioral Health Prevention and Early Intervention Grants (continued)													
Transfer from Multiple Components to More Efficiently Deliver Services (continued)													
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>													
<i>By consolidating the prevention and early intervention components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.</i>													
<i>The components being consolidated are as follows:</i>													
<i>Alaska Fetal Alcohol Syndrome Program -- \$1,182.1</i>													
<i>Community Action Prevention and Intervention Grants -- \$5,688.3</i>													
<i>Rural Services and Suicide Prevention -- \$3,992.0</i>													
1002 Fed Rcpts (Fed)			4,064.0										
1004 Gen Fund (UGF)			2,377.0										
1007 I/A Rcpts (Other)			200.0										
1037 GF/MH (UGF)			2,034.6										
1180 A/D T&P Fd (DGF)			2,186.8										
* Allocation Difference *			10,862.4	0.0	0.0	2,009.2	40.0	0.0	8,813.2	0.0	0	0	0
Community Action Prevention & Intervention Grants													
Transfer to Behavioral Health Prevention and Early Intervention to More Efficiently Deliver Services	16GovEndorsed	TrOut	-5,688.3	0.0	0.0	-829.5	-30.0	0.0	-4,828.8	0.0	0	0	0
<i>Consolidate Alaska Fetal Alcohol Syndrome Program, Community Action Prevention and Intervention Grants, and Rural Services and Suicide Prevention components into the new Behavioral Health Prevention and Early Intervention Grants component to more efficiently deliver services.</i>													
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Behavioral Health (continued)													
Community Action Prevention & Intervention Grants (continued)													
Transfer to Behavioral Health Prevention and Early Intervention to More Efficiently Deliver Services (continued)													
\$1,182.1													
Community Action Prevention and Intervention Grants -- \$5,688.3													
Rural Services and Suicide Prevention -- \$3,992.0													
			1002 Fed Rcpts (Fed)	-3,651.9									
			1004 Gen Fund (UGF)	-298.2									
			1007 I/A Rcpts (Other)	-200.0									
			1037 GF/MH (UGF)	-1,538.2									
			* Allocation Difference *	-5,688.3	0.0	0.0	-829.5	-30.0	0.0	-4,828.8	0.0	0	0
Rural Services and Suicide Prevention													
	16GovEndorsed	TrOut	Transfer to Behavioral Health Prevention and Early Intervention to More Efficiently Deliver Services	-3,992.0	0.0	0.0	-1,008.1	-10.0	0.0	-2,973.9	0.0	0	0
<i>Consolidate Alaska Fetal Alcohol Syndrome Program, Community Action Prevention and Intervention Grants, and Rural Services and Suicide Prevention components into the new Behavioral Health Prevention and Early Intervention Grants component to more efficiently deliver services.</i>													
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<i>Rural Services and Suicide Prevention -- \$3,992.0</i>													
			1002 Fed Rcpts (Fed)	-412.1									
			1004 Gen Fund (UGF)	-1,256.2									
			1037 GF/MH (UGF)	-136.9									
			1180 A/D T&P Fd (DGF)	-2,186.8									
			* Allocation Difference *	-3,992.0	0.0	0.0	-1,008.1	-10.0	0.0	-2,973.9	0.0	0	0
Psychiatric Emergency Services													
	16GovEndorsed	TrOut	Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services	-7,633.7	0.0	0.0	-1,321.6	0.0	0.0	-6,312.1	0.0	0	0

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Behavioral Health (continued)													
Psychiatric Emergency Services (continued)													
Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services (continued)													
<i>Consolidate Behavioral Health Grants, Psychiatric Emergency Services, Services to the Seriously Mentally Ill, and Services for Severely Emotionally Disturbed Youth components into the new Behavioral Health Treatment and Recovery Grants component to more efficiently deliver services.</i>													
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>													
<i>By consolidating the treatment and recovery components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.</i>													
<i>The components being consolidated are as follows:</i>													
<i>Behavioral Health Grants -- \$29,983.0</i>													
<i>Psychiatric Emergency Services -- \$7,633.7</i>													
<i>Services to the Seriously Mentally Ill -- \$19,189.8</i>													
<i>Services for Severely Emotionally Disturbed Youth -- \$15,340.8</i>													
			1004 Gen Fund (UGF)	-1,714.4									
			1037 GF/MH (UGF)	-5,919.3									
			* Allocation Difference *	-7,633.7	0.0	0.0	-1,321.6	0.0	0.0	-6,312.1	0.0	0	0
Services to the Seriously Mentally Ill													
			Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services										
			16GovEndorsed	TrOut	-19,189.8	0.0	0.0	-45.9	0.0	0.0	-19,143.9	0.0	0
<i>Consolidate Behavioral Health Grants, Psychiatric Emergency Services, Services to the Seriously Mentally Ill, and Services for Severely Emotionally Disturbed Youth components into the new Behavioral Health Treatment and Recovery Grants component to more efficiently deliver services.</i>													
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>													
<i>By consolidating the treatment and recovery components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health (continued)													
Services to the Seriously Mentally Ill (continued)													
Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services (continued)													
<i>The components being consolidated are as follows:</i>													
<i>Behavioral Health Grants -- \$29,983.0</i>													
<i>Psychiatric Emergency Services -- \$7,633.7</i>													
<i>Services to the Seriously Mentally Ill -- \$19,189.8</i>													
<i>Services for Severely Emotionally Disturbed Youth -- \$15,340.8</i>													
1002 Fed Rcpts (Fed)			-1,009.5										
1004 Gen Fund (UGF)			-1,194.5										
1037 GF/MH (UGF)			-16,135.8										
1092 MHTAAR (Other)			-850.0										
MH Trust: Housing - Grant 604 Department of Corrections Discharge Incentive Grants (FY16-FY17)	16GovEndorsed	IncT	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0	0	0
<i>This project is a strategy in the Trust's Affordable Housing initiative and the Disability Justice workgroup. 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 due to issues related to mental illness and other conditions and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. The purpose of the program is to provide the immediate needed housing and support services necessary to facilitate the successful transition of clients from incarceration to community care. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers and, in collaboration with the Department of Corrections, will provide for alternative housing placements and the immediate service needs of the clients. This project will be referenced in the Supported Housing Office Annual Work Plan as a priority for coordination efforts of Trust funding.</i>													
1092 MHTAAR (Other)			100.0										
* Allocation Difference *			-19,089.8	0.0	0.0	-45.9	0.0	0.0	-19,143.9	100.0	0	0	0
Designated Evaluation and Treatment													
AMD: Inc/Dec Pair--Involuntary Commitments have increased & funding is needed for hospital, physician & transport costs	16GovEndorsed	Inc	567.0	0.0	0.0	0.0	0.0	0.0	567.0	0.0	0	0	0
<i>Transfer from Behavioral Health Treatment and Recovery Grants to Designated Evaluation and Treatment.</i>													
<i>Authority is available to transfer from the Behavioral Health Treatment and Recovery component due to a decrease in youth and adult Individual Service Agreements. This downward trend is due to a change in the array of services that grantees can offer.</i>													
<i>Additional authority is needed in the Designated Evaluation and Treatment component to fund hospital, physician, and transport costs resulting from involuntary commitments as provided for under AS 47.30.660-47.30.915 and people who meet commitment criteria, but have agreed to voluntary services in lieu of commitment under AS 47.31.010(b)(1)(B).</i>													
1037 GF/MH (UGF)			567.0										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP	
Behavioral Health (continued)														
Designated Evaluation and Treatment (continued)														
* Allocation Difference *			567.0	0.0	0.0	0.0	0.0	0.0	567.0	0.0	0	0	0	
Services for Severely Emotionally Disturbed Youth														
Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services		16GovEndorsed	TrOut	-15,340.8	0.0	-35.0	-1,135.6	0.0	0.0	-14,170.2	0.0	0	0	0
<i>Consolidate Behavioral Health Grants, Psychiatric Emergency Services, Services to the Seriously Mentally Ill, and Services for Severely Emotionally Disturbed Youth components into the new Behavioral Health Treatment and Recovery Grants component to more efficiently deliver services.</i>														
<i>Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.</i>														
<i>By consolidating the treatment and recovery components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.</i>														
<i>The components being consolidated are as follows:</i>														
<i>Behavioral Health Grants -- \$29,983.0</i>														
<i>Psychiatric Emergency Services -- \$7,633.7</i>														
<i>Services to the Seriously Mentally Ill -- \$19,189.8</i>														
<i>Services for Severely Emotionally Disturbed Youth -- \$15,340.8</i>														
1002 Fed Rcpts (Fed)				-1,000.1										
1004 Gen Fund (UGF)				-281.3										
1007 I/A Rcpts (Other)				-116.8										
1037 GF/MH (UGF)				-13,942.6										
* Allocation Difference *			-15,340.8	0.0	-35.0	-1,135.6	0.0	0.0	-14,170.2	0.0	0	0	0	
Alaska Psychiatric Institute														
AMD: Delete Vacant, Range 30, Alaska Psychiatric Institute Medical Director (06-5002). Duties will be absorbed		16GovEndorsed	Dec	-347.3	-347.3	0.0	0.0	0.0	0.0	0.0	-1	0	0	
<i>Delete an exempt, full-time, range 30, Anchorage Medical Director (06-5002) that is currently vacant. The duties of this position will be absorbed by the Chief of Psychiatry and the Chief Medical Officer at the Alaska Psychiatric. This is a cost-saving measure.</i>														
1037 GF/MH (UGF)				-347.3										
* Allocation Difference *			-347.3	-347.3	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0	
Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse														
AMD: Align Authority to Comply with Vacancy Factor Guidelines		16GovEndorsed	LIT	0.0	16.3	-16.3	0.0	0.0	0.0	0.0	0	0	0	

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health (continued)													
Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (continued)													
AMD: Align Authority to Comply with Vacancy													
Factor Guidelines (continued)													
<i>The Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse is a small section of six positions with very little turnover. Travel will be reduced to fully fund the personal services of the section.</i>													
* Allocation Difference *			0.0	16.3	-16.3	0.0	0.0	0.0	0.0	0.0	0	0	0
Suicide Prevention Council													
AMD: Align Authority to Comply with Vacancy 16GovEndorsed LIT													
Factor Guidelines													
<i>The Suicide Prevention Council is a small section of one position with very little turnover. Travel will be reduced to fully fund the personal services of the section.</i>													
* Allocation Difference *			0.0	3.0	-3.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Residential Child Care													
AMD: Inc/Dec Pair--Transfer to Behavioral Health Trtmt & Recovery Grants because 16GovEndorsed Dec													
Maintenance Funding no Longer Needed													
<i>A reimbursable services agreement with Department of Transportation and Public Facilities (DOTPF) for maintenance of Fahrenkamp building has ended due to Mental Health Trust Authority taking over maintenance responsibility of the facility.</i>													
1004 Gen Fund (UGF)			-51.7	0.0	0.0	-51.7	0.0	0.0	0.0	0.0	0	0	0
* Allocation Difference *			-51.7	0.0	0.0	-51.7	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-1,645.8	-167.8	-19.3	-278.6	0.0	0.0	-1,280.1	100.0	-1	0	0
Children's Services													
Family Preservation													
AMD: Reduce Funding for the Family Preservation Services Grants by 2.5% 16GovEndorsed Dec													
-169.5 0.0 0.0 0.0 0.0 0.0 -169.5 0.0 0 0 0													
<i>Reduce 2.5 percent funding for outgoing grants for Family Preservation Services. These services are designed to help families which includes adoptive and extended families that are at risk or in crisis. These services includes:</i>													
<ol style="list-style-type: none"> <i>1. Service programs designed to help children, where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;</i> <i>2. Replacement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;</i> <i>3. Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;</i> <i>4. Respite care of children to provide temporary relief for parents and other caregivers (including foster parents);</i> <i>5. Services designed to improve parenting skills (by reinforcing parents; confidence in their strengths, and helping</i> 													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Children's Services (continued)													
Family Preservation (continued)													
AMD: Reduce Funding for the Family Preservation Services Grants by 2.5% (continued)													
<i>them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.</i>													
	1004 Gen Fund (UGF)		-169.5										
* Allocation Difference *			-169.5	0.0	0.0	0.0	0.0	0.0	-169.5	0.0	0	0	0
Foster Care Base Rate													
	16GovEndorsed	Inc	2,600.0	0.0	0.0	0.0	0.0	0.0	2,600.0	0.0	0	0	0
Growing Number of Children in Foster Care & Increased SSI Collection Efforts													
<i>The growing number of children in care has contributed to the increase of collection in both child support and Social Security Income (SSI). HB126 increased the age children are allowed to stay in care, from 20 to 21, and also added the ability for children 16-21 who were released from foster care to voluntarily re-enter care.</i>													
<i>In addition, the increase in general fund program receipt (GF/PR) collections is a direct result from the collaborating efforts between agencies and the work done by experienced staff reviewing and processing SSI payments.</i>													
<i>FY2012 GF/PR collections: 2,701.6</i>													
<i>FY2013 GF/PR collections: 3,143.7, a 16.3% increase over FY2012</i>													
<i>FY2014 GF/PR collections: 5,126.1, a 63.1% increase over FY2013</i>													
<i>FY2015 GF/PR projections: 5,300.0, or 2,300.0 above the current FY2015 appropriation</i>													
<i>FY2016 GF/PR projections: 5,600.0, or 2,600.0 above the current FY2015 appropriation</i>													
	1005 GF/Prgm (DGF)		2,600.0										
* Allocation Difference *			2,600.0	0.0	0.0	0.0	0.0	0.0	2,600.0	0.0	0	0	0
Early Childhood Services													
	16GovEndorsed	IncM	40.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	0	0	0
MH Trust: Gov Cncl - Grant 1207 Early Intervention/Infant Learning Program Positive Parenting Training													
<i>The Positive Behavior & Supports for the Early Childhood System is a continuing demonstration project to gather information about the effectiveness of statewide training in the use of the Early Childhood Positive Behavior Supports (EC PBS) with parents and providers of children with challenging behaviors. Utilizing the parent training modules from the Center for Social and Emotional Foundations for Early Learning (CSEFEL) parents are offered training and support to implement strategies to reduce challenging behaviors and support good parent engagement. This project works in conjunction with other early childhood initiatives to train early childhood providers (Infant Learning Programs, Child care, Head Start, and Preschools) on fully implementing program wide EC PBS. The Early Intervention/Infant Learning Program (EI/ILP) office is supporting several demonstrations sites to fully implement the positive behavior support model to fidelity. The EI/ILP office sees the support for the parent training modules as an integral part of the larger EC PBS system and currently fills a gap between families who are in need of intervention supports currently but whose provider agencies have not yet adopted EC PBS. Initial</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Children's Services (continued)													
Early Childhood Services (continued)													
MH Trust: Gov Cncl - Grant 1207 Early Intervention/Infant Learning Program Positive Parenting Training (continued)													
<i>data from this project has indicated significant change in parental beliefs and attitudes with regard to positive engagement and strategies to reduce challenging behaviors. This FY2016 funding increment reduces the FY2015 funding level reflecting reduced funding to one pilot project.</i>													
	1092	MHTAAR (Other)	40.0										
AMD: Reduce Funding for the Early Childhood Services Grants for Disabled Infants & Young Children by 2.5%.	16GovEndorsed	Dec	-237.3	0.0	0.0	0.0	0.0	0.0	-237.3	0.0	0	0	0
<i>Reduce 2.5 percent funding for outgoing grants for Early Childhood Services. These grants provide services to infants and young children with disabilities, which includes:</i>													
<i>1. Developmental screening and evaluation</i>													
<i>2. An Individualized Family Services Plan (IFSP) to outline goals and services families want for their children</i>													
<i>3. Information for families to better understand their child's developmental strengths and needs</i>													
<i>4. Home visits to help the family or caregivers guide their children in learning new skills</i>													
<i>5. Physical, occupation or speech therapy to help families support their child with daily activities</i>													
<i>6. Specialized equipment and resources to promote development</i>													
<i>7. Assistance in getting other specialized services and care families need</i>													
	1004	Gen Fund (UGF)	-237.3										
* Allocation Difference *			-197.3	0.0	0.0	40.0	0.0	0.0	-237.3	0.0	0	0	0
** Appropriation Difference **			2,233.2	0.0	0.0	40.0	0.0	0.0	2,193.2	0.0	0	0	0
Health Care Services													
Catastrophic and Chronic Illness Assistance (AS 47.08)													
AMD: Reduce UGF because Catastrophic & Chronic Illness Prgm Clients will be Eligible for Medicaid when Expanded	16GovEndorsed	Dec	-1,000.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0.0	0	0	0
<i>In FY2014, 463 recipients were served by the Catastrophic and Chronic Illness Assistance program for a total cost of \$957.1 from a budget of \$1,471.0.</i>													
<i>Catastrophic and Chronic Illness Assistance is a state-funded program for low-income Alaskans who have inadequate or no health insurance, but who do not qualify for Medicaid. Catastrophic and Chronic Illness Assistance provides limited services to eligible individuals only if diagnosed with one of the following conditions:</i>													
<i>Terminal illness</i>													
<i>Cancer requiring chemotherapy</i>													
<i>Chronic diabetes or diabetes insipidus</i>													
<i>Chronic seizure disorder</i>													
<i>Chronic mental illness</i>													
<i>Chronic hypertension</i>													
<i>Covered services for those who qualify for Catastrophic and Chronic Illness Assistance are limited to:</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Health Care Services (continued)													
Catastrophic and Chronic Illness Assistance (AS 47.08) (continued)													
AMD: Reduce UGF because Catastrophic & Chronic Illness Prgm Clients will be Eligible for Medicaid when Expanded (continued)													
<i>Medical services provided by a physician, advanced nurse practitioner, and physician assistant in the practitioner's office or an outpatient clinic</i>													
<i>Outpatient hospital services limited to chemotherapy and radiology for the treatment of cancer</i>													
<i>Three (3) prescriptions per month and medical supplies limited to a 30-day supply</i>													
<i>Catastrophic and Chronic Illness Assistance provides no coverage for inpatient hospitalization, transportation, and other services that are mandatory under Medicaid coverage.</i>													
<i>This component was chosen because it is 100 percent funded by unrestricted general funds and because the services provided under this program will be absorbed by Medicaid expansion. Medicaid expansion is expected to be implemented by the State on July 1, 2015.</i>													
	1004 Gen Fund (UGF)		-1,000.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0.0	0	0	0
* Allocation Difference *			-1,000.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0.0	0	0	0

Medical Assistance Administration

AMD: Funding for 3 PFTs for Medicaid Expansion Implementation	16GovEndorsed	Inc	410.0	351.0	2.0	28.2	28.8	0.0	0.0	0.0	3	0	0
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Health Care Services projects that it will need a total of five staff positions to fully implement Medicaid expansion. Beginning with FY2016, the division projects that it will need one full-time, range 20, Anchorage, Medical Assistance Administrator III (06-#103); and two full-time, range 21, Anchorage, Medical Assistance Administrator IV positions (06-#104 and 06-#105), along with associated administrative costs to support the positions. The initial costs of the three positions are \$351.0 (\$112.6 for the Medical Assistant Administrator III, and \$119.2 for each Medical Assistant IV position). Each position assumes hiring at step C with a start date of July 1, 2015. These costs include benefits. Administrative costs assumes \$9.4 per full time equivalent (FTE) annually for office space, phones, and other contractual costs; \$2.6 one-time costs per FTE for computers and software; \$5.0 one-time costs per FTE for office equipment; \$2.0 per full time equivalent FTE annually for supplies; \$2.0 per year for total travel costs for all positions.

Personal services costs are projected out using 2.5 percent salary increase for FY2016, one percent salary increase for FY2017, one percent salary increase for FY2018, and a one percent salary increase for FY2019. A one percent salary increase has been used to project salaries for FY2020, and a one percent salary increase was used for FY2021. In addition to the appropriate percentage across the board salary adjustments, each position has the appropriate step increase as well. The step increase was projected using 3.7 percent for a general government unit (GGU) employee.

These costs have been projected out to include the hiring of one Medical Assistant Administrator III position in FY2018 (\$114.9), and one Medical Assistant Administrator III in FY2020 (\$118.3).

With the exception of one-time costs, all other non-personal services costs have been projected out using a one percent inflation factor.

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Health Care Services (continued)													
Medical Assistance Administration (continued)													
AMD: Funding for 3 PFTs for Medicaid Expansion Implementation (continued)													
			1002 Fed Rcpts (Fed)	205.0									
			1092 MHTAAR (Other)	205.0									
	16GovEndorsed	Dec	-1,000.0	-330.4	0.0	-669.6	0.0	0.0	0.0	0.0	0	0	-3
AMD: Delete Temporary Project Positions (06-T004, 06-T009, 06-T013)													
<i>Work assigned to the non-permanent positions listed below for the new Medicaid Management Information System (Enterprise) is complete, and the positions and their associated funding will be deleted:</i>													
<i>Non-permanent range 22 Anchorage Project Analyst (06-T004)</i>													
<i>Non-permanent range 22 Anchorage Project Analyst (06-T009)</i>													
<i>Non-permanent range 23 Anchorage Transition Manager (06-T013)</i>													
			1061 CIP Rcpts (Other)	-1,000.0									
	16GovEndorsed	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	1
AMD: Add Accounting Technician II (06-N14017) for Medicaid Electronic Health Record Work													
<i>Add a non-permanent range 14, Anchorage, Accounting Technician II (06-N14017) position. This position is needed for the continuation of processing attestations and additional documentation in the new Medicaid Management Information System (MMIS) for Medicaid Electronic Health Records (EHR) Incentive Payments to ensure the accuracy of the payment requests.</i>													
* Allocation Difference *			-590.0	20.6	2.0	-641.4	28.8	0.0	0.0	0.0	3	0	-2
** Appropriation Difference **			-1,590.0	20.6	2.0	-641.4	28.8	0.0	-1,000.0	0.0	3	0	-2

Juvenile Justice

McLaughlin Youth Center

AMD: Close a Community Detention Program and Eliminate two PFT positions	16GovEndorsed	Dec	-261.6	-261.6	0.0	0.0	0.0	0.0	0.0	0.0	-2	0	0
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The McLaughlin Youth Center is closing a community detention program, reducing the transitional services unit, and eliminating the recreational therapist position at that facility.

Listed below are the impacts of deleting these various positions:

Full-Time Range 16 Anchorage Recreational Therapist (06-3991):

- Loss of therapeutic structure to the required physical education hours in existing unit schedules.

- Loss of structured recreation schedule as part of a behavioral improvement and community reintegration program.

- Reduction of therapeutically structured recreational activities for youth with developmental and physical disabilities.

- A reduction in the off unit/campus activities designed to promote the importance of physical activity and a healthy lifestyle for at-risk youth.

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)													
McLaughlin Youth Center (continued)													
AMD: Close a Community Detention Program and Eliminate two PFT positions (continued)													
- Reduction in arts and crafts skill building activities at McLaughlin Youth Center.													
- Loss of training component for McLaughlin staff when working with at-risk youth in recreational settings.													
Full-Time Range 13 Anchorage Juvenile Justice Officer (06-3519):													
- Reduction of services within the Community Detention program at the McLaughlin Youth Center. This program operates Monday through Saturday, providing GED assistance and school district credit recovery assistance for youth under the division's supervision. The program also arranges and supervises community service opportunities for youth with court-ordered hours.													
- Reduction in counseling and referral services for at-risk youth under the division's supervision.													
1004 Gen Fund (UGF)			-261.6										
AMD: Provide Therapeutic Services for the Division of Behavioral Health	16GovEndorsed	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
This change record will change the funding source for two positions at the McLaughlin Youth Center:													
Full-Time range 13 Anchorage Juvenile Justice Officer (06-4957): This is a Transitional Services Unit position that is involved with pre-release meetings, supervision meetings with youth in the community, vocational training and placement services for at-risk youth under division supervision, and referrals to community-based service providers for at-risk youth in the transitional phases of their release, many of whom have behavioral health disorders.													
Full-Time range 11 Anchorage Juvenile Justice Officer (06-4810): This is a position within the Community Detention program at McLaughlin Youth Center. This program operates Monday through Saturday providing GED assistance and school district credit recovery assistance for youth under the division's supervision, many of whom have behavioral health disorders. The program also arranges and supervises community service opportunities for youth with court-ordered hours.													
1004 Gen Fund (UGF)			-164.7										
1007 I/A Rcpts (Other)			164.7										
AMD: Transfer Juvenile Justice Officer I/II (06-3563) to the Bethel Youth Facility for Adequate Detention Unit Coverage	16GovEndorsed	TrOut	-82.9	-82.9	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
One full-time range 13 Anchorage Juvenile Justice Officer (06-3563) will be transferred to the Bethel Youth Facility to ensure appropriate shift coverage with the new Detention unit that will be completed in early FY2016. The Bethel Youth Facility's bed count will be increasing from an 18-bed to a 23-bed facility once the renovation is complete. The facility is in need of five additional positions at this facility to ensure appropriate staffing levels; moving this position will account for one of those positions.													
This transfer of positions will reduce the Court Unit at the McLaughlin Center by one position. These duties will be absorbed by the remaining staff and staff on other units.													
1004 Gen Fund (UGF)			-82.9										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)													
McLaughlin Youth Center (continued)													
* Allocation Difference *			-344.5	-344.5	0.0	0.0	0.0	0.0	0.0	0.0	-3	0	0
Fairbanks Youth Facility													
AMD: Transfer Juvenile Justice Officer I/II (06-3984) to the Bethel Youth Facility for Adequate Detention Unit Coverage	16GovEndorsed	TrOut	-75.3	-75.3	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>One full-time range 13 Fairbanks Juvenile Justice Officer (06-3984) will be transferred to the Bethel Youth Facility to ensure appropriate shift coverage with the new Detention unit that will be completed in early FY2016. The Bethel Youth Facility's bed count will be increasing from an 18-bed to a 23-bed facility once the renovation is complete. The facility is in need of five additional positions at this facility to ensure appropriate staffing levels; moving this position will account for one of those positions.</i>													
<i>This position is available to move from Fairbanks due to appropriate staffing levels on the Treatment Unit at the Fairbanks Youth Facility.</i>													
1004 Gen Fund (UGF)			-75.3										
* Allocation Difference *			-75.3	-75.3	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
Bethel Youth Facility													
AMD: Transfer Juvenile Justice Officer I/II (06-3984) from the Fairbanks Youth Facility for Adequate Detention Unit Cove	16GovEndorsed	TrIn	75.3	75.3	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<i>One full-time range 13 Fairbanks Juvenile Justice Officer (06-3984) will be transferred from the Fairbanks Youth Facility to ensure appropriate shift coverage with the new Detention unit that will be completed in early FY2016. The Bethel Youth Facility's bed count will be increasing from an 18-bed to a 23-bed facility once the renovation is complete. The facility is in need of five additional positions at this facility to ensure appropriate staffing levels; moving this PCN will account for one of those PCNs.</i>													
<i>This position is available to move from Fairbanks due to appropriate staffing levels on the Treatment Unit at the Fairbanks Youth Facility.</i>													
1004 Gen Fund (UGF)			75.3										
AMD: Transfer Juvenile Justice Officer I/II (06-3563) from the McLaughlin Youth Center for Adequate Detention Unit Cover	16GovEndorsed	TrIn	82.9	82.9	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<i>One full-time range 13 Anchorage Juvenile Justice Officer (06-3563) will be transferred from the McLaughlin Youth Center to ensure appropriate shift coverage with the new Detention unit that will be completed in early FY2016. The Bethel Youth Facility's bed count will be increasing from an 18-bed to a 23-bed facility once the renovation is complete. The facility is in need of five additional positions at this facility to ensure appropriate staffing levels; moving this PCN will account for one of those PCNs.</i>													
<i>This transfer of positions will reduce the Court Unit at the McLaughlin Center by one position. These duties will be absorbed by the remaining staff and staff on other units.</i>													
1004 Gen Fund (UGF)			82.9										
* Allocation Difference *			158.2	158.2	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)													
Nome Youth Facility													
AMD: Delete Office Assistant III (06-4944)	16GovEndorsed	Dec	-92.8	-92.8	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
Position at the Nome Youth Facility													
<i>Delete a full-time range 11 Nome Office Assistant (06-4944) from the FY2016 operating budget.</i>													
<i>Although this position is the only clerical support position for the Nome Youth Facility, the division believes that between the probation social services associate and facility staff, the duties can be absorbed. This will require creative scheduling and cooperation of all the staff located in the building. There is the potential that if the social services associate position is on leave or vacant, the support to both facility and probation staff could be impacted. In addition, there may be occasions when either the front desk is not staffed or the division has to hire a non-permanent employee to cover the duties.</i>													
1004 Gen Fund (UGF)			-92.8										
* Allocation Difference *			-92.8	-92.8	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
Johnson Youth Center													
AMD: Transfer from Ketchikan to Johnson YC	16GovEndorsed	TrIn	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
to reflect increased client travel between Juneau and Ketchikan													
<i>Transfer authority from the Ketchikan RYF Regional Youth Facility component to support the increase in client travel that will occur by reprogramming the Ketchikan Regional Youth Facility to become a dually diagnosed (mental health and substance abuse) treatment facility.</i>													
<i>One of the impacts of reprogramming the facility is the increase in travel expenses for escorts to and from Ketchikan for court and placement at the Johnson Youth Center. The division estimates that there could be approximately 50 new admits to the Johnson Youth Center. Assuming there will be trips back and forth to Ketchikan for court and at an approximate cost of \$1.0-\$1.5 per trip for the youth and escort, \$100.0 is a reasonable amount to retain for increased travel.</i>													
1004 Gen Fund (UGF)			100.0										
* Allocation Difference *			100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
Ketchikan Regional Youth Facility													
AMD: Reprogram Ketchikan Regional Youth Facility to a Dually Diagnosed Treatment Facility Serving Statewide Youth	16GovEndorsed	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Juvenile Justice will reprogram the Ketchikan Regional Youth Facility from a detention facility to a residential facility that provides substance abuse treatment to dually diagnosed (mental health and substance abuse) youth. By changing the purpose of the facility, the division will become a Medicaid provider and be reimbursed for the services provided to youth. The facility will serve up to ten youth at any given time.</i>													
<i>The Ketchikan Regional Youth Facility currently is budgeted with \$1,946.4 of general fund authority; \$28.5 of I/A receipt authority; and, \$2.0 of federal authority. By reprogramming the facility, \$998.0 of the general fund authority and the \$2.0 of federal authority would be changed to I/A receipt authority. (Another \$100.0 of the general fund authority will be moved to the Johnson Youth Center component to account for the additional client travel that would be incurred by requiring the detention youth be housed at the Johnson Youth Center in Juneau rather than in Ketchikan.)</i>													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Juvenile Justice (continued)
Ketchikan Regional Youth Facility (continued)**

AMD: Reprogram Ketchikan Regional Youth Facility to a Dually Diagnosed Treatment Facility Serving Statewide Youth (continued)

Staff at the Ketchikan Regional Youth Facility would require additional training in order to provide effective substance abuse and mental health treatment services. It is anticipated that this initial training will cost approximately \$50.0. In addition, there will be a cost associated with remodeling the building to change it from a locked detention facility to a residential substance abuse treatment facility. It is anticipated that this will cost up to \$450.0 but will be a one-time cost. If needed, the division will plan to request supplemental funding if needed to cover these costs.

Regulation and statute changes may need to be made. The division needs the authority to become a Medicaid provider. This will be a high priority for the department.

Impacts to Reprogramming KRYF:

Positive Impacts:

- *The Johnson Youth Center could absorb the detention numbers as they've been over the past several years. It would require very little resources in terms of staffing, programming and clinical services. Routines at the Johnson Youth Center would basically stay the same. Juneau has an eight-bed detention wing that also has two observation rooms that could be utilized as detention beds if needed.*
- *Statewide, probation staff will have another treatment referral resource in their tool belt.*
- *The State of Alaska retains control of the facility with the hope of better outcomes for dually diagnosed youth that are referred to the Ketchikan facility.*
- *Develop partnerships with residential providers for transitional community-based services for youth when released from the program.*
- *There will potentially be less youth leaving the state to received specialized treatment for dually diagnosed youth.*
- *Increased coordination with local law enforcement to hold youth securely pending travel to Juneau.*

Negative Impacts:

- *Increased travel expenses for escorts to and from Ketchikan for court and placement at the Johnson Youth Center. This would include both client and staff expenses.*
- *Youth from Ketchikan will have fewer face-to-face visits with their families while detained at the Johnson Youth Center. Studies show that youth detained further away from their homes have poorer outcomes.*
- *Current staff at the Ketchikan Regional Youth Facility will need to be trained; some of these staff may or may not stay.*
- *A certified mental health clinician will need to be hired at the facility. This may mean repurposing a position within the division to ensure that the appropriate staff is hired and part of the facility.*
- *There will be a learning curve to becoming a Medicaid provider, but with the assistance of others in the department, the division feels this will be doable.*
- *The division will work with the department's revenue staff to ensure that any changes to the Public Assistance Cost Allocation Plan are in place so that the division can be a Medicaid provider.*
- *The division will need to work with the Division of Personnel to review current class specifications to determine if a maintenance request will be required to address the different duties of the staff at the Ketchikan. If this is the*

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)													
Ketchikan Regional Youth Facility (continued)													
AMD: Reprogram Ketchikan Regional Youth Facility to a Dually Diagnosed Treatment Facility Serving Statewide Youth (continued)													
<i>case, this will need to be a high priority for both divisions.</i>													
<i>- All position descriptions for the staff at the Ketchikan Regional Youth Facility will need to be updated and complete as soon as the class specifications are changed.</i>													
1002 Fed Rcpts (Fed)			-2.0										
1004 Gen Fund (UGF)			-998.0										
1007 I/A Rcpts (Other)			1,000.0										
AMD: Transfer from Ketchikan RYF to Johnson YC to reflect Increased client travel between Juneau and Ketchikan	16GovEndorsed	TrOut	-100.0	0.0	0.0	0.0	-100.0	0.0	0.0	0.0	0	0	0
<i>Transfer authority from the Ketchikan Regional Youth Facility component to support the increase in client travel that will occur by reprogramming the Ketchikan Regional Youth Facility to become a dually diagnosed (mental health and substance abuse) treatment facility.</i>													
<i>One of the impacts of reprogramming the facility is the increase in travel expenses for escorts to and from Ketchikan for court and placement at the Johnson Youth Center. The division estimates that there could be approximately 50 new admits to the Johnson Youth Center. Assuming there will be trips back and forth to Ketchikan for court and at an approximate cost of \$1.0-\$1.5 per trip for the youth and escort, \$100.0 is a reasonable amount to retain for increased travel.</i>													
1004 Gen Fund (UGF)			-100.0										
* Allocation Difference *			-100.0	0.0	0.0	0.0	-100.0	0.0	0.0	0.0	0	0	0
Probation Services													
AMD: Transfer Authority from Delinquency Prevention for Bring the Kids Home Reimbursable Services Agreement	16GovEndorsed	TrIn	70.0	0.0	70.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Division of Juvenile Justice enters into an annual Reimbursable Services Agreement (RSA) with the Division of Behavioral Health to utilize Bring the Kids Home funds for severely and emotionally disturbed youth. This change record will move excess interagency authority from the delinquency prevention component to the Probation Services component, where the authority for these services is collected.</i>													
1007 I/A Rcpts (Other)			70.0										
AMD: Delete Probation Staff (06-3479, 06-3301, 06-3780, 06-3653, 06-4988, 06-N07061)	16GovEndorsed	Dec	-482.4	-482.4	0.0	0.0	0.0	0.0	0.0	0.0	-5	0	-1
<i>The Division of Juvenile Justice will delete five full-time positions and one long-term non-perm position from the Probation Services component. The five positions being proposed are: full-time range 13 Fairbanks Juvenile Probation Officer (06-3780), full-time range 14 Homer Juvenile Probation Officer (06-3301), full-time range 16 Anchorage Juvenile Probation Officer (06-3653 and 06-4988), full-time range 12 Ketchikan Social Services Associate (06-3479) and long-term non-perm range 12 Fairbanks College Intern (06-N07061). The impact of giving up each of these positions is described below:</i>													
<i>Full-Time Range 16 Fairbanks Juvenile Probation Officer (06-3780):</i>													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP		
Juvenile Justice (continued)															
Probation Services (continued)															
AMD: Delete Probation Staff (06-3479, 06-3301, 06-3780, 06-3653, 06-4988, 06-N07061) (continued)															
<i>Deleting this position in the Fairbanks Probation office increases the caseloads for other probation officers and decrease community and school involvement by the probation staff.</i>															
<i>Full-Time Range 14 Homer Juvenile Probation Officer (06-3301): Deleting the position in Homer will mean closing the Homer office. This will have a direct impact on the Kenai office's workload. The Kenai probation staffs are able to absorb the additional cases, but there will be increased travel to Homer to work with the youth in that area. And, because there will no longer be a full-time probation presence in Homer, the level of service to Homer will likely be reduced.</i>															
<i>Full-Time Range 16 Anchorage Juvenile Probation Officer (06-3653 and 06-4988): Deleting these two positions in the Anchorage probation office will increase caseloads for other probation officers and decrease community and school involvement by probation staff.</i>															
<i>Full-time Range 12 Ketchikan Social Services Associate (06-3479): The duties of this position will be absorbed by the four juvenile probation officers in that office. Many of the duties are clerical in nature; spreading these out among the probation officers will have minimal if any impact to the core services provided by that office.</i>															
<i>Long-Term Non-Perm Range 12 Fairbanks College Intern (06-N07061): This position was created as a partnership with the University of Alaska, Fairbanks' Justice Department and allowed students to do intern work in the Fairbanks probation office. Several of those interns were later hired into social service associate or probation officer positions. The division plans to initiate agreements with the University to have students do practicum work in the Fairbanks Probation Office and provide similar experiences that the college interns had.</i>															
1004 Gen Fund (UGF)			-482.4												
* Allocation Difference *			-412.4	-482.4	70.0	0.0	0.0	0.0	0.0	0.0	-5	0	-1		
Delinquency Prevention															
AMD: Transfer Authority to Probation Services for Bring the Kids Home Reimbursable Services Agreement															
<i>The Division of Juvenile Justice enters into an annual Reimbursable Services Agreement (RSA) with the Division of Behavioral Health to utilize Bring the Kids Home funds for severely and emotionally disturbed youth. This change record will move excess interagency authority from the delinquency prevention component to the Probation Services component, where the authority for these services is collected.</i>															
1007 I/A Rcpts (Other)			-70.0												
* Allocation Difference *			-70.0	0.0	-70.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Youth Courts															
AMD: Align Authority to Increase Grant Line for Youth Courts															
		16GovEndorsed		LIT	0.0	0.0	-5.5	-5.0	0.0	0.0	10.5	0.0	0	0	0

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Juvenile Justice (continued)													
Youth Courts (continued)													
AMD: Align Authority to Increase Grant Line for Youth Courts (continued)													
<i>In early FY2015, the Division of Juvenile Justice amended grant agreements with several of the youth courts to increase their funding. This change record will move additional authority to the grants line to cover these amended grant agreements that are expected to be effective in FY2016 and beyond.</i>													
<i>This line item transfer will eliminate the need to request a revised program in the future for these amended grants.</i>													
* Allocation Difference *			0.0	0.0	-5.5	-5.0	0.0	0.0	10.5	0.0	0	0	0
Juvenile Justice Health Care													
AMD: Align Authority for Reimbursable Services Agreement with Health Care Services													
<i>The Division of Juvenile Justice will enter into an Reimbursable Services Agreement (RSA) with Health Care Services to reimburse for payments made to providers. Beginning in FY2015, the division began to work with providers to bill Health Care Services directly for services they provide for our youth. This allows the Division of Juvenile Justice to be billed at a Medicaid rate in most circumstances, which will ultimately be a cost savings to the state of Alaska. By FY2016, this should be standard practice for most of the division's providers.</i>													
<i>When this component was set up in FY2015, the authority was moved from and into both services and grants. For FY2016, it is anticipated that at least \$500.0 will be billed through Health Care Services. To cover the RSA, authority from grants will need to be moved.</i>													
<i>If this change record is not approved, a revised program will likely be requested to cover the RSA with Health Care Services.</i>													
* Allocation Difference *	16GovEndorsed	LIT	0.0	0.0	0.0	363.1	0.0	0.0	-363.1	0.0	0	0	0
** Appropriation Difference **			-836.8	-836.8	-5.5	358.1	-100.0	0.0	-252.6	0.0	-8	0	-1
Public Assistance													
Alaska Temporary Assistance Program													
AMD: Reduce Excess Authorization in the Alaska Temporary Assistance Program													
<i>The Alaska Temporary Assistance Program (ATAP) provides cash assistance and work services to low income families with children to help with their basic needs while they work toward self-sufficiency. The general funds of this component are used primarily to satisfy the Maintenance of Effort (MOE) requirement for the receipt of the Temporary Assistance for Needy Families block grant. A reduction to the general funds in this component has a potential impact to the state's ability to satisfy the MOE requirement, and risks associated with this reduction are potential supplemental requests in the event the caseload and benefits amounts increase. This reduction represents a portion of the projected lapse of authority due to current caseload and program projections.</i>													
<i>The ATAP program serves an average of 3,119 recipients monthly. The lifetime benefit to an eligible recipient is 60 months (unless exempted from the lifetime limit due to living in exempted native villages or for child only cases). Cash assistance is dependent upon the family size, income and shelter expenses. The types of benefits provided to eligible recipients include rental assistance, child care, transportation costs, vehicle repairs, clothing for job interviews and grooming, special tools for employment and wage supplementation, to list a few. The intent</i>													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Alaska Temporary Assistance Program (continued)													
AMD: Reduce Excess Authorization in the Alaska Temporary Assistance Program (continued)													
<i>of the program is to provide cash assistance to families to aid them in obtaining employment to support their families.</i>													
<i>The maximum allowable payment under the program per month is \$1,229 for a household of six. Many of the recipients of this program are also eligible for other assistance programs in the division. On average 85 percent of the cases are also receiving Supplemental Nutrition Assistance Program benefits. Currently, there are approximately 744 households who are in the first year of their lifetime benefit. There are currently over 62 percent of the total cases who are one parent families and over 25 percent of the total cases are child only cases.</i>													
	1003 G/F Match (UGF)		-1,072.6	0.0	0.0	0.0	0.0	0.0	-1,072.6	0.0	0	0	0
* Allocation Difference *			-1,072.6	0.0	0.0	0.0	0.0	0.0	-1,072.6	0.0	0	0	0
Adult Public Assistance													
AMD: Reduce Excess Authorization in Adult Public Assistance													
	16GovEndorsed	Dec	-2,372.4	0.0	0.0	0.0	0.0	0.0	-2,372.4	0.0	0	0	0
<i>The Adult Public Assistance program provides cash assistance to needy, aged, blind and disabled Alaskans to help them remain independent. This component is made up primarily of general funds. Projected caseload and expenditures for FY2016 reflect there will be a lapse of approximately \$6,724.0. Risks associated with this reduction are potential supplemental requests in the event the caseload and benefits amounts increase.</i>													
<i>The Adult Public Assistance program serves an average of 18,730 recipients monthly. 13,019 of those recipients are the disabled, 54 are blind and 5,657 are in the old age subtype. A person must be 65 years or older to be eligible if they are not disabled, and persons who are blind or disabled must be at least 18. Many of the recipients of this program are also eligible and receiving assistance from other programs in the division. On average 35 percent of recipients are also receiving Supplemental Nutrition Assistance Program benefits and the recipients of this program are eligible for Medicaid benefits.</i>													
<i>Payment levels range from \$200 to \$1,628 per month based on household type and income. Recipients receiving Social Security Income can be eligible for this program as well and make up over 58 percent of the total cases. Payment levels for SSI recipients range from \$30 to \$1,100 per month depending on household types. Household types include:</i>													
<ul style="list-style-type: none"> - Individuals living independently - Couples both eligible living independently - Couples, one eligible, living independently - Individual living in another person's household - Couple, both eligible, living in another person's household - Individuals in assisted living home - Couple, both eligible, in assisted living home - Couple, one eligible, living in assisted living home - Nursing home, personal needs 													
	1004 Gen Fund (UGF)		-2,372.4										

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Adult Public Assistance (continued)													
* Allocation Difference *			-2,372.4	0.0	0.0	0.0	0.0	0.0	-2,372.4	0.0	0	0	0
Child Care Benefits													
AMD: Align Authority for Daycare Services	16GovEndorsed	LIT	0.0	0.0	0.0	700.0	0.0	0.0	-700.0	0.0	0	0	0
<i>The Division of Public Assistance and Office of Children's Services work in collaboration to provide child care benefits to support children in state custody. Child Care benefits are paid from the grants line authority in the division's budget. However, the daycare services provided to the Office of Children's Services becomes a service via a reimbursable service agreement. The transfer of \$700.0 authorization to the services line item will cover the increasing costs of daycare for children in custody.</i>													
* Allocation Difference *			0.0	0.0	0.0	700.0	0.0	0.0	-700.0	0.0	0	0	0
Tribal Assistance Programs													
AMD: Reduce Excess Authorizaton in the Tribal Assistance Program	16GovEndorsed	Dec	-681.8	0.0	0.0	0.0	0.0	0.0	-681.8	0.0	0	0	0
<i>This funding in this component provides for grants to tribal entities who administer the Temporary Assistance for Needy Families (TANF) program and provide cash assistance and work services to low income families with children to help with their basic needs while they work toward self-sufficiency.</i>													
<i>The general funds of this component are used primarily to satisfy the Maintenance of Effort (MOE) requirement for the receipt of the TANF block grant, through the grant funding to the tribes. A reduction to the general funds in this component has a potential impact to the state's ability to satisfy the MOE requirement. This reduction represents the projected lapse of authority due to current grant awards and program spending by the grantees. The potential impact to the grantees is if caseloads were to increase the administrative capacity would be insufficient to effectively run the program. The division would need to evaluate each grantee individually to determine if additional reductions could be made or if reallocation of existing funds is needed.</i>													
<i>The Native Family Assistance Program grantees also receive funding directly from the federal government in the form of a Tribal Family Assistance Grant. The state funding supplements the federal funds and is used by grantees to pay benefits directly to eligible Native families to assist them in moving to self-sufficiency through employment. Resources are allocated based on the projections of how much the division would expend in Temporary Assistance benefits for the service population covered by each Native Family Assistance Program. As caseloads decrease, so does the projected expenditure and award totals for these grantees. Caseloads have decreased by 3 percent annually in FY2013 and FY2014 and are currently reflecting a decrease in FY2015 of 5 percent.</i>													
<i>The target population includes all families within the service area defined by the boundaries of each of the Alaska Native Regional Non-Profit Corporations responsible for the administration of the program. In some areas, the grantee operates a regional program that includes all families eligible for assistance, regardless of race, when this is the most efficient approach and there is agreement between the State and the Native Organization.</i>													
1003 G/F Match (UGF)			-681.8										
* Allocation Difference *			-681.8	0.0	0.0	0.0	0.0	0.0	-681.8	0.0	0	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Senior Benefits Payment Program													
AMD: Reduce the 2 of the 3 Senior Benefits Payment Categories by 20% (Requires a Revision of AS 47.54.302)	16GovEndorsed	Dec	-5,091.6	0.0	0.0	0.0	0.0	0.0	-5,091.6	0.0	0	0	0
<p><i>This reflects approximately a 20% reduction to the two lower pay levels of the Senior Benefits Program which is based on an overall caseload of 5,932 participants receiving \$125 and 3,890 participants receiving \$175 per month. The proposed reduction would require a statutory revision to AS 47.45.302 to the payment levels described.</i></p> <p><i>This reduction is based on existing caseload data which is likely to change as the population ages. Economic forecasts for the population being served by this program are projected to double between now and 2050.</i></p> <p><i>The average age of the recipients of the Senior Benefits Program is 75, however, age of recipients ranges from 70 to over 100. The eligibility and payment amount is based on gross annual income before any deductions are taken for taxes, Medicare premiums, etc. Assets such as a person's savings are not considered in determining eligibility for the program. Payments are not available to seniors who are in prison or jail; living in a nursing home, the Alaska Pioneers' Home or Alaska Veterans' Home; or living in a public or private institution for mental disease.</i></p> <p><i>A person with a household income of \$25,515 annually or \$2,127 per month or a married couple with a household income of \$34,405 annually or \$2,868 per month is eligible for the lowest pay level in the program (\$125 per month).</i></p> <p><i>A person with a household income of \$14,580 annually or \$1,215 per month or a married couple with a household income of \$19,660 annually or \$1,639 per month is eligible for the second payment level in the program (\$175 per month).</i></p>													
1004 Gen Fund (UGF)			-5,091.6										
AMD: Transfer to Public Assistance Field Services for Administrative Costs	16GovEndorsed	TrOut	-779.6	-556.7	-9.7	-169.7	-43.5	0.0	0.0	0.0	-6	0	0
<p><i>The Division of Public Assistance has been undergoing a realignment process by shifting eligibility determinations from a program-specific staffing to a generalized staffing, integrating work processes so that staff make eligibility determinations for all programs supported by the division. This change in work process is resulting in several administrative and technical changes across the division, including the cost allocation process through which our administrative costs are distributed. The staffs previously assigned exclusively to the Senior Benefits program are now working on eligibility determinations for all programs, and will be transferred to the Public Assistance Field Services component. Funding for these positions is now allocated across all benefitting programs and no longer funded only with general funds.</i></p>													
1002 Fed Rcpts (Fed)			-5.5										
1004 Gen Fund (UGF)			-774.1										
* Allocation Difference *			-5,871.2	-556.7	-9.7	-169.7	-43.5	0.0	-5,091.6	0.0	-6	0	0
Energy Assistance Program													
AMD: Reduce Energy Assistance Program Commensurate with Declining Caseload	16GovEndorsed	Dec	-3,500.0	0.0	0.0	0.0	0.0	0.0	-3,500.0	0.0	0	0	0
<p><i>A \$3.5 million portion of the DHSS unallocated \$4.8 million reduction is spread to this component.</i></p>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Energy Assistance Program (continued)													
AMD: Reduce Energy Assistance Program Commensurate with Declining Caseload (continued)													
<i>This reduction to the Alaska Heating Assistance Program can be absorbed without an impact to the program due to the declining caseloads over the past several years. The Energy Assistance Component is funded with federal funds from the Low Income Heating Assistance Program funding (LIHEAP) and with state general funds. The federal funding levels have historically been insufficient to fully fund the program and have been supplemented with general funds, a part of which comprises the Alaska Affordable Heating Program (AKAHP).</i>													
- In 2011 we served 12,114 LIHEAP households and 2,509 AKAHP households													
- In 2012 we served 10,798 LIHEAP households and 2,234 AKAHP households													
- In 2013 we served 11,449 LIHEAP households and 2,304 AKAHP households													
- In 2014 we served 10,416 LIHEAP households and 1,992 AKAHP households													
<i>Per federal regulations, program administrators have been charged with serving the most vulnerable residents. Per state regulations, an applicant must have a minimum out-of-pocket cost for heat of \$200 or more to qualify.</i>													
<i>In FFY2014 there were 1,987 AKAHP cases with a total expenditure of \$1,163.7. The majority of this reduction will impact the LIHEAP program benefits. The State award for LIHEAP is not sufficient to fully fund the program, therefore the largest part of this reduction will impact the funds currently being used to supplement the federal program.</i>													
<i>Combined recipient caseload for FY2014 was 12,323. The vulnerable populations receiving these benefits make up 10,657 of the caseload and are the elderly (age 60 and older); disabled; and children ages zero to six. The household composition ranges from 4,281 cases with a household size of one to 65 cases with a household size of 11 or more. Our data demonstrates that many of these clients are also receiving services from other public assistance programs such as Alaska Temporary Assistance, Food Stamps, and Adult Public Assistance.</i>													
	1004 Gen Fund (UGF)		-3,500.0	0.0	0.0	0.0	0.0	0.0	-3,500.0	0.0	0	0	0
* Allocation Difference *			-3,500.0	0.0	0.0	0.0	0.0	0.0	-3,500.0	0.0	0	0	0
Public Assistance Administration													
	AMD: Transfer Project Assistant (06-8534) from Public Assistance Field Services to Support AIRE Project	16GovEndorsed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<i>This full-time range 16 Anchorage Project Assistance (06-8534) position is being transferred from Public Assistance Field Services to Public Assistance Administration to support the Alaska Resources for Integrated Eligibility Services (ARIES) project. Funding for the administrative costs of this project is located in the Public Assistance Administration component.</i>													
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
Public Assistance Field Services													
	AMD: Transfer from Work Services for Administrative Costs	16GovEndorsed	1,200.0	0.0	0.0	1,200.0	0.0	0.0	0.0	0.0	0	0	0

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Public Assistance Field Services (continued)													
AMD: Transfer from Work Services for Administrative Costs (continued)													
<i>This transfer has historically taken place via revised program. Due to the staffing structure of the division, costs associated with administrative needs have been expended in the Public Assistance Field Services component.</i>													
<i>This is a permanent transfer of authority to accommodate the existing staffing structure.</i>													
	1003 G/F Match (UGF)		1,200.0										
AMD: Add 23 PFT Positions and Associated Costs to Support Medicaid Expansion	16GovEndorsed	Inc	2,771.3	1,908.3	0.0	432.9	430.1	0.0	0.0	0.0	23	0	0
<i>The costs associated with this request are for 23 permanent positions, office space and equipment costs. The division is hopeful to establish the positions in the classification system and fill the positions and train the staff in a very short time frame. Additional challenges associated with this request will be locating space for the incumbents which will also include a one-time cost for purchasing and setting up office furniture and equipment. This will be critical to have a successful transition to Medicaid expansion.</i>													
<i>The division is requesting the following permanent positions to be located in offices throughout the state:</i>													
<i>One Office Assistant II</i>													
<i>One Office Assistant III</i>													
<i>One Research Analyst II</i>													
<i>Three Public Assistance Analyst I</i>													
<i>Two Public Assistance Analyst II</i>													
<i>Ten Eligibility Technician II</i>													
<i>Two Eligibility Technician III</i>													
<i>Two Eligibility Technician IV</i>													
<i>Two Eligibility Office Manager II</i>													
<i>Ongoing costs for lease space and general office supplies are included in the services lines for the out years.</i>													
	1002 Fed Rcpts (Fed)		1,385.6										
	1092 MHTAAR (Other)		1,385.7										
AMD: Transfer Project Assistant (06-8534) to Public Assistance Administration to Support AIRES Project	16GovEndorsed	TrOut	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>This full-time range 16 Anchorage Project Assistance (06-8534) position is being transferred from Public Assistance Field Services to Public Assistance Administration to support the Alaska Resources for Integrated Eligibility Services (AIREs) project. Funding for the administrative costs of this project is located in the Public Assistance Administration component.</i>													
AMD: Transfer from Senior Benefits Payment Program for Administrative Costs	16GovEndorsed	TrIn	779.6	556.7	9.7	169.7	43.5	0.0	0.0	0.0	6	0	0
<i>The Division of Public Assistance has been undergoing a realignment process by shifting eligibility determinations from a program-specific staffing to a generalized staffing, integrating work processes so that staff make eligibility determinations for all programs supported by the division. This change in work process is resulting in several administrative and technical changes across the division, including the cost allocation process through which our administrative costs are distributed. The staffs previously assigned exclusively to the Senior Benefits program are now working on eligibility determinations for all programs, and will be transferred to the Public Assistance Field</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Public Assistance Field Services (continued)													
AMD: Transfer from Senior Benefits Payment													
Program for Administrative Costs (continued)													
<i>Services component. Funding for these positions is now allocated across all benefitting programs and no longer funded only with general funds.</i>													
			1002 Fed Rcpts (Fed)	5.5									
			1004 Gen Fund (UGF)	774.1									
			* Allocation Difference *	4,750.9	2,465.0	9.7	1,802.6	473.6	0.0	0.0	28	0	0
Work Services													
	16GovEndorsed	TrOut	AMD: Transfer to Public Assistance Field Services for Administrative Costs	-1,200.0	0.0	0.0	-1,200.0	0.0	0.0	0.0	0	0	0
<i>This transfer has historically taken place via revised program. Due to the staffing structure of the division, costs associated with administrative needs have been expended in the Public Assistance Field Services component. This is a permanent transfer of authority to accommodate the existing staffing structure.</i>													
			1003 G/F Match (UGF)	-1,200.0									
			* Allocation Difference *	-1,200.0	0.0	0.0	-1,200.0	0.0	0.0	0.0	0	0	0
			** Appropriation Difference **	-9,947.1	1,908.3	0.0	1,132.9	430.1	0.0	-13,418.4	0.0	23	0
Public Health													
Health Planning and Systems Development													
	16GovEndorsed	TrOut	AMD: Transfer Public Health Specialist II (06-1826) to PH Administration & Reclassify to Division Operations Manager	-100.0	-100.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Transfer a full-time, range 20, Anchorage Public Health Specialist II (06-1826) to Public Health Administration. This position will be reclassified to reestablish a Division Operations Manager. Due to the reorganization of the current administration, the Chief Medical Officer (06-1868) will also be serving as the Director for the Division of Public Health. The Division Director position (06-1001) will remain vacant, leaving only two individuals to perform the work that was previously performed by three people. Adding a Division Operations Manager is needed to help with the workload of guiding the division.</i>													
<i>The Division Operations Manager in Anchorage will serve under the direction of the Chief Medical Officer / Division Director and serve as a principal assistant. This position will serve as a subject matter expert in the matters of the division and will be assigned supervisory responsibility over a significant portion of the division's sections or programs. It will exercise authority for planning, organizing, directing, coordinating, and controlling the activities and resources for the areas supervised, including human resources and information technology.</i>													
			1002 Fed Rcpts (Fed)	-100.0									
	16GovEndorsed	Dec	AMD: Reduce Health Care Providers' Loan Repayment Program and Community Health Center Senior Access Grants	-136.6	-47.4	0.0	-68.7	0.0	0.0	-20.5	0	0	0
<i>Reduce personal services expenditures based on anticipated staff turnover and new staff starting at lower salaries than those who are retiring or leaving. This does not reduce the total number of positions.</i>													
<i>Reduce services expenditures in the Supporting Health Care Access through Loan Repayment Program (SHARP I) by not offering SHARP I continuation awards to health care providers who have completed their first period of</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Health Planning and Systems Development (continued)													
AMD: Reduce Health Care Providers' Loan Repayment Program and Community Health Center Senior Access Grants (continued)													
<i>service. Also, SHARP II funding will be garnered from the balance of a memorandum of agreement (MOA)/contract where the provider left the program prior to contract completion. A reduction in SHARP loan repayment/direct incentive contracts will result in more turnover in providers for vulnerable populations in rural and high need areas, potentially fewer providers to serve this population, and less continuity of care for those in need.</i>													
<i>Reduce grants expenditures through a reduction of Community Health Center Senior Access grants to 11 community health centers that are providing services to older adults. This program exists to help cover shortfalls of health centers providing care to individuals age 65 and over. A reduction in this program will result in fewer seniors receiving care through community health centers.</i>													
	1004 Gen Fund (UGF)		-136.6										
* Allocation Difference *			-236.6	-147.4	0.0	-68.7	0.0	0.0	-20.5	0.0	-1	0	0
Nursing													
AMD: Close One Public Health Center, Reduce Public Health Nursing Grants, Delete Staffing	16GovEndorsed	Dec	-1,400.1	-1,076.8	0.0	-29.3	-10.0	0.0	-284.0	0.0	-8	-1	0
<i>Implement the following actions to reduce spending:</i>													
<i>1. Decrease funding to three Public Health Nursing Grantees: Municipality of Anchorage, North Slope Borough, and Maniilaq.</i>													
<i>2. Close the Seward Public Health Center. Partner with the new federally qualified health center clinic for reproductive services. Utilize an itinerant nurse from Kenai to Seward. Delete a full-time, range 23 Public Health Nurse III (06-1141) in Seward that has been vacant for more than one year. Delete a full-time, range 13 Office Assistant II (06-1022) in Seward; the incumbent will be moving by July 2015. Appointments for Public Health Nurses will be made through Kenai Public Health Center. Find new and free location to complete individual services. The limited local presence in Seward will result in a decrease in the number of appointments with the members of the community.</i>													
<i>3. Delete a full-time, range 21 Public Health Nurse II (06-1852) in Homer that has been vacant for more than two years. There is no impact to the current services provided.</i>													
<i>4. Delete a full-time, range 10 Office Assistant II (06-1591) in the Anchorage Central Office; the incumbent will be retiring prior to July 2015. This will provide the division with the opportunity to streamline some processes.</i>													
<i>5. Delete a full-time, range 8 Office Assistant I (06-2014) in Wasilla that is currently vacant. Reorganize the Mat-Su Public Health Center Office Assistant team.</i>													
<i>6. Delete a full-time, range 21 Public Health Nurse II (06-1383) in the Fairbanks Public Health Center that is currently vacant. Redistribute the work among the remaining nurses in the Fairbanks Public Health Center. This will have a minimal impact on the services provided.</i>													
<i>7. Delete a part-time, range 24 Health Practitioner I (06-1215) in Juneau. This itinerate position, which serves the Southeast Region, is currently vacant.</i>													
<i>8. Delete a full-time, range 23 Public Health Nurse III (06-1544) in the Sitka Public Health Center. The incumbent will be retiring prior to July 2015. Reorganize the Sitka Public Health Center to have one Public Health Nurse II and one Office Assistant II by following the existing, post-retirement succession plan.</i>													
<i>9. Delete a full-time, range 19 Nurse II (06-1090) in Bethel. Redistribute Bethel Public Health Center Public Health</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Nursing (continued)													
AMD: Close One Public Health Center, Reduce Public Health Nursing Grants, Delete Staffing (continued)													
<i>Nurse work. This will decrease opportunities for non-bachelors of science local nurses with limited access to gain public health nursing experience by working in public health nursing while working on a bachelor's degree in nursing.</i>													
10. Prioritize supply needs. No major expenditures are planned for FY2016.													
CONSEQUENCES													
1. Reduced staffing could lead to a decrease in response/timeliness to an infectious disease outbreak, including increased public health concerns in Seward during cruise ship season.													
2. These changes could potentially reduce reproductive health visits by approximately 841 visits													
3. These changes could potentially lead to a reduction of 2,851 appointments which include well child exam including developmental screen, sexually transmitted infection, reproductive health, tuberculosis, immunization, contact investigation for infectious diseases, post-partum; visits include screening for and education about interpersonal/domestic violence; screening and brief intervention-alcohol; healthy lifestyle (obesity reduction); and immunization status													
4. Decreasing five (5) nurse positions decreases informing, educating, and empowering people about health issues as well as mobilizing partnerships to solve health problems.													
1004 Gen Fund (UGF)			-1,400.1	-1,076.8	0.0	-29.3	-10.0	0.0	-284.0	0.0	-8	-1	0
* Allocation Difference *			-1,400.1	-1,076.8	0.0	-29.3	-10.0	0.0	-284.0	0.0	-8	-1	0
Women, Children and Family Health													
MH Trust: Gov Cncl - Grant 3505 Autism	16GovEndorsed	IncM	75.0	0.0	0.0	0.0	0.0	0.0	0.0	75.0	0	0	0
Workforce Development Capacity Building													
<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 spectrum disorders (ASD) when provided by a nationally certified Board Certified Behavior Analyst (BCBA). The project is focused on developing a trained workforce to deliver intensive intervention services for individuals with Autism Spectrum Disorders (ASD). There will be three approaches to developing this workforce including: 1) facilitation of the professional training for graduate-level Board Certified Behavior Analysts (BCBA) trainees with an accredited and distance-based program of study, 2) implementation of an Autism Spectrum Disorder (ASD) Direct Service Provider Occupational Endorsement Certificate program of study, 3) implementation of an ASD Interventions Summer Institute for family members, professional and paraprofessional direct service providers. This project will increase the number of BCBAs and form a group that will supervise future cohorts of students. This FY2016 funding increment maintains the FY2015 funding level and momentum of effort.</i>													
1092 MHTAAR (Other)			75.0										
AMD: Delete Non-Perm Health Program Associate (06-N12054) Because Project is Completed & Funding is Gone	16GovEndorsed	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-1
<i>Delete a nonpermanent Anchorage range 16 Health Program Associate (06-N12054) which was established to provide quality assurance services and general project assistance for the Adolescent Health Program. This project has been completed, and there is no longer federal funding for this position.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Women, Children and Family Health (continued)													
AMD: Hold a Public Health Specialist II Position Vacant	16GovEndorsed	Dec	-113.8	-113.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Reduce personal services expenditures by keeping an Anchorage Public Health Specialist II (range 20) position vacant. The primary duties of this position, which include supporting children and youth with special health care needs and managing parent services, have been moved to another Public Health Specialist II.</i>													
<i>The program of children/youth with special health care needs will further adapt to working more closely with federally funded grantees for the purpose of supporting families with special health care needs. The clinics will continue to work towards the stated goal of reducing the age of referral and diagnosis of children with suspected autism and neurodevelopmental via maintaining clinics using contracted physicians and a reduced schedule of clinic offerings.</i>													
1004 Gen Fund (UGF)			-113.8										
AMD: Align Authority to Comply with Vacancy Factor Guidelines	16GovEndorsed	LIT	0.0	-150.0	0.0	150.0	0.0	0.0	0.0	0.0	0	0	0
<i>Align authority to comply with the recommended vacancy factor.</i>													
* Allocation Difference *			-38.8	-263.8	0.0	150.0	0.0	0.0	0.0	75.0	0	0	-1
Public Health Administrative Services													
AMD: Transfer Public Health Specialist II (06-1826) from Health Planning & Systems Dev & Reclassify to Ops Manager	16GovEndorsed	TrIn	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
<i>Transfer a full-time, range 20, Anchorage Public Health Specialist II (06-1826) from Health Planning and Systems Development. This position will be reclassified to reestablish a Division Operations Manager. Due to the reorganization of the current administration, the Chief Medical Officer (06-1868) will also be serving as the Director for the Division of Public Health. The Division Director position (06-1001) will remain vacant, leaving only two individuals to perform the work that was previously performed by three people. Adding a Division Operations Manager is needed to help with the workload of guiding the division.</i>													
<i>The Division Operations Manager in Anchorage will serve under the direction of the Chief Medical Officer / Division Director and serve as a principal assistant. This position will serve as a subject matter expert in the matters of the division and will be assigned supervisory responsibility over a significant portion of the division's sections or programs. It will exercise authority for planning, organizing, directing, coordinating, and controlling the activities and resources for the areas supervised, including human resources and information technology.</i>													
1002 Fed Rcpts (Fed)			100.0										
AMD: Delete Administrative Assistant II (06-1004). Duties will be Absorbed by Two Administrative Staff	16GovEndorsed	Dec	-92.0	-88.0	0.0	-4.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Delete a full-time, range 10 Administrative Assistant II (06-1004) in Anchorage as a cost-saving measure. In order to accomplish the request to reduce the budget with the least impact throughout the division, a lay-off will be necessary. Due to a re-organization and an assessment of the current administrative needs of Public Health Administrative Services, it has been determined that with minor adjustments, administrative needs can be met by two administrative staff.</i>													
<i>By streamlining the administrative process and accountability the division, department, state, and general public</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Public Health Administrative Services (continued)													
AMD: Delete Administrative Assistant II (06-1004). Duties will be Absorbed by Two Administrative Staff (continued)													
<i>will be better served by this change. Public Health Administration will be more effective and efficient in the daily operations of the division.</i>													
<i>A reduction in staff will result in additional savings in services, such as expenditures for computers, electricity, and phone services.</i>													
	1004 Gen Fund (UGF)		-92.0										
* Allocation Difference *			8.0	12.0	0.0	-4.0	0.0	0.0	0.0	0.0	0	0	0
Emergency Programs													
	AMD: Reduce Emergency Medical Services Grants and Travel	16GovEndorsed	Dec	-211.6	0.0	-20.5	0.0	0.0	-191.1	0.0	0	0	0
<i>Since FY2014, 80 percent of Emergency Programs general funds have been allocated to Regional Emergency Medical Services grants. In FY2013, the legislature approved a 20 percent increment to the regional grants in response to grantee requests. Funds to support the regional grant increment came from the Division of Public Health, which reduced Emergency Medical Services and Trauma operations to essential functions. Grantees primarily provide training for local Emergency Medical Services providers. Regulations updates, once approved, will reduce direct instruction time for Emergency Medical Services recertification, which may help reduce the impact of the cuts. Grantee reductions still provide the regions with a significant increment relative to their FY2013 awards.</i>													
<i>To further support the reduction of general funds, Emergency Medical Services and Trauma will reduce their travel, therefore delaying or eliminating ambulance certification and/or facility trauma designation. While the programs can complete some work remotely, inspections require on-site presence of state staff. Finally, Emergency Programs general funds support the work of the Alaska Council on Emergency Medical Services (ACEMS) and the Trauma System Review Committee (TSRC). Travel for Alaska Council on Emergency Medical Services and Trauma System Review Committee meetings will be reduced by one FY2016 meeting for each advisory group. Some attendees currently attend meetings via teleconference/webinar and some work can be done remotely.</i>													
<i>Regional Emergency Medical Services grants primarily support training for certified Emergency Medical Services providers and for first responders who are trained at a basic Emergency Trauma Technician (ETT) level. Training reductions may result in fewer trained providers at either the Emergency Medical Services or Emergency Trauma Technician level, particularly in remote rural areas. Reducing travel for state staff significantly affects state ability to assess the status of Emergency Medical Services providers and their patient transport and care equipment and to enhance the capacity of Alaska's rural hospitals to address trauma locally. Our ability to protect and promote the health of Alaskans will be negatively affected as we continue to degrade our ability to sustain an efficient and effective public health system infrastructure. Inadequately supported services lead to increased morbidity and mortality, as well as increased costs.</i>													
	1004 Gen Fund (UGF)		-211.6										
* Allocation Difference *			-211.6	0.0	-20.5	0.0	0.0	0.0	-191.1	0.0	0	0	0

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Chronic Disease Prevention and Health Promotion													
MH Trust: SAPT - Behavioral Risk Factor Surveillance System (FY16-FY17)	16GovEndorsed	IncT	10.0	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0	0	0
<i>Managed by Department of Health and Social Services (DHSS)/Chronic Disease Prevention and Health Promotion, this funding will be added to the overall costs of the Adverse Childhood Experiences Module of the Behavioral Risk Factor Surveillance System (BRFSS). The Center for Disease Prevention and Control and the Department of Health and Social Services collaborate to ensure this survey is conducted annually in Alaska. The data collected will allow communities to understand their respective populations and assist the statewide efforts to address trauma and enhance our prevention treatment and early childhood system to better meet the needs of families and children while strengthening communities.</i>													
1092 MHTAAR (Other)			10.0										
AMD: Reduce School Districts' Grants for Obesity Prevention, Reduce Travel, and Hold Positions Vacant	16GovEndorsed	Dec	-157.5	-47.1	-4.6	-45.2	0.0	0.0	-60.6	0.0	0	0	0

Implement the following items to reduce spending:

- Reduce Anchorage-Juneau in-state travel for supervision of Juneau staff from three trips to one.
- Eliminate one out-of-state trip to the Council of State and Territorial Epidemiologists Conference
- Reduce by 150 the number of surveys conducted by the Behavioral Risk Factor Surveillance System
- Eliminate funds to procure a Cancer Registry contract
- Reduce Alaska Family Violence Prevention Project contractual funds by 50 percent
- Reduce seven of the grants to school districts in the Obesity Prevention program.
- Hold positions vacant for additional time when vacancies occur

CONSEQUENCES

- The Section staff is housed in Anchorage and Juneau offices. This proposal reduces travel between Anchorage and Juneau to one trip annually for on-site supervision of staff. One out-of-state trip to an Epidemiology Conference is omitted.

- A reduction in the cancer registry contractual services may result in failure to meet national data quality standards. These are required matching funds and there is a risk of losing federal dollars. This contract has been necessary to ensure compliance with grant and cancer registry national standards. The Behavioral Risk Factor Surveillance System is the only source for representative statewide data for many chronic health conditions, risk factors, and injuries. These data are vital to program planning and evaluation by state local, tribal, and non-profit organizations. Effectiveness and efficiency can be measured by sample size and the size of the confidence intervals around estimates produced from these data. Estimates will not be as precise and the ability to provide data, in particular for small areas and important disparate groups, would be reduced. Reducing funding for the Alaska Family Violence Prevention Project's training contract will decrease the availability of information and technical assistance in the implementation of evidence-based practices for assessment and intervention of childhood exposure to violence and other adversities. This is at a time when communities and organizations are increasingly aware of the long-term impact of victimization on leading public health issues in Alaska including school readiness and performance, substance abuse, suicide, and obesity. These reductions will impact Division of Public Health Outcomes to "reduce preventable death, disease and injury," and to "produce and release meaningful and timely public health data."

**2015 Legislature - Operating Budget
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Chronic Disease Prevention and Health Promotion (continued)													
AMD: Reduce School Districts' Grants for Obesity Prevention, Reduce Travel, and Hold Positions Vacant (continued)													
<p>- Each of the seven school districts' obesity prevention grantees (Ketchikan, Kodiak, Mat-Su, Nome, North Slope, Petersburg, Sitka) will be reduced. They will reduce supplies to support student nutrition and physical activity goals, as well as to travel for staff training in evidence-based best practices for obesity prevention. Schools play a key role in the prevention of obesity, a high priority of the Division of Public Health. Grantee efforts to create supportive nutrition and physical activity policies and programs at school can improve the health of over 25,000 Alaskan kids. This proposal will reduce our capacity to promote and protect the health and well-being of Alaskans.</p>													
<p>- Vacant positions continue to increase workload of existing staff.</p>													
1004 Gen Fund (UGF)			-157.5										
AMD: Transfer from Senior Community Based Grants for Fall Prevention Campaign Management	16GovEndorsed	TrIn	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<p>In FY2014, the legislature appropriated \$150.0 to the Division Senior and Disabilities Services to support a senior falls (prevention) program. A reimbursable services agreement was created giving the funding to the Division of Public Health, Chronic Disease Prevention and Health Promotion Component, Injury Prevention Program. This transfer will negate the need for the reimbursable services agreement with the Division of Senior and Disabilities Services and will ensure continuation of the program for which the funds were intended.</p>													
<p>Factors contributing to the risk of falling include pre-existing medical conditions, inaccessible living environments, residence in assisted living/nursing home facilities, alcohol use, medication complications, and physical/physiological changes associated with aging. This project aims to reduce the fear of falling and senior fall rate by providing health promotion / disease prevention grants to providers who serve seniors using the following evidence-based interventions:</p>													
<ul style="list-style-type: none"> - Promote public awareness about senior falls emphasizing risk factors and strategies to prevent them. - Encourage health providers to recognize senior fall risks and screen for falls (balance, vision, hearing). - Increase availability of evidence-based falls prevention senior exercise programs at senior centers, adult day centers, etc. to improve balance, strength and mobility. Research shows that exercise alone can reduce fall risk from 31-68 percent among older adults. - Encourage health providers to regularly review all prescription and over-the-counter drugs to identify medication complications that can lead to falls. - Strengthen medication management education targeting seniors. - Increase availability of "white cane" training and low-vision clinics. - Enhance home hazard reduction programs that include home safety assessments and assistance to seniors to find resources to make appropriate accessibility improvements. - Incorporate evidence-based falls prevention intervention as part of hospital discharge programs. 													
1004 Gen Fund (UGF)			150.0										
* Allocation Difference *			2.5	-47.1	-4.6	-35.2	0.0	0.0	89.4	0.0	0	0	0

**2015 Legislature - Operating Budget
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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Epidemiology													
Immunization Program; Vaccine Assessments Year Two Ch30 SLA2014 (SB169) (Sec2 Ch16 SLA2014 P48 L29 (HB266))	16GovEndorsed	Inc	8,711.4	0.0	0.0	0.0	8,711.4	0.0	0.0	0.0	0	0	0
<i>The statewide immunization program and State Vaccine Assessment Council, which was passed as SB169 (Chapter 30 SLA2014) is anticipated to grow as additional assessable entities participate in the program as well as growth due to inflation and population increases.</i>													
<i>This program, which phases in over three years and sunsets in six years, is intended to monitor, purchase, and distribute recommended vaccines to healthcare providers, making vaccines available universally for all ages.</i>													
1238 VaccAssess (DGF)			8,711.4										
AMD: Immunization Program; Vaccine Assessments Year Two Ch30 SLA2014 (SB169) (Sec2 Ch16 SLA2014 P48 L29 (HB266))	16GovEndorsed	Dec	-8,711.4	0.0	0.0	0.0	-8,711.4	0.0	0.0	0.0	0	0	0
<i>Current FY2015 projections show this program has sufficient authority at this time; making the requested FY2016 Fiscal Note increment unnecessary.</i>													
1238 VaccAssess (DGF)			-8,711.4										
AMD: Eliminate Certain Supplies to Low-Risk Schools for Tuberculosis Screening and Reduce Travel	16GovEndorsed	Dec	-198.2	-24.1	-18.0	-124.9	-31.2	0.0	0.0	0.0	0	0	0
<i>As a cost-saving measure, program activities and services that will be reduced or eliminated include the following: in- and out-of-state travel; hard-copy distribution of Epidemiology Bulletins; a portion of lease space costs for the Alaska Vaccine Depot will be paid for by the Alaska Vaccine Assessment Program; the Tuberculosis Program will no longer supply purified protein derivative (PPD) to low-risk schools in Alaska for Tuberculosis screening; and decreased spending on office supplies. Program work will continue to be accomplished by way of strategic planning, improving efficiencies, and seeking out alternative funding options (e.g., billing for services).</i>													
<i>- Less travel funds will mean less in-state travel for outbreak investigations, meetings, lectures, community engagement activities (e.g., town hall meetings), etc.</i>													
<i>- Epidemiology Bulletin subscribers will no longer receive hard copy bulletins.</i>													
<i>- Using a portion of the revenue generated from the Alaska Vaccine Assessment Program to fund the Alaska Vaccine Depot's lease space means that less of the revenue from this source will be available to fund the additional vaccine distribution costs and possibly result in slower processing times.</i>													
<i>- The low-incidence Tuberculosis schools will no longer be receiving purified protein derivative to screen their students.</i>													
<i>- The decrease in supplies will be absorbed by all programs within the section.</i>													
1004 Gen Fund (UGF)			-198.2										
* Allocation Difference *			-198.2	-24.1	-18.0	-124.9	-31.2	0.0	0.0	0.0	0	0	0
Bureau of Vital Statistics													
AMD: Align Authority to Comply with Vacancy Factor Guidelines	16GovEndorsed	LIT	0.0	-15.0	0.0	15.0	0.0	0.0	0.0	0.0	0	0	0
<i>Align authority to comply with vacancy factor guidelines.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Bureau of Vital Statistics (continued)													
AMD: Delete Two Office Assistant II Positions (06-1760 and 06-1761) in Fairbanks	16GovEndorsed	Dec	-168.2	-168.2	0.0	0.0	0.0	0.0	0.0	0.0	-2	0	0
<i>Delete two full-time, range 10, Office Assistant II positions (06-1760 and 06-1761) in Fairbanks. With the completion of Electronic Vital Events Registration System it will be more efficient to close the satellite Bureau of Vital Statistic office in Fairbanks.</i>													
1005 GF/Prgm (DGF)			-168.2										
* Allocation Difference *			-168.2	-183.2	0.0	15.0	0.0	0.0	0.0	0.0	-2	0	0
Public Health Laboratories													
AMD: Reduce Viral Immunology Testing	16GovEndorsed	Dec	-264.3	-110.4	0.0	0.0	-153.9	0.0	0.0	0.0	0	0	0
<i>Reduce viral immunology testing as a cost-saving measure. Testing for hepatitis (A, B, and C), human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), herpes, measles (rubeola), mumps, rubella, and varicella-zoster (chickenpox and shingles) will be reduced. Because these tests are of high medical consequence, testing for these diseases will have to be switched to the private sector. With the exception of hepatitis and human immunodeficiency virus (HIV) tests, these tests are performed by an out-of-state lab. Because these tests are of high medical consequence, time delays are an issue.</i>													
<i>Reduction of viral immunology testing within the state will severely reduce access to health care for Alaska's vulnerable population. Projected outcomes will be an increase in disease burden and transmission within any given community, increased mortality, and overall decrease in the quality of life for many Alaskans. Additionally, significant financial burdens will be placed on those who can least afford it, and ultimately, the entire population of Alaska.</i>													
<i>Personal services costs will be reduced by holding positions vacant for additional time when vacancies occur.</i>													
1004 Gen Fund (UGF)			-264.3										
* Allocation Difference *			-264.3	-110.4	0.0	0.0	-153.9	0.0	0.0	0.0	0	0	0
Community Health Grants													
AMD: Reduce Community Health Aide Training and Supervision Grants	16GovEndorsed	Dec	-82.7	0.0	0.0	0.0	0.0	0.0	-82.7	0.0	0	0	0
<i>Community Health Aide Training and Supervision (CHATS) Grant Program funding to 13 tribal health corporations will be reduced. The decrement will reduce the amount of funding available to support the training and supervision of community health aides, resulting in less for travel and other expenses for community health aides to attend training delivered through the regional training centers. In addition, funding is used by some of the corporations to support partial salaries of the nurse practitioners, physician assistants or other staff who supervise the skill development of the community health aides.</i>													
<i>The Community Health Aide Training and Supervision program would continue at a diminished level, since grant amounts will be reduced.</i>													
<i>A reduction in the number of Community Health Aides trained at Level III and IV will mean fewer providers available to the public and fewer Community Health Aides who can bill Medicaid for their services.</i>													
1004 Gen Fund (UGF)			-82.7										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Community Health Grants (continued)													
* Allocation Difference *			-82.7	0.0	0.0	0.0	0.0	0.0	-82.7	0.0	0	0	0
** Appropriation Difference **			-2,590.0	-1,840.8	-43.1	-97.1	-195.1	0.0	-488.9	75.0	-11	-1	-1
Senior and Disabilities Services													
Senior and Disabilities Services Administration													
MH Trust: Housing - IT Application/Telehealth Service System Improvements	16GovEndorsed	IncOTI	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Senior and Disabilities Services (SDS) will expand their telehealth pilot project to be statewide to include dedicated full time staff. Individuals who receive Personal Care Assistance or Medicaid Waiver services require an annual reassessment conducted by a Senior & Disability Services (SDS) nurse assessor to continue being eligible for services. Service recipients, who live outside of the regional hub communities, can experience difficulties getting timely assessment due to staff availability, weather, flight schedules, unexpected travel or medical needs of the individual, or other unexpected events. This can result in delayed assessments, inefficient use of time and higher costs associated with travel and rescheduling. Through telehealth, reassessments are conducted from SDS's office with the individual service recipient participating at their local clinic through collaboration with the regional health organization. In addition to reassessments, Adult Protective Services will use telehealth to meet with individuals, family or community members in the event they are unable to travel for an investigation. With the increasing demand for services, the use of telehealth will allow for increased access to services through timely assessments, internal efficiencies for SDS, and ability to shift high travel costs.</i>													
1092 MHTAAR (Other)			100.0										
MH Trust: Cont - Grant 3178 Traumatic/Acquired Brain Injury Program Research	16GovEndorsed	IncM	136.5	82.5	27.0	27.0	0.0	0.0	0.0	0.0	0	0	0
<i>Managed by Department of Health & Social Services (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 Traumatic and Acquired Brain Injury (TABI) program. The increment will be maintained at \$136.5 Mental Health Trust Authority authorized receipts (MHTAAR). Under AS 47.80.500, DHSS/Senior and Disabilities Services established a Traumatic and Acquired 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 the program. These requirements will provide the foundation to work (collaboratively) to reduce the incidence of brain injury and minimize the disabling conditions through the expansion of services and supports for TABI survivors and their families.</i>													
<i>The FY2016 MHTAAR increment maintains the FY2015 momentum of effort.</i>													
1092 MHTAAR (Other)			136.5										
AMD: Transfer from the Division of Departmental Support Services for the Automated Service Plan System	16GovEndorsed	TrIn	510.0	0.0	0.0	510.0	0.0	0.0	0.0	0.0	0	0	0
<i>In FY2012, Department Support Services, Information Technology (IT) Services, received an increment to support the Division of Senior and Disabilities Services in the development of a comprehensive case management system (DS3). The request included personal services authority necessary to fund IT positions that had been held vacant to meet vacancy guidelines. Those funded IT positions would now become a service team within IT to support service delivery and address corrective action as required by the Center for Medicaid and Medicare Services</i>													

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Senior and Disabilities Services Administration (continued)													
AMD: Transfer from the Division of Departmental Support Services for the Automated Service Plan System (continued)													
<i>(CMS), and support ongoing system modification and maintenance. IT, however, continues to experience recruitment difficulties in finding viable candidates with the skillset needed to support the DS3 system at a successful level.</i>													
<i>This request is to transfer the funding, as it was received, to Senior and Disability Services, so they may request the authority be moved to the services line item. The Senior and Disability Services would contract with IT, through a reimbursable service agreement, and outside vendors to achieve the level of service necessary to support the DS3 system.</i>													
<i>Without support for the DS3 case management system, the division puts continued compliance 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)	255.0									
AMD: Align Mental Health Trust Funding to	16GovEndorsed	LIT	0.0	-0.3	0.0	100.0	0.0	0.0	0.0	-99.7	0	0	0
Correct Expenditure Line													
<i>Move Mental Health Trust funding from 78000 to correct expenditure line</i>													
AMD: Align Mental Health Trust Funding to	16GovEndorsed	LIT	0.0	68.0	-47.5	-120.5	0.3	0.0	0.0	99.7	0	0	0
Correct Expenditure Line													
<i>Move Mental Health Trust funding from 78000 to correct expenditure line</i>													
AMD: Delete Non-Permanent Positions and	16GovEndorsed	Dec	-579.6	-579.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-3
Reduce Overtime due to Implementation of the Automated Service Plan													
<i>Historically, staffing levels have been maintained to address regulatory needs for the Medicaid service administration activities performed within the division. The regulations impacting the Medicaid service administration activities are both federal and state in nature. Implementation of the Automated Service Plan is expected to streamline work processes and create efficiencies, therefore, enabling the division to eliminate non-permanent positions and reduce overtime hours. Other positions may be required to absorb additional workload, which may create more of a backlog in some areas than currently exists.</i>													
			1003 G/F Match (UGF)	-496.3									
			1004 Gen Fund (UGF)	-83.3									
* Allocation Difference *			166.9	-329.4	-20.5	516.5	0.3	0.0	0.0	0.0	0	0	-3
General Relief/Temporary Assisted Living													
AMD: Reduce Individual Benefits under the	16GovEndorsed	Dec	-789.8	0.0	0.0	0.0	0.0	0.0	-789.8	0.0	0	0	0
General Relief Assistance Program													
<i>General Relief Assistance (GRA) provides for the most basic needs of many Alaskans without the personal resources to meet emergent needs and ineligible for assistance from other programs. GRA is design to meet the</i>													

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
General Relief/Temporary Assisted Living (continued)													
AMD: Reduce Individual Benefits under the General Relief Assistance Program (continued)													
<i>immediate, basic needs of Alaskans facing extreme financial crisis and is a temporary funding source for assistive living home placement. A reduction to this component will result in a decline to clients served.</i>													
<i>Currently, 565 Alaskans are receiving general relief services. Individuals who were receiving Home & Community Based Waiver Services (residential supportive living) in an assistive living home (ALH) environment that no longer meet level of care (waiver eligibility) have been referred to general relief. If on a waiver, ALHs can receive approximately \$5.0 a month. It is important to know that GRA offers residential services in an ALH environment, but on a short-term basis and at a rate set in statute at AS 47.25.120(d) of \$70/day. This service is meant to be a safety net for vulnerable adults, and while it cannot replace the waiver service, it is an interim measure available until longer-term care can be found.</i>													
<i>A long-term solution is to explore through Medicaid reform the 1915 I option of in Home & Community Based Services. By targeting specific populations, establishing needs-based criteria and Medicaid eligibility requirements, and laying out the benefits to these populations, the state would need to submit a state plan amendment to the Centers for Medicare and Medicaid Services for review and approval. With this comes a fifty percent federal match. GRA annual expenditures right now come to approximately \$8,113.7 of general fund dollars.</i>													
1004 Gen Fund (UGF)			-789.8										
* Allocation Difference *			-789.8	0.0	0.0	0.0	0.0	0.0	-789.8	0.0	0	0	0
Senior Community Based Grants													
MH Trust: Housing - Grant 1927 Expand Aging and Disability Resource Centers (FY16-FY17)	16GovEndorsed	IncT	175.0	0.0	0.0	0.0	0.0	0.0	175.0	0.0	0	0	0
<i>The Aging and Disability Resource Centers (ADRC) are a part of system change that redesigns how individuals seeking long term services and supports access services and programs. With the increasing number of older Alaskans seeking this information is growing additional capacity statewide will be needed to meet this demand in addition to addressing the required federal home and community based service changes. There are currently five ADRCs, which are located in Anchorage, Kenai Peninsula, Dillingham, Southeast and Mat-Su. Through information and referral/assistance and Options Counseling, individuals are guided through an informed process to understand their service options to make informed decisions about all services regardless of funding source (private pay, publically funded programs and natural supports).</i>													
1092 MHTAAR (Other)			175.0										
AMD: Transfer to Chronic Disease Prevention and Health Promotion for Fall Prevention Campaign Management	16GovEndorsed	TrOut	-150.0	0.0	0.0	0.0	0.0	0.0	-150.0	0.0	0	0	0
<i>In FY2014, the legislature appropriated \$150.0 to the Division Senior and Disability Services to support a senior falls (prevention) program. A reimbursable services agreement was created giving the funding to the Division of Public Health, Chronic Disease Prevention and Health Promotion Component, Injury Prevention Program. This transfer will negate the need for the reimbursable services agreement with the Division of Senior and Disabilities Services and will ensure continuation of the program for which the funds were intended.</i>													
<i>Factors contributing to the risk of falling include pre-existing medical conditions, inaccessible living environments, residence in assisted living/nursing home facilities, alcohol use, medication complications, and</i>													

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Agency: Department of Health and Social Services

Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)												
Senior Community Based Grants (continued)												
AMD: Transfer to Chronic Disease Prevention and Health Promotion for Fall Prevention Campaign Management (continued)												
<i>physical/physiological changes associated with aging. This project aims to reduce the fear of falling and senior fall rate by providing health promotion / disease prevention grants to providers who serve seniors using the following evidence-based interventions: (1) Promote public awareness about senior falls emphasizing risk factors and strategies to prevent them. (2) Encourage health providers to recognize senior fall risks and screen for falls (balance, vision, hearing). (3) Increase availability of evidence-based falls prevention senior exercise programs at senior centers, adult day centers, etc. to improve balance, strength and mobility. Research shows that exercise alone can reduce fall risk from 31-68 percent among older adults. (4) Encourage health providers to regularly review all prescription and over-the-counter drugs to identify medication complications that can lead to falls. (5) Strengthen medication management education targeting seniors. (6) Increase availability of "white cane" training and low-vision clinics. (7) Enhance home hazard reduction programs that include home safety assessments and assistance to seniors to find resources to make appropriate accessibility improvements. (8) Incorporate evidence-based falls prevention intervention as part of hospital discharge programs.</i>												
1004 Gen Fund (UGF)		-150.0										
AMD: Reduce Grants for Senior In-Home Services, Adult Day Services Traumatic and Acquired Brain Injury Management	16GovEndorsed	Dec	-33.6	0.0	0.0	0.0	0.0	-33.6	0.0	0	0	0
<i>Alzheimer's Disease and Related Disorders (ADRD) Education and Support: This program provides various education and training opportunities to family members, paid and unpaid caregivers, individuals experiencing Alzheimer's disease and related dementias to increase awareness and educate the public on the signs, symptoms, and effective strategies for working with individuals who experience dementia. Reduction in funding will decrease the outreach and training to rural areas.</i>												
<i>Adult Day: This program provides day care services at a center for adults with impairments, primarily, Alzheimer's Disease or Related Disorders, provided in a protective group setting that is facility-based. Therapeutic and social activities are designed to meet and promote the client's level of functioning through individual plans of care. Adult Day services provide support, respite and education for families and other caregivers, provide opportunities for social interaction and serve as an integral part of the aging network. This program allows caregivers to work or provides a necessary break for the caregiver. There are 13 grant funded Adult Day programs throughout the state. Reduction in funding will reduce staff time and the number of individuals who can receive services.</i>												
<i>Senior In-Home: This program provides essential services to individuals age 60 and over who need assistance remaining in their homes. A reduction in grant funds for this program will reduce the amount of hours provided and the numbers of individuals served. Services provided with these funds include case management, chores, and respite. Direct service staff is paid with grant funds to provide support; thus, reduction in funding may cause the agency to lay off staff.</i>												
<i>Traumatic and Acquired Brain Injury (TABI) Case Management and Mini-grant: This program provides case management and mini-grants for individuals who have experienced a traumatic brain injury. TABI case managers receive specialized training and are able to more effectively work with individuals to assist them in remaining independent and working toward goals such as housing, employment, and self-care. Reduction in grant funds may reduce the number of hours case managers are able to work.</i>												

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Senior Community Based Grants (continued)													
AMD: Reduce Grants for Senior In-Home Services, Adult Day Services Traumatic and Acquired Brain Injury Management (continued)													
	1004 Gen Fund (UGF)		-33.6										
* Allocation Difference *			-8.6	0.0	0.0	0.0	0.0	0.0	-8.6	0.0	0	0	0
Community Developmental Disabilities Grants													
	MH Trust: Cont - Grant 124 Expand Mini Grants for Beneficiaries with Disabilities (FY16-FY17)	16GovEndorsed	49.7	0.0	0.0	0.0	0.0	0.0	49.7	0.0	0	0	0
<p><i>The FY2016 Mental Health Trust Authority authorized receipts (MHTAAR) increment will allow for an additional 20 mini grant awards to improve the quality of life for Trust beneficiaries. The maximum amount of an award is \$2.5. This grant consistently receives more applications than available funding for beneficiaries with developmental disabilities. Grant awards are determined based on prioritized items or services (medical, dental, vision, hearing, physical/occupational/speech therapy, and home modification) and are reviewed monthly by a program advisory committee (pac).</i></p>													
	1092 MHTAAR (Other)		49.7										
	AMD: Reduce Community Developmental Disabilities Grants Program Addressing Habilitation Needs	16GovEndorsed	-506.7	0.0	0.0	0.0	0.0	0.0	-506.7	0.0	0	0	0
<p><i>The Community Developmental Disabilities Grant Program (CDDG) addresses the habilitation needs of individuals with developmental disabilities, or the acquisition or maintenance of skills to live with independence and improved capacity, through reducing the need for long-term residential care. Services that a person with a developmental disability may receive from the program vary depending upon the person's age and unique needs. Services include supported employment, respite care, care coordination, day habilitation, case management, specialized equipment and Core Services. In some situations, the program may provide residential care in a group living or independent living arrangement. For those who meet the diagnostic and income limits, the Home and Community Based Waiver Program may provide similar services.</i></p> <p><i>A reduction in grant funds will reduce the amount of assistance an individual may receive and may limit the number of individuals served. Also, salaries for direct service staffs (who provide support to individuals) are paid using grant funds; therefore, a reduction in funding may cause agencies to layoff staff.</i></p> <p><i>Short Term Assistance and Referral (STAR): This program provided funding for 12 STAR coordinators throughout the state who assist individuals and families access necessary services. Each program receives \$15.0 in discretionary funding which can be used to assist eligible individuals in crisis. A five percent reduction is equal to \$120.0; a reduction to this program would eliminate all discretionary funding.</i></p> <p><i>A long-term solution is to explore through Medicaid reform the 1915 I option of in Home & Community Based Services. By targeting specific populations, establishing needs-based criteria and Medicaid eligibility requirements, laying out the benefits to these populations, the state would need to submit a state plan amendment to the Centers for Medicare and Medicaid Services for review and approval. With this comes a fifty percent federal match. Currently, SDS annual expenditures are close to \$14,000.0 for Community & Developmental Disabilities Grants.</i></p>													
	1004 Gen Fund (UGF)		-506.7										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Community Developmental Disabilities Grants (continued)													
* Allocation Difference *			-457.0	0.0	0.0	0.0	0.0	0.0	-457.0	0.0	0	0	0
Senior Residential Services													
AMD: Reduce Senior Residential Services	16GovEndorsed	Dec	-200.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0	0	0
Grants Supporting Rural Elders' Residential Services <i>The Senior Residential Services (SRS) grant provides essential funds to rural-remote providers to operate and sustain supported residential living services to frail elders. The intent of the SRS program is to provide support in a residential setting so elders can remain in their communities of choice as they age, recognizing the importance of community, family and culture for one's well-being while avoiding the need to leave their families, culture and familiar surroundings for institutionalization in larger urban settings. Residents receive individual support in a residential setting which includes assistance with Activities of Daily Living and Instrumental Activities of Daily Living, in addition to social and cultural activities.</i> <i>This program currently funds three rural assisted livings homes. In the past, funding was set aside for development of a fourth assisted living home. Reduction in this program would eliminate development funds for a fourth assisted living home.</i> <i>In an effort to fund a fourth assisted living home, four planning grants were funded at \$50.0 each between FY2013-FY2015 to explore the possibility and feasibility of developing either assisted living or independent living for seniors in rural communities. The original recipients of the SRS planning grants were Native Village of Unalakleet, Iliamna Village Council, Eastern Aleutian Tribes, and Upper Tanana Wellness Court. Of those four, Upper Tanana withdrew in FY2015, Iliamna Village Council and Eastern Aleutian Tribes have made moderate progress but do not have a business plan in place. The Native Village of Unalakleet has made good progress in planning and has acquired local support but will still need to meet the challenge of securing funding for construction of the new facility.</i> <i>The Native Village of Unalakleet has used their planning funds to contract with Agnew Beck to conduct a feasibility study. To date, the development committee has reviewed the study and decided to move forward with their proposed project. The land (4.11 acres) has been surveyed and the Project Manager from the Foreaker Group together with architect are meeting with the development committee in January to review the concept design. Building cost estimates exceed \$7,000.0 for the development of a ten bed facility which is a concern for the committee. If the SRS planning grants were no longer available, it is unknown if development will be able to move forward.</i>													
1004 Gen Fund (UGF)			-200.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0	0	0
* Allocation Difference *			-200.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0	0	0
Governor's Council on Disabilities and Special Education													
MH Trust: Benef Employment - Grant 200	16GovEndorsed	IncT	25.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0	0	0
Expand Microenterprise Capital (FY16-FY17) <i>The Micro Enterprise fund increases access to self-employment opportunities for persons with disabilities who are Alaska Mental Health Trust beneficiaries. Current grant funds are used for costs associated with starting a new business, expanding a current business or acquiring an existing business. This increment will be used towards</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Governor's Council on Disabilities and Special Education (continued)													
MH Trust: Benef Employment - Grant 200													
Expand Microenterprise Capital (FY16-FY17)													
(continued)													
<i>adding a peer mentor to the technical assistance contract who successfully has run and operated a microenterprise.</i>													
		1092 MHTAAR (Other)	25.0										
	16GovEndorsed	IncM	200.0	0.0	0.0	0.0	0.0	0.0	0.0	200.0	0	0	0
Beneficiary employment technical assistance & program coordination													
<i>The Governor's Council on Disabilities and Special Education will provide assistance to the Trust with the implementation of the Beneficiary Employment Initiative in addition to technical assistance to Trust stakeholders as needed. The Council will serve as a liaison to the Department of Labor and Workforce Development Disability Employment Initiative, facilitate the implementation of HB211; known as Employment First, provide technical assistance to the Departments of Health and Social Services, Labor and Workforce Development, provider agencies and others who serve Trust beneficiaries. This also includes increased coordination capacity for benefits planning services in Alaska.</i>													
		1092 MHTAAR (Other)	200.0										
	16GovEndorsed	LIT	0.0	0.0	-19.0	-181.0	0.0	0.0	225.0	-25.0	0	0	0
AMD: Align Mental Health Trust Funding to Correct Expenditure Line													
<i>Move Mental Health Trust funding from 78000 to 73000 expenditure line</i>													
		LFD Adjust: Align Mental Health Trust Funding to Correct Expenditure Line	0.0	0.0	0.0	-25.0	0.0	0.0	0.0	25.0	0	0	0
<i>Move Mental Health Trust funding from 78000 to 73000 expenditure line</i>													
* Allocation Difference *			225.0	0.0	-19.0	-181.0	0.0	0.0	225.0	200.0	0	0	0
** Appropriation Difference **			-1,063.5	-329.4	-39.5	335.5	0.3	0.0	-1,230.4	200.0	0	0	-3
Departmental Support Services													
Public Affairs													
		AMD: Align Authority to Comply with Vacancy Factor Guidelines	0.0	-11.1	0.0	11.1	0.0	0.0	0.0	0.0	0	0	0
<i>Transfer authority from personal services to services for an anticipated increase in expenditures.</i>													
* Allocation Difference *			0.0	-11.1	0.0	11.1	0.0	0.0	0.0	0.0	0	0	0
Quality Assurance and Audit													
		AMD: Align Authority to Comply with Vacancy Factor Guidelines	0.0	18.7	0.0	-18.7	0.0	0.0	0.0	0.0	0	0	0
<i>Transfer authority from services to personal services to cover the projected increased cost of personal services.</i>													
* Allocation Difference *			0.0	18.7	0.0	-18.7	0.0	0.0	0.0	0.0	0	0	0
Agency Unallocated Appropriation													
		FY2016 Target Reduction	-4,800.0	0.0	0.0	0.0	0.0	0.0	0.0	-4,800.0	0	0	0
		1004 Gen Fund (UGF)	-4,800.0										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Agency Unallocated Appropriation (continued)													
AMD: Partial Allocation of Health and Social Services' Unallocated Reduction to Energy Assistance Program	16GovEndorsed	Unalloc	3,500.0	0.0	0.0	0.0	0.0	0.0	0.0	3,500.0	0	0	0
<i>Allocate \$3.5 million of the \$4.8 million Department of Health and Social Services unallocated reduction to the Division of Public Assistance, Energy Assistance Program.</i>													
1004 Gen Fund (UGF)			3,500.0										
AMD: Partial Allocation of Health and Social Services' Unallocated Reduction to Adult Public Assistance	16GovEndorsed	Unalloc	1,300.0	0.0	0.0	0.0	0.0	0.0	0.0	1,300.0	0	0	0
<i>Allocate \$1.3 million of the \$4.8 million Department of Health and Social Services unallocated reduction to the Division of Public Assistance, Adult Public Assistance.</i>													
1004 Gen Fund (UGF)			1,300.0										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Commissioner's Office													
AMD: Align Authority to Comply with Vacancy Factor Guidelines	16GovEndorsed	LIT	0.0	338.8	0.0	-338.8	0.0	0.0	0.0	0.0	0	0	0
<i>Transfer authority from services to personal services to cover the projected increased cost of personal services.</i>													
AMD: Establish Project Manager (06-T055) to Manage Medicaid Expansion Team	16GovEndorsed	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	1
<i>This full-time nonpermanent range 23 Juneau Project Manager (06-T055) will begin the process of managing the design, planning and implementation of Medicaid expansion in Alaska.</i>													
AMD: Travel Reduction Due to Multimedia Meeting Space Enhancements in Core Areas	16GovEndorsed	Dec	-19.0	0.0	-19.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>In FY2014, additions and upgrades of videoconferencing, teleconferencing and technology equipment were made in two additional conference rooms within the Frontier Building in Anchorage, and two conference rooms within the Alaska Office Building in Juneau. This enhancement doubled the space available that accommodate multimedia needs, and that can run simultaneous media platforms. It is expected that these multimedia improvements will reduce the need for travel, both in- and out-of-state, by creating a virtual face-to-face environment.</i>													
1003 G/F Match (UGF)			-19.0										
AMD: Transfer to the Behavioral Health Administration to Support Health Program Manager IV (06-0644)	16GovEndorsed	TrOut	-160.2	-160.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This full-time range 23 Juneau Health Program Manager (06-0644) is tasked with coordination of efforts and services for the Bring the Kids Home program, including grant management. Bring the Kids Home program was initiated in the early 2000s and was, by design, a time-limited program. The 'sunset' of the program, and therefore the need for its management at the Commissioner's Office level, has passed. There are still some responsibilities that must be managed for the Bring the Kids Home but not at the intensity of previous years. At the same time, the Division of Behavior Health has a need for a specifically designated "family services" program manager that can carry the remaining responsibilities of the Bring the Kids Home and take on Children's Services grants and Family Services grants for the Division of Behavior Health.</i>													
<i>During FY2015 Management Plan, the position will be transferred to the Behavior Health division and supported</i>													

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Agency: Department of Health and Social Services

Departmental Support Services (continued)	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Commissioner's Office (continued)													
AMD: Transfer to the Behavioral Health Administration to Support Health Program Manager IV (06-0644) (continued)													
<i>via a reimbursable agreement between the Commissioner's Office and the Behavioral Health Admin component.</i>													
<i>The transfer of funding to support the personal services of this position is requested in FY2016.</i>													
1004 Gen Fund (UGF)			-80.1										
1007 I/A Rcpts (Other)			-80.1										
AMD: Delete Project Coordinator (06-0614)	16GovEndorsed	Dec	-179.0	-179.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>The position was created in FY2008 to manage the Grantee Partnership Project. Utilizing grant funds awarded by the Rasmuson Foundation, the position was tasked with building relationships between the department and its grantee partners, streamlining the grant process, and initiating strategic planning to ensure movement towards agreed upon outcomes of success. These efforts also include the ongoing management of a contract with the Foraker Group. The grant with the Rasmuson Foundation was completed in FY2012, although some efforts continue to date.</i>													
<i>The position also manages the Human Services Community Matching Grant (HSCMG) and the Community Initiative Matching Grant (CIMG). Funding for these programs in FY2015 was \$1,785.3 and \$879.3 respectively. There are a total of three grant awards and fifty-one sub-grant awards under the HSCMG and seventeen grant awards under the CIMG.</i>													
<i>The position assumed the responsibility as the Grantee Liaison, supporting both grantees and the department program staff when grant program issues or concerns arise.</i>													
<i>The position is responsible for collecting all departments past performance reports, to ensure the ability to consider grantees past performance in future funding decisions. Upon completion of the Grant Electronic Management System, this duty will no longer be required.</i>													
<i>In response to budget reduction requests, this full-time range 21 Juneau Project Coordinator (06-0614) in the Commissioner's Office will be deleted, and the duties of the position will be assumed within the department.</i>													
1002 Fed Rcpts (Fed)			-44.8										
1003 G/F Match (UGF)			-50.0										
1004 Gen Fund (UGF)			-43.0										
1007 I/A Rcpts (Other)			-41.2										
AMD: Delete Office Assistant II (06-2002)	16GovEndorsed	Dec	-79.1	-79.1	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Through anticipated efficiencies brought by divisions department-wide, the statewide implementation of Integrated Resource Information System, and other department technology platforms such as the Grants Electronic Management System, and due to a department-wide response to budget reductions in such areas as travel and grants, it is expected that the duties of this position can be absorbed within the work unit.</i>													
<i>This is a full-time range 10 Juneau Office Assistant (06-2002) within the Commissioner's Office.</i>													
1002 Fed Rcpts (Fed)			-19.8										
1003 G/F Match (UGF)			-22.1										
1004 Gen Fund (UGF)			-19.0										
1007 I/A Rcpts (Other)			-18.2										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Commissioner's Office (continued)													
* Allocation Difference *			-437.3	-79.5	-19.0	-338.8	0.0	0.0	0.0	0.0	-2	0	1
Administrative Support Services													
AMD: Delete Administrative Assistant III (06-0044)	16GovEndorsed	Dec	-95.0	-95.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Through anticipated efficiencies brought by divisions department-wide, the statewide implementation of Integrated Resource Information System, and other department technology platforms such as the Grants Electronic Management System, and due to a department-wide response to budget reductions in such areas as travel and grants, it is expected that the duties of this position can be absorbed within the work unit.</i>													
<i>This is a full-time range 15 Juneau Administrative Assistant (06-0044) within the Budget Section of Administrative Support Services.</i>													
1002 Fed Rcpts (Fed)			-38.0										
1004 Gen Fund (UGF)			-47.5										
1007 I/A Rcpts (Other)			-9.5										
AMD: Delete Accounting Technician II (06-0106)	16GovEndorsed	Dec	-83.6	-83.6	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Through anticipated efficiencies brought by divisions department-wide, the statewide implementation of Integrated Resource Information System, and other department technology platforms such as the Grants Electronic Management System, and due to a department-wide response to budget reductions in such areas as travel and grants, it is expected that the duties of this position can be absorbed within the work unit.</i>													
<i>This is a full-time range 14 Juneau Accounting Technician (06-0106) within the Fiscal Section of Administrative Support Services.</i>													
1002 Fed Rcpts (Fed)			-33.4										
1004 Gen Fund (UGF)			-41.8										
1007 I/A Rcpts (Other)			-8.4										
AMD: Align Authority to Comply with Vacancy Factor Guidelines	16GovEndorsed	LIT	0.0	78.5	0.0	-78.5	0.0	0.0	0.0	0.0	0	0	0
<i>Transfer authority from services to personal services to cover the projected increased cost of personal services.</i>													
AMD: Delete Grants Administrator II (06-0665)	16GovEndorsed	Dec	-114.8	-114.8	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>Through anticipated efficiencies brought by divisions department-wide, the statewide implementation of Integrated Resource Information System, and other department technology platforms such as the Grants Electronic Management System, and due to a department-wide response to budget reductions in such areas as travel and grants, it is expected that the duties of this position can be absorbed within the work unit.</i>													
<i>This is a full-time range 17 Juneau Grants Administrator (06-0665) within the Grants and Contracts Section of Administrative Support Services.</i>													
1002 Fed Rcpts (Fed)			-45.9										
1004 Gen Fund (UGF)			-57.4										
1007 I/A Rcpts (Other)			-11.5										
AMD: Delete Economist IV (06-0643)	16GovEndorsed	Dec	-131.2	-131.2	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
<i>This recently reclassified position was developed to serve at the department level, providing professional forecasting of revenues and expenditures, and employing economic theory in the development of sophisticated</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Administrative Support Services (continued)													
AMD: Delete Grants Administrator II (06-?009) for the Recidivism Reduction Program (continued)													
<i>Reduction Program must (1) include case management; (2) require sober living; (3) provide, on site or by referral, treatment for substance abuse or mental health treatment; (4) require employment, educational programming, vocational training, or community volunteer work as approved by the director of the treatment program; and (5) limit residential placements in the program to a maximum of one year.</i>													
<i>In FY2015 a total of \$101.0 (\$30.3 Federal Receipts and \$70.7 Inter Agency Receipts) from Department of Corrections and one full-time Grants Administrator II position was appropriated to implement the Recidivism Reduction contract.</i>													
<i>This full-time range 17 Juneau Grants Administrator (06-?009) has not been filled. After careful consideration of the potential workload this program would bring, it was determined that a full-time position was not necessary to administer the grant, and that the workload could be absorbed by existing Grants Administrators within the Department of Health and Social Services Grants and Contracts Unit. A negative FY2015 supplemental removing the unfilled position would not negatively impact the department.</i>													
	1007 I/A Rcpts (Other)		-99.0										
* Allocation Difference *			-701.6	-623.1	0.0	-78.5	0.0	0.0	0.0	0.0	-7	0	0
Facilities Management													
AMD: Align Authority to Comply with Vacancy Factor Guidelines													
<i>Transfer authority from services to personal services to cover the projected increased cost of personal services.</i>													
* Allocation Difference *			0.0	10.5	0.0	-10.5	0.0	0.0	0.0	0.0	0	0	0
Information Technology Services													
AMD: Transfer to the Senior and Disabilities Services Administration for the Automated Service Plan System													
<i>In FY2012, Department Support Services, Information Technology Services, received an increment to support the Division of Senior and Disabilities Services in the development of a comprehensive case management system, DS3. The request included personal services authority necessary to fund IT positions that had been held vacant to meet vacancy guidelines. Those funded IT positions would now become a service team within IT to support service delivery and address corrective action as required by the Center for Medicaid and Medicare Services (CMS), and support ongoing system modification and maintenance. IT, however, continues to experience recruitment difficulties in finding viable candidates with the skillset needed to support the DS3 system at a successful level.</i>													
<i>This request is to transfer the funding, as it was received, to Senior and Disability Services, so they may request the authority be moved to the services line item. Senior and Disability Services would contract with IT, through a reimbursable service agreement, and outside vendors to achieve the level of service necessary to support the DS3 system.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Information Technology Services (continued)													
AMD: Transfer to the Senior and Disabilities Services Administration for the Automated Service Plan System (continued)													
<i>Without support for the DS3 case management system, the division puts continued compliance 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 wavered services.</i>													
			1002 Fed Rcpts (Fed)	-255.0									
			1004 Gen Fund (UGF)	-255.0									
AMD: Align Authority to Comply with Vacancy Factor Guidelines	16GovEndorsed	LIT	0.0	721.3	0.0	-721.3	0.0	0.0	0.0	0.0	0	0	0
<i>Transfer authority from services to personal services to cover the projected increased cost of personal services.</i>													
AMD: Delete Seven College Intern and Two Student Intern Positions	16GovEndorsed	Dec	-275.9	-275.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	-9
<i>Delete:</i>													
<i>Part-time non-permanent range 9 Juneau College Intern (06-IN1403)</i>													
<i>Part-time non-permanent range 7 Anchorage Student Intern (06-N06020)</i>													
<i>Part-time non-permanent range 7 Anchorage Student Intern (06-N06021)</i>													
<i>Part-time non-permanent range 8 Anchorage College Intern (06-N07026)</i>													
<i>Part-time non-permanent range 8 Anchorage College Intern (06-N07023)</i>													
<i>Part-time non-permanent range 8 Juneau College Intern (06-N08049)</i>													
<i>Part-time non-permanent range 8 Juneau College Intern (06-IN1402)</i>													
<i>Part-time non-permanent range 8 Juneau College Intern (06-IN0903)</i>													
<i>Part-time non-permanent range 8 Juneau College Intern (06-IN0902)</i>													
<i>As a response to budget reduction requests, these non-essential positions are being deleted. Efficiencies gained by contracting out the department's Information Technology (IT) Help Desk allows for permanent full-time IT staff dedicated to the Help Desk to be available in the field, where the intern positions had previously filled that need.</i>													
			1002 Fed Rcpts (Fed)	-67.6									
			1004 Gen Fund (UGF)	-177.3									
			1007 I/A Rcpts (Other)	-31.0									
AMD: Reduce Personal Services for Support to the Automated Services Plan System	16GovEndorsed	Dec	-145.0	-145.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>In FY2012, Departmental Support Services, Information Technology Services, received an increment to support the Division of Senior and Disabilities Services in the development of a comprehensive case management system, DS3. The request included personal services authority necessary to fund Information Technology (IT) positions that had been held vacant to meet vacancy guidelines. Those funded IT positions were to become a service team within IT to support service delivery and address corrective action as required by the Center for Medicaid and Medicare Services (CMS), and support ongoing system modification and maintenance. IT, however, continues to experience recruitment difficulties in finding viable candidates with the skillset needed to support the DS3 system at a successful level.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Information Technology Services (continued)													
AMD: Reduce Personal Services for Support to the Automated Services Plan System (continued)													
<i>In a department wide response to budget reductions, this request reduces the original increment. A request to transfer the remaining funding, \$255.0 General Fund and \$255.0 Federal, will be submitted in the next budget scenario to the division, so they may request the authority be moved to the services line item. The division would contract with IT, through a reimbursable service agreement, and outside vendors to achieve the level of service necessary to support the DS3 system.</i>													
<i>Without support for the DS3 CMS, the division puts continued compliance 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 wavered services.</i>													
	1004 Gen Fund (UGF)		-145.0										
	AMD: Reduce Hardware Support Program Due to Expansion of the Department Computer Refresh Program	16GovEndorsed	Dec	-510.5	0.0	-42.0	0.0	-468.5	0.0	0.0	0.0	0	0
<i>Prior to the establishment of the Rural Support Program in FY2013, the Information Technology (IT) support provided to our rural customers was sporadic and typically emergency-based. IT was unable to provide department staff and offices outside of Juneau, Anchorage and Fairbanks with the best IT resources to support constituents across Alaska. Supporting the public in rural Alaska is difficult; requiring staff to use outdated equipment, slow networks and failing hardware makes the task exceptionally challenging.</i>													
<i>Since its inception, the Rural Support Program has successfully made much needed hardware, software and network upgrades across the department's rural locations without fully expending the funding dedicated for the Rural Support Program. With the bulk of the infrastructure upgrades complete and outdated, single function equipment replaced by multifunction devices, and the establishment of the Department Wide Computer Refresh Program, it is anticipated that the funding needs, especially in commodities, for the Rural Support Program will continue to decline. It is also anticipated that the number of trips needed to send IT staff to the rural communities would decline due in large part to the updated equipment that IT staff can now remotely access to troubleshoot and repair.</i>													
<i>This reduction to the Rural Support Program is in response to budget reductions and anticipated needs in commodities and travel within the program as the program moves from total replacement needs to routine maintenance.</i>													
	1002 Fed Rcpts (Fed)		-148.0										
	1004 Gen Fund (UGF)		-362.5										
	* Allocation Difference *		-1,441.4	-209.6	-42.0	-721.3	-468.5	0.0	0.0	0.0	0	0	-9
	** Appropriation Difference **		-2,580.3	-894.1	-61.0	-1,156.7	-468.5	0.0	0.0	0.0	-9	0	-8

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Human Services Community Matching Grant													
Human Services Community Matching Grant													
AMD: Reduce Municipalities' Grants for Essential Human Services	16GovEndorsed	Dec	-370.0	0.0	0.0	0.0	0.0	0.0	-370.0	0.0	0	0	0
<i>The Human Services Community Matching Grant program provides pass-through funding to the Municipality of Anchorage, Fairbanks North Star Borough, and the Matanuska-Susitna Borough. These funds are distributed by means of a Request for Proposal to local non-profit organizations within these municipalities. Service must align with the municipality's identified needs assessments or provide essential human services. Sub-grantee awards are typically low dollar grants used to enhance services that are funded in whole or in part by other Department of Health and Social Services divisions. There may be potential to eliminate some of the sub-grants that are duplicative without serious impact to direct services.</i>													
<i>Note:</i>													
<i>This program is identified in Statute under AS 29.60.600 Human Services Community Matching Grant. (a) Within the limits of appropriations for the purpose, the Department of Health and Social Services shall, upon application, make a matching grant to a qualified municipality equal to 70 percent of the estimated reasonable costs of providing essential human services through private nonprofit agencies within the municipality, including services to persons who travel to the municipality from their residences elsewhere in the state.</i>													
<i>This reduction is in response to budget reduction requests.</i>													
1004 Gen Fund (UGF)			-370.0										
* Allocation Difference *			-370.0	0.0	0.0	0.0	0.0	0.0	-370.0	0.0	0	0	0
** Appropriation Difference **			-370.0	0.0	0.0	0.0	0.0	0.0	-370.0	0.0	0	0	0
Community Initiative Matching Grants													
Community Initiative Matching Grants (non-statutory grants)													
AMD: Align Authority and Reduce Travel	16GovEndorsed	Dec	-14.7	0.0	-14.7	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This component does not have a mechanism to collect federal funds, and travel is generally not needed in support of the program. This reduction is in response to budget reduction request, and does not have an effect on the grants the program provides.</i>													
1002 Fed Rcpts (Fed)			-12.4										
1004 Gen Fund (UGF)			-2.3										
* Allocation Difference *			-14.7	0.0	-14.7	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-14.7	0.0	-14.7	0.0	0.0	0.0	0.0	0.0	0	0	0
Medicaid Services													
Behavioral Health Medicaid Services													
AMD: Medicaid Expansion	16GovEndorsed	Inc	4,799.5	0.0	0.0	0.0	0.0	0.0	4,799.5	0.0	0	0	0
<i>The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016. Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.</i>													
<i>1. The Expansion Population.</i>													

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Behavioral Health Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21--64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility. Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

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Agency: Department of Health and Social Services

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

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

3. Estimated Costs of Medicaid Expansion.

The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible population that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.

According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.

Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.

Based on recent historical spending patterns by the proxy group, that mostly consists of current Medicaid enrollees in Family Medicaid, 3.3 percent of the spending or \$4,799.5 will be used by newly eligible enrollees through Behavioral Health related services.

1002 Fed Rcpts (Fed) 4,799.5

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Behavioral Health Medicaid Services (continued)													
* Allocation Difference *			4,799.5	0.0	0.0	0.0	0.0	0.0	4,799.5	0.0	0	0	0

Adult Preventative Dental Medicaid Services

AMD: Medicaid Expansion	16GovEndorsed	Inc	5,381.2	0.0	0.0	0.0	0.0	0.0	5,381.2	0.0	0	0	0
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The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees from the expansion population for FY2016 by an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.

Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.

1. The Expansion Population

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21--64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility. Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults

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

Adult Preventative Dental Medicaid Services (continued)

AMD: Medicaid Expansion (continued)

enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

3. Estimated Costs of Medicaid Expansion.

The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.

According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.

Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Adult Preventative Dental Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<i>number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</i>													
<i>Based on recent historical spending patterns by the proxy group, which mostly consists of current Medicaid enrollees in Family Medicaid, 3.7 percent of newly eligible enrollees will use Adult Preventative Dental Services resulting in \$5,381.2 in spending.</i>													
	1002 Fed Rcpts (Fed)		5,381.2										
* Allocation Difference *			5,381.2	0.0	0.0	0.0	0.0	0.0	5,381.2	0.0	0	0	0
Health Care Medicaid Services													
	AMD: Medicaid Expansion	16GovEndorsed	Inc	132,348.9	0.0	0.0	0.0	0.0	132,348.9	0.0	0	0	0
<i>The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.</i>													
<i>Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.</i>													
1. The Expansion Population.													
<i>To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.</i>													
<i>The primary enrollees of Medicaid expansion are working-age adults 21--64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility.</i>													
<i>Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.</i>													
<i>Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Medicaid Services (continued)
Health Care Medicaid Services (continued)**

AMD: Medicaid Expansion (continued)

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

3. Estimated Costs of Medicaid Expansion.

The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible adults that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Health Care Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<i>are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.</i>													
<i>According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.</i>													
<i>Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</i>													
<i>Based on recent historical spending patterns by the proxy group, that mostly consists of current Medicaid enrollees in Family Medicaid, 91 percent of total spending on Expansion or \$132,348.9 will be contributed by spending through inpatient and outpatient hospital care, physician/practitioner services and other primary care related services that are under Health Care Services Medicaid Component.</i>													
1002 Fed Rcpts (Fed)			132,348.9	0.0	0.0	0.0	0.0	0.0	132,348.9	0.0	0	0	0
* Allocation Difference *			132,348.9	0.0	0.0	0.0	0.0	0.0	132,348.9	0.0	0	0	0

Senior and Disabilities Medicaid Services

AMD: Medicaid Expansion	16GovEndorsed	Inc	2,908.8	0.0	0.0	0.0	0.0	0.0	2,908.8	0.0	0	0	0
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The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.

Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.

1. The Expansion Population.

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21-64 years of age who are not caring for

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Agency: Department of Health and Social Services

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

Senior and Disabilities Medicaid Services (continued)

AMD: Medicaid Expansion (continued)

dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility. Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower

**2015 Legislature - Operating Budget
Transaction Compare - Governor Amend Structure
Between 16Adj Base and 16GovEndorsed**

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Senior and Disabilities Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<i>per-enrollee spending than all other gender-age cohorts.</i>													
 <i>We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.</i>													
 <i>3. Estimated Costs of Medicaid Expansion.</i>													
 <i>The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible population that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.</i>													
 <i>According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.</i>													
 <i>Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</i>													
 <i>Based on recent historical spending patterns by the proxy group which mostly consists of current Medicaid enrollees in Family Medicaid, two percent of total spending on Expansion or \$2,908.8 will be used by newly eligible enrollees though Long-Term Care related services that are under Senior and Disabilities Services Medicaid Component.</i>													
1002 Fed Rcpts (Fed)			2,908.8										
* Allocation Difference *			2,908.8	0.0	0.0	0.0	0.0	0.0	2,908.8	0.0	0	0	0
** Appropriation Difference **			145,438.4	0.0	0.0	0.0	0.0	0.0	145,438.4	0.0	0	0	0
*** Agency Difference ***			126,853.6	-2,256.3	-183.5	-237.4	-432.1	-1.6	129,589.5	375.0	-15	-4	-19
**** All Agencies Difference ****			126,853.6	-2,256.3	-183.5	-237.4	-432.1	-1.6	129,589.5	375.0	-15	-4	-19

Column Definitions

16Adj Base (FY16 Adjusted Base) - FY2015 Management Plan less one-time items, plus FY2016 adjustments for position counts, funding transfers, line item transfers, temporary increments (IncT) from prior years, and additions for statewide items (risk management and most salary and benefit increases). The Adjusted Base is the "first cut" of the FY2016 budget; it is the base to which the Governor's and the Legislature's increments, decrements, and fund changes are added.

16GovEndorsed (16Governor's Endorsed Bdgt 2/5) - The Governor's endorsed budget as of February 5, 2015. Includes the December 15th budget submission and 2/5/15 budget Governor's budget submission,