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

### Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	РРТ	TMP
Behavioral Health		<u></u>											
Behavioral Health Treatment and Recovery AMD: Achieve Savings by Reviewing Level of DHSS Grants and by Expanding Medicaid to Some Clients	<b>y Grants</b> 16GovAmd+	Dec	-1,558.7	0.0	0.0	0.0	0.0	0.0	-1,558.7	0.0	0	0	0
The division will implement cuts to agencies agencies in efficiently using their funds. The receiving Consortium for Behavioral Heal Distribution (GED). Agencies will be rated (efficiently and effectively), and on the us this is a reduction in expenditures, the din through Medicaid expansion. Those adul eligible and will transition out of grant ser 1037 GF/MH (UGF) -1,558.7 Replace \$3.5 million of UGF with Alcohol and	The division has rec Ith Training and Res d on how well they a te of their funds in c vision expects no lo ts ages 21-64 unde	ently devel search (CE are doing a omparison ss of servie r 138 perce	loped a baseline r BHTR) funds, calle at providing service to the use of othe ces as these servi ent of Federal Pov	ating system for a d Grant Equitable so to their clients ar available funds ices would be pro verty Level will be	agencies e . While ovided	0.0	0.0	0.0	0.0	0.0	0	0	0
Other Drug Abuse Treatment & Prevention Funding 1004 Gen Fund (UGF) -3,500.0 1180 A/D T&P Fd (DGF) 3,500.0		Thaong											
* Allocation Difference *			1,558.7	0.0	0.0	0.0	0.0	0.0	1,558.7	0.0	0	0	0
Alaska Mental Health Board and Advisory	Poord on Alooh	al and D											
Travel Reduction 1037 GF/MH (UGF) -50.0	SenateCS 1	Dec	-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
* Allocation Difference * * * Appropriation Difference * *			-50.0 1,508.7	0.0 0.0	-50.0 -50.0	0.0 0.0		0.0 0.0	0.0 1,558.7	0.0 0.0	0 0	0 0	0 0
Children's Services Front Line Social Workers Add Funding and 20 PFT Positions to Help Address Workload Issues 1188 Fed Unrstr (Fed) 2,000.0	SenateCS 1	Inc	2,000.0	2,000.0	0.0	0.0	0.0	0.0	0.0	0.0	20	0	0
* Allocation Difference *			2,000.0	2,000.0	0.0	0.0	0.0	0.0	0.0	0.0	20	0	0
<b>Family Preservation</b> Reduce Grants by another \$330.5 (Total Reduction is \$500.0 when combined with Governor's reduction of \$169.5) 1004 Gen Fund (UGF) -330.5	SenateCS 1	Dec	-330.5	0.0	0.0	0.0	0.0	0.0	-330.5	0.0	0	0	0
Federal TANF Funding is available to fund the Child Advocacy Centers. Replace UGF with I/A Rcpts from Public Assistance The Office of Children's Services plans to	SenateCS 1	FndChg ivision of P	0.0 Public Assistance t	0.0 o use available 7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

grants funding to provide funding for Child Advocacy Centers. The receipt authority in the Division of Public

**1004 Gen Fund (UGF)** -2,938.4

Assistance is sufficient.

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	РРТ	TMP
Children's Services (continued) Family Preservation (continued) Federal TANF Funding is available to fund the Child Advocacy Centers. Replace UGF with I/A Rcpts from Public Assistance (continued) 1007 I/A Rcpts (Other) 2,938.4								<u> </u>					
* Allocation Difference * * * Appropriation Difference * *			-330.5	0.0 2.000.0	0.0	0.0	0.0	0.0	-330.5 -330.5	0.0	0 20	0	0
			1,009.5	2,000.0	0.0	0.0	0.0	0.0	550.5	0.0	20	0	0
Health Care Services Catastrophic and Chronic Illness Assistance AMD: Reduce UGF because Catastrophic & Chronic Illness Prgm Clients will be Eligible for Medicaid when Expanded In FY2014, 463 recipients were served by th of \$957.1 from a budget of \$1,471.0.	16GovAmd+	Dec and Chroni	-1,000.0 c Illness Assistan	0.0 ce program for a	0.0 total cost	0.0	0.0	0.0	-1,000.0	0.0	0	0	0
Catastrophic and Chronic Illness Assistance inadequate or no health insurance, but who Assistance provides limited services to eligi	do not qualify for	<sup>.</sup> Medicaid	. Catastrophic and	d Chronic Illness									
Terminal illness Cancer requiring chemotherapy Chronic diabetes or diabetes insipidus Chronic seizure disorder Chronic mental illness Chronic hypertension													
Covered services for those who qualify for C	Catastrophic and	Chronic III	ness Assistance a	are limited to:									
Medical services provided by a physician, a office or an outpatient clinic Outpatient hospital services limited to chem Three (3) prescriptions per month and medi	otherapy and rad	liology for	the treatment of c		ctitioner's								
Catastrophic and Chronic Illness Assistance other services that are mandatory under Me		erage for	inpatient hospitali.	zation, transporta	tion, and								
This component was chosen because it is 1 services provided under this program will be be implemented by the State on July 1, 201 1004 Gen Fund (UGF) -1,000.0	e absorbed by Me												
* Allocation Difference *			1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0

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

	Column	Trans	Total Expenditure	Personal Services	Travel	Sarvicas	Commodities	Capital Outlay	Grants	Misc	PFT	DDT	TMP
Health Care Services (continued)		<b>iy</b> pe			11 aver	Jervices					<u> </u>	<u> </u>	
Medical Assistance Administration													
AMD: Funding for 3 PFTs for Medicaid	16GovAmd+	Inc	410.0	351.0	2.0	28.2	28.8	0.0	0.0	0.0	3	0	0
Expansion Implementation													
Health Care Services projects that it will r Beginning with FY2016, the division proje					ansion.								
Assistance Administrator III (06-#103); ar					istrator								
IV positions (06-#104 and 06-#105), alon													
costs of the three positions are \$351.0 (\$													
Medical Assistant IV position). Each position													
costs include benefits. Administrative co phones, and other contractual costs; \$2.6													
costs per FTE for office equipment; \$2.0													
travel costs for all positions.			, , , , , , , , , , , , , , , , , , , ,	.,, .,.,,.,									
Personal services costs are projected our increase for FY2017, one percent salary													
one percent salary increase has been us													
used for FY2021. In addition to the appro													
has the appropriate step increase as well													
government unit (GGU) employee.													
These costs have been projected out to i	include the hiring of a	ono Modio	al Acciptant Adm	iniatratar III naaiti									
, ,	nciude the hinna of t												
FY2018 (\$114.9), and one Medical Assis	0			mistrator în positie	on in								
FY2018 (\$114.9), and one Medical Assis	0			mstrator in positi	on in								
With the exception of one-time costs, all	tant Administrator III	in FY2020	0 (\$118.3).										
With the exception of one-time costs, all o percent inflation factor.	tant Administrator III	in FY2020	0 (\$118.3).										
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0	tant Administrator III	in FY2020	0 (\$118.3).										
With the exception of one-time costs, all o percent inflation factor.	tant Administrator III	in FY2020	0 (\$118.3).		a one	-28.2	-28.8	0.0	0.0	0.0	-3	0	0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0	tant Administrator III	in FY2020	0 (\$118.3). osts have been pi	rojected out using		-28.2 -28.2	-28.8 -28.8	0.0	0.0 1,000.0	0.0	-3 -3	000	0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * * * Appropriation Difference * *	tant Administrator III	in FY2020	0 (\$118.3). osts have been pr -410.0	rojected out using	<i>a one</i> -2.0						-3 -3		
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * * * Appropriation Difference * * Juvenile Justice	tant Administrator III	in FY2020	0 (\$118.3). osts have been pr -410.0	rojected out using	<i>a one</i> -2.0						-3 -3		
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * * * Appropriation Difference * * Juvenile Justice Youth Courts	stant Administrator III other non-personal s	l in FY2020 services co	0 (\$118.3). hists have been pr -410.0 590.0	-351.0 -351.0	<i>a one</i> -2.0 -2.0	-28.2	-28.8	0.0	1,000.0	0.0	-3	0	0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * Juvenile Justice Youth Courts Decrement all Youth Courts Program funding	tant Administrator III	in FY2020	0 (\$118.3). osts have been pr -410.0	rojected out using	<i>a one</i> -2.0						-3 -3 0		
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * * * Appropriation Difference * * Juvenile Justice Youth Courts	stant Administrator III other non-personal s	l in FY2020 services co	0 (\$118.3). hists have been pr -410.0 590.0	-351.0 -351.0	<i>a one</i> -2.0 -2.0	-28.2	-28.8	0.0	1,000.0	0.0	-3	0	0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * ** Appropriation Difference * * Juvenile Justice Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9	stant Administrator III other non-personal s SenateCS 1	l in FY2020 services co - Dec	0 (\$118.3). osts have been pr -410.0 590.0 -530.9 530.9	-351.0 -351.0 -351.0 -42.1 42.1	<i>a one</i> -2.0 -2.0 -19.4 19.4	-28.2 -7.5 7.5	-28.8 0.0 0.0	0.0 0.0 0.0	1,000.0 -461.9 461.9	0.0 0.0 0.0	-3 0 0	0 0 0	0 0 0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * <b>Juvenile Justice</b> Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9 * Allocation Difference *	stant Administrator III other non-personal s SenateCS 1	l in FY2020 services co - Dec	0 (\$118.3). hosts have been pro- -410.0 590.0 -530.9 530.9 0.0	-351.0 -351.0 -42.1 42.1 0.0	<i>a one</i> -2.0 -2.0 -19.4 19.4 0.0	-28.2 -7.5 7.5 0.0	-28.8 0.0 0.0	0.0 0.0 0.0	1,000.0 -461.9 461.9 0.0	0.0 0.0 0.0	-3 0 0	0 0 0 0	0 0 0 0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * ** Appropriation Difference * * Juvenile Justice Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9	stant Administrator III other non-personal s SenateCS 1	l in FY2020 services co - Dec	0 (\$118.3). osts have been pr -410.0 590.0 -530.9 530.9	-351.0 -351.0 -351.0 -42.1 42.1	<i>a one</i> -2.0 -2.0 -19.4 19.4	-28.2 -7.5 7.5	-28.8 0.0 0.0	0.0 0.0 0.0	1,000.0 -461.9 461.9	0.0 0.0 0.0	-3 0 0	0 0 0	0 0 0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * <b>Juvenile Justice</b> Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9 * Allocation Difference *	stant Administrator III other non-personal s SenateCS 1	l in FY2020 services co - Dec	0 (\$118.3). hosts have been pro- -410.0 590.0 -530.9 530.9 0.0	-351.0 -351.0 -42.1 42.1 0.0	<i>a one</i> -2.0 -2.0 -19.4 19.4 0.0	-28.2 -7.5 7.5 0.0	-28.8 0.0 0.0	0.0 0.0 0.0	1,000.0 -461.9 461.9 0.0	0.0 0.0 0.0	-3 0 0	0 0 0 0	0 0 0 0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Repts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * * * Appropriation Difference * <b>Juvenile Justice</b> Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9 * Allocation Difference * * * Appropriation Difference *	stant Administrator III other non-personal s SenateCS 1	l in FY2020 services co - Dec	0 (\$118.3). hosts have been pro- -410.0 590.0 -530.9 530.9 0.0	-351.0 -351.0 -42.1 42.1 0.0 0.0	<i>a one</i> -2.0 -2.0 -19.4 19.4 0.0	-28.2 -7.5 7.5 0.0	-28.8 0.0 0.0	0.0 0.0 0.0	1,000.0 -461.9 461.9 0.0	0.0 0.0 0.0	-3 0 0	0 0 0 0	0 0 0 0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * <b>Juvenile Justice</b> Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9 * Allocation Difference * ** Appropriation Difference * ** Appropriation Difference *	stant Administrator III other non-personal s SenateCS 1	l in FY2020 services co - Dec	0 (\$118.3). hosts have been pro- -410.0 590.0 -530.9 530.9 0.0	-351.0 -351.0 -42.1 42.1 0.0	<i>a one</i> -2.0 -2.0 -19.4 19.4 0.0	-28.2 -7.5 7.5 0.0	-28.8 0.0 0.0	0.0 0.0 0.0	1,000.0 -461.9 461.9 0.0	0.0 0.0 0.0	-3 0 0	0 0 0 0	0 0 0 0
With the exception of one-time costs, all of percent inflation factor. 1002 Fed Rcpts (Fed) 205.0 1092 MHTAAR (Other) 205.0 * Allocation Difference * ** Appropriation Difference * <b>Juvenile Justice</b> Youth Courts Decrement all Youth Courts Program funding 1004 Gen Fund (UGF) -530.9 Restore Youth Courts Program funding 1004 Gen Fund (UGF) 530.9 * Allocation Difference * ** Appropriation Difference *	stant Administrator III other non-personal s SenateCS 1 SenateCS 1 16GovAmd+	Dec Inc Inc	0 (\$118.3). Dists have been pro- -410.0 590.0 -530.9 530.9 0.0 0.0 2,771.3	-351.0 -351.0 -42.1 42.1 0.0 0.0 1,908.3	a one -2.0 -2.0 -19.4 19.4 0.0 0.0 0.0	-28.2 -7.5 7.5 0.0 0.0	-28.8 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	1,000.0 -461.9 461.9 0.0 0.0	0.0 0.0 0.0 0.0 0.0	-3 0 0 0	0 0 0 0	0 0 0 0 0 0 0

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services (	Commodities	Capital Outlay	Grants	Misc	PFT	РРТ	тмр
Public Assistance (continued) Public Assistance Field Services (continued) AMD: Add 23 PFT Positions and Associated Costs to Support Medicaid Expansion (continued) division is hopeful to establish the positions very short time frame. Additional challenge: which will also include a one-time cost for pr critical to have a successful transition to Me	in the classifications associated with urchasing and set	on system this reques	and fill the positions the second structure for the second structure s	ons and train the s	staff in a sumbents								
The division is requesting the following perm One Office Assistant II One Office Assistant III One Research Analyst II Three Public Assistance Analyst I Two Public Assistance Analyst II Ten Eligibility Technician II Two Eligibility Technician III Two Eligibility Technician IV Two Eligibility Office Manager II	nanent positions t	o be locate	ed in offices throu	ughout the state:									
Ongoing costs for lease space and general1002 Fed Rcpts (Fed)1,385.61092 MHTAAR (Other)1,385.7Decrement funding to reflect possible savingsresulting from AIRES coming on-line1002 Fed Rcpts (Fed)-1,212.41003 G/F Match (UGF)-880.71004 Gen Fund (UGF)-220.5	office supplies are	e included Dec	-2,313.6	0.0	0.0	0.0	0.0	0.0	0.0	-2,313.6	0	0	0
* Allocation Difference * * * Appropriation Difference * *			-5,084.9 -5,084.9	-1,908.3 -1,908.3	0.0 0.0	-432.9 -432.9	-430.1 -430.1	0.0 0.0	0.0 0.0	-2,313.6 -2,313.6	-23 -23	0 0	0 0
Public Health Nursing Remove 5% of the \$16.1 million UGF increase between FY06 and FY16.	SenateCS 1	Dec	-402.5	0.0	0.0	0.0	0.0	0.0	-402.5	0.0	0	0	0
1004 Gen Fund (UGF) -402.5 * Allocation Difference *		-	-402.5	0.0	0.0	0.0	0.0	0.0	-402.5	0.0	0	0	0
Chronic Disease Prevention and Health Prom Reduce Fall Prevention Funding (This funding was added in FY14 to the Senior Community Based Grants allocation) 1004 Gen Fund (UGF) -150.0	<b>notion</b> SenateCS 1	Dec	-150.0	0.0	0.0	0.0	0.0	0.0	-150.0	0.0	0	0	0
* Allocation Difference *		-	-150.0	0.0	0.0	0.0	0.0	0.0	-150.0	0.0	0	0	0

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

### Agency: Department of Health and Social Services

	<u> </u>	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued) State Medical Examiner Remove 5% of the \$1,743.9 UGF Increase between FY06 and FY16 1004 Gen Fund (UGF) -87.2	SenateCS 1	Dec	-87.2	0.0	0.0	0.0	-87.2	0.0	0.0	0.0	0	0	0
* Allocation Difference * * * Appropriation Difference * *			-87.2 -639.7	0.0 0.0	0.0 0.0	0.0 0.0	-87.2 -87.2	0.0 0.0	0.0 -552.5	0.0 0.0	0 0	0 0	0 0
Senior and Disabilities Services Senior Community Based Grants Decrement Alaska Medicare Clinic funding no longer needed because the clinic was acquired by Alaska Regional Hospital 1004 Gen Fund (UGF) -860.0	SenateCS 1	Dec	-860.0	0.0	0.0	0.0	0.0	0.0	-860.0	0.0	0	0	0
1004 Gen Fund (UGF) -860.0 * Allocation Difference *			-860.0	0.0	0.0	0.0	0.0	0.0	-860.0	0.0	0	0	0
Governor's Council on Disabilities and Spec Reduction to the Travel Line 1037 GF/MH (UGF) -50.0	cial Education SenateCS 1	Dec	-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
* Allocation Difference * * * Appropriation Difference * *			-50.0 -910.0	0.0 0.0	-50.0 -50.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 -860.0	0.0 0.0	0 0	0 0	0 0
Departmental Support Services Public Affairs													
Reduce Portion of Public Outreach Efforts 1004 Gen Fund (UGF) -200.0	SenateCS 1	Dec	-200.0	0.0	0.0	-200.0	0.0	0.0	0.0	0.0	0	0	0
Replace UGF with I/A Receipts to Allow for Budgeted RSAs for Public Affairs Activities 1004 Gen Fund (UGF) -50.0 1007 I/A Rcpts (Other) 50.0	SenateCS 1	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
* Allocation Difference *			-200.0	0.0	0.0	-200.0	0.0	0.0	0.0	0.0	0	0	0
Commissioner's Office AMD: Establish Project Manager (06-T055) to Manage Medicaid Expansion Team	16GovAmd+	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	1
This full-time nonpermanent range 23 June design, planning and implementation of Me	edicaid expansion		, , ,		0								
Delete Funding for the Health Care Commission           1002 Fed Rcpts (Fed)         -150.0           1004 Gen Fund (UGF)         -350.0	SenateCS 1	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	0.0	-500.0	-2	0	0
Decrement funding for PCN 06-T055 1004 Gen Fund (UGF) -64.0 1007 I/A Rcpts (Other) -64.0	SenateCS 1	Dec	-128.0	-128.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace UGF with I/A Receipts to allow for Budgeted RSA's for Services Provided 1003 G/F Match (UGF) -125.0	SenateCS 1	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

Legislative Finance Division

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

### Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT _	PPT	TMP
Departmental Support Services (continued) Commissioner's Office (continued) Replace UGF with I/A Receipts to allow for Budgeted RSA's for Services Provided (continued) 1007 I/A Rcpts (Other) 125.0													
* Allocation Difference *			-628.0	-128.0	0.0	0.0	0.0	0.0	0.0	-500.0	-2	0	-1
Administrative Support Services Replace UGF with I/A Rcpts to Provide Budget Authorization for Increased Charges to Various Divisions	SenateCS 1	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>1004 Gen Fund (UGF)</b> -875.0 <b>1007 I/A Rcpts (Other)</b> 875.0													
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Information Technology Services Replace UGF with I/A Rcpts to Provide Budget Authorization for Increased Charges to Various Divisions	SenateCS 1	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>1004 Gen Fund (UGF)</b> -125.0 <b>1007 I/A Rcpts (Other)</b> 125.0													
* Allocation Difference * * Appropriation Difference * *			0.0 -828.0	0.0 -128.0	0.0 0.0	0.0 -200.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 -500.0	0 -2	0 0	0 -1
Medicaid Services Behavioral Health Medicaid Services AMD: Medicaid Expansion The change request for Medicaid Expansion for FY2016 and an estimated number of per FY2016. Below is the breakdown for estimates of the new enrollee.	er-enrollee costs c	f Medicaid	services for the e	expansion populat	tion in	0.0	0.0	0.0	4,799.5	0.0	0	0	0

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).

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

						Agene	y. Departin	on or near			
		Trans Total Type Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT F	РТ ТМР
Medicaid Services (continued) Behavioral Health Medicaid Services (continue AMD: Medicaid Expansion (continued)		<u></u>	0							<u> </u>	
This group is currently not eligible for Medica of other adults, 1964 years of age that do no Based on our analysis of the BRFSS data for the Medicaid expansion population is 41,910 population are 34,833 and 48,988.	ot meet current inco 2012 and 2013, ou	ome limits for Medicai ur midpoint estimate c	d eligibility. f the number of pe	ersons in							
Approximately 43 percent of newly eligible ac the most common forms of coverage are emp Another 3.4 percent did not know or refused with Medicare is not eligible for Medicaid thro	bloyer sponsored (1 to disclose if they h	19.6 percent) and part ad insurance. It is imp	ial coverage (29.3	percent).							
According to the study only 63 percent of new we call it the "Take up Rate". Also, only 76 pe enroll in the first year of the implementation, a year of implementation. In the study we call the (41,910 individuals) by 63 percent and multip in the first year.	ercent of those that followed by 88 perc his "Lag Rate". By r	will eventually enroll ent in the second yea multiplying estimated	in Medicaid will ac r and 100 percent expansion populat	tually in the third ion							
2. Per-Enrollee Spending on Medicaid Servic	es for Newly Eligibl	le Population.									
Because Alaska's Medicaid program does no certainty how much expansion to the newly e enrolled in the Medicaid program who are a g enrollees are enrolled through the Family Me who are eligible for Medicaid services due to having dependent children, we believe these	ligible enrollees wil good proxy for the e dicaid eligibility cate being low income v	l cost. There are, how expansion population. egory, which is compr with dependent childre	ever, working-age The majority of the ised of non-disable on. With the excep	adults ese ed adults							
Based on the analysis of data from the Depa average spending per enrollee for adults in F to \$6,712 in FY2013. Over this same period, adults (growing from \$12,282 to \$12,374). Th the fact that the overall working-age population	amily Medicaid gre average spending p ne substantial differe	w on an average ann per enrollee was little ence in average spen	ual basis by just or changed for all wo ding per enrollee i	ne percent orking-age							
The estimated annual cost of Medicaid servic cost of service rises substantially from about those between 55 and 64. For women, costs women under 35 to just under \$8,200 for wor	\$3,500 per enrollee do not vary substa	es for those under 35 ntially by age, ranging	to just under \$7,20	00 for							
Distribution of the Expansion Population by G	Gender and Age.										
The study shows that this group will be most males between the ages of 19 and 34. This is per-enrollee spending than all other gender-a	s important because										

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

	Column	Trans Type B	Total Expenditure	Personal Services	Trave1	Services Com	modities	Capital Outlay	Grants	Misc	PFT	PPT
dicaid Services (continued) Behavioral Health Medicaid Services (cont AMD: Medicaid Expansion (continued)												
We estimate that the average cost of ser \$7,250, growing to \$8,400 by FY2021. O eligible, non-disabled adult Medicaid enro costs is due to the expansion population	ver this same period, ollees will be several	we project hundred do	t that the per-per ollars less each y	son cost for currei ear. The differenc	ntly se in							
3. Estimated Costs of Medicaid Expansion	on.											
The take-up rate (63 percent) was taken represents the proportion of newly eligible and the lag rate represents the percent o rate are from the 2014 study conducted b take-up rate is consistent with the few stu expansion.	e population that will f the take-up rate tha by the Lewin Group fo	ultimately e t will be ac or the State	enroll through the hieved that year. of Alaska. The L	Medicaid expans Both the take-up .ewin assumption	sion and lag							
	by the Kaiser Family I											
According to a study conducted in 2012 b Health Insurance Policy Simulation Mode in 2012 Sommers et al estimated that Me private insurance, with state-level estima year.	el (HIPSM) average 6 edicaid participation a	veraged 62	2.6 percent amor	ng eligible adults v	vithout							
Health Insurance Policy Simulation Mode in 2012 Sommers et al estimated that Me private insurance, with state-level estima	el (HIPSM) average 6 edicaid participation a tes ranging from 43 p timated number of ne newly eligible enrollee t per enrollee it result the first years of impl	everaged 62 percent to b wily eligible is estimat ts in \$145, lementation	2.6 percent amor out modified from e population that ed to be \$7,248. 438.4 of the total n of the Expansic	g eligible adults v calendar year to will enroll in FY20 By multiplying the funds needed for in the spending fo	vithout fiscal 116 is r the							
<ul> <li>Health Insurance Policy Simulation Mode in 2012 Sommers et al estimated that Me private insurance, with state-level estima year.</li> <li>Based on the results of this study, the es 20,066 enrollees. The average cost per r number of enrollees and the average cos Medicaid Expansion in FY2016. Since in newly eligible population are going to be funds in this request are federal funds.</li> <li>Based on recent historical spending patte enrollees in Family Medicaid, 3.3 percent through Behavioral Health related service</li> </ul>	I (HIPSM) average 6 adicaid participation a tes ranging from 43 p timated number of ne newly eligible enrollee to per enrollee it result the first years of impl reimbursed by Feder erns by the proxy grou t of the spending or \$	veraged 62 percent to b ewly eligible e is estimat ts in \$145, lementation al governm up, that mc	2.6 percent amor put modified from e population that red to be \$7,248. 438.4 of the total n of the Expansic nent at 100 perce	g eligible adults v calendar year to will enroll in FY20 By multiplying the funds needed for in the spending fo nt match rate, all urrent Medicaid	vithout fiscal 116 is r the the							
<ul> <li>Health Insurance Policy Simulation Model in 2012 Sommers et al estimated that Me private insurance, with state-level estima year.</li> <li>Based on the results of this study, the es 20,066 enrollees. The average cost per m number of enrollees and the average cost Medicaid Expansion in FY2016. Since in newly eligible population are going to be funds in this request are federal funds.</li> <li>Based on recent historical spending patter enrollees in Family Medicaid, 3.3 percent through Behavioral Health related service 1002 Fed Rcpts (Fed) 4,799.5</li> <li>Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances</li> </ul>	I (HIPSM) average 6 adicaid participation a tes ranging from 43 p timated number of ne newly eligible enrollee to per enrollee it result the first years of impl reimbursed by Feder erns by the proxy grou t of the spending or \$	veraged 62 percent to b ewly eligible e is estimat ts in \$145, lementation al governm up, that mc	2.6 percent amor put modified from e population that red to be \$7,248. 438.4 of the total n of the Expansic nent at 100 perce	g eligible adults v calendar year to will enroll in FY20 By multiplying the funds needed for in the spending fo nt match rate, all urrent Medicaid	vithout fiscal 116 is r the the	0.0	0.0	0.0	-4,611.0	0.0	0	0
<ul> <li>Health Insurance Policy Simulation Modelin 2012 Sommers et al estimated that Meprivate insurance, with state-level estimated.</li> <li>Based on the results of this study, the estimate of enrollees. The average cost per mumber of enrollees and the average cost Medicaid Expansion in FY2016. Since in newly eligible population are going to be funds in this request are federal funds.</li> <li>Based on recent historical spending pattern enrollees in Family Medicaid, 3.3 percent through Behavioral Health related service 1002 Fed Rcpts (Fed) 4,799.5</li> <li>Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances 1037 GF/MH (UGF) -4,611.0</li> </ul>	I (HIPSM) average 6 adicaid participation a tes ranging from 43 p timated number of ne sewly eligible enrollee t per enrollee it result the first years of impl reimbursed by Feder erns by the proxy grou t of the spending or \$ es.	veraged 62 bercent to b a is estimat is in \$145, lementation al governm up, that mc 4,799.5 win	2.6 percent amor out modified from e population that ed to be \$7,248. 438.4 of the total n of the Expansic nent at 100 perce postly consists of c II be used by new	g eligible adults v calendar year to will enroll in FY20 By multiplying the funds needed for in the spending fo nt match rate, all urrent Medicaid dy eligible enrolled	vithout fiscal 116 is r the the	0.0	0.0	0.0	-4,611.0	0.0	0	0
<ul> <li>Health Insurance Policy Simulation Modelin 2012 Sommers et al estimated that Meprivate insurance, with state-level estimated are state insurance, with state-level estimated are state and the average cost performance of enrollees. The average cost performance of enrollees and the average cost Medicaid Expansion in FY2016. Since in newly eligible population are going to be funds in this request are federal funds.</li> <li>Based on recent historical spending patter enrollees in Family Medicaid, 3.3 percent through Behavioral Health related service 1002 Fed Rcpts (Fed) 4,799.5</li> <li>Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances</li> </ul>	I (HIPSM) average 6 adicaid participation a tes ranging from 43 p timated number of ne sewly eligible enrollee t per enrollee it result the first years of impl reimbursed by Feder erns by the proxy grou t of the spending or \$ es.	veraged 62 bercent to b a is estimat is in \$145, lementation al governm up, that mc 4,799.5 win	2.6 percent amor out modified from e population that ed to be \$7,248. 438.4 of the total n of the Expansio nent at 100 perce ostly consists of c Il be used by new -4,611.0	g eligible adults v calendar year to will enroll in FY20 By multiplying the funds needed for in the spending fo nt match rate, all urrent Medicaid ly eligible enrolled	vithout fiscal of 6 is r the the es 0.0							

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

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		Column	Trans	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	РРТ	TMP
Medicaid Services (	continued)						00111000					<u></u> _	<u> </u>	
Adult Preventative AMD: Medicaid Ex The chang from the ex	e Dental Médicaid Services						0.0	0.0	0.0	5,381.2	0.0	0	0	0
Below is th new enrolle	e breakdown for estimates of the s ee.	ize of the expans	ion popula	ation and the av	/erage cost per p	otential								
1. The Exp	pansion Population													
by the Divi and 2013 a Developme household, number of	e the number of persons newly elig sion of Public Health through the B and population estimates and proje ent (ADLWD). The BRFSS survey ( , and health-related information on other adults living in the home, the hold income.	ehavioral Risk Fa ctions reported b is a statewide hou Alaskans. In this	actor Survey y the Alas usehold su survey, ad	eillance System ka Department Irvey that collec dult respondent	n (BRFSS) survey of Labor and Wo ts detailed demo s are asked their	r for 2012 rkforce graphic, age, the								
dependent This group of other ad Based on o the Medica	y enrollees of Medicaid expansion children, are not disabled or pregr is currently not eligible for Medicai lults, 1964 years of age that do no pur analysis of the BRFSS data for hid expansion population is 41,910 are 34,833 and 48,988.	hant, and are at o id in Alaska. In ac ot meet current in 2012 and 2013,	r below 13 Idition, Me come limit our midpo	88 percent of Fe edicaid expansion ts for Medicaid e int estimate of t	ederal Poverty Le on affects a small eligibility. he number of per	vel (FPL). I number rsons in								
the most co Another 3.4	tely 43 percent of newly eligible ac ommon forms of coverage are emp 4 percent did not know or refused t are is not eligible for Medicaid thro	oloyer sponsored to disclose if they	(19.6 perc had insur	cent) and partial	coverage (29.3	percent).								
we call it th enroll in the year of imp	to the study only 63 percent of new ne "Take up Rate". Also, only 76 pe e first year of the implementation, f olementation. In the study we call th dividuals) by 63 percent and multip year.	ercent of those the ollowed by 88 pe nis "Lag Rate". By	at will evei rcent in th ⁄ multiplyii	ntually enroll in a e second year a ng estimated ex	Medicaid will actu and 100 percent i pansion populatio	ually in the third on								
2. Per-Enro	ollee Spending on Medicaid Servic	es for Newly Elig	ible											
certainty h enrolled in enrollees a	laska's Medicaid program does no ow much expansion to the newly e the Medicaid program who are a g are enrolled through the Family Me igible for Medicaid services due to	ligible enrollees v ood proxy for the dicaid eligibility ca	vill cost. Ti expansio ategory, w	here are, howev n population. Th hich is comprise	ver, working-age he majority of the ed of non-disable	adults se d adults								

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

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		Trans Tot					Capital	<b>.</b> .			_
Madiaaid Camricaa (continued)	Column	Type Expenditu	re <u>Services</u>	Travel	Services (	Commodities	Outlay	Grants	<u>Misc</u> PFT	<u> </u>	-
Medicaid Services (continued) Adult Preventative Dental Medicaid Se AMD: Medicaid Expansion (continued)	ervices (continued)										
having dependent children, we beli	eve these enrollees are a	good proxy for the ex	pansion population								
Based on the analysis of data from average spending per enrollee for a to \$6,712 in FY2013. Over this san adults (growing from \$12,282 to \$1 the fact that the overall working-age	adults in Family Medicaid g ne period, average spendii 2,374). The substantial dif	grew on an average a ng per enrollee was lit ference in average sp	nnual basis by just tle changed for all ending per enrolle	one percent working-age							
The estimated annual cost of Medii cost of service rises substantially fr those between 55 and 64. For won women under 35 to just under \$8,2	om about \$3,500 per enro nen, costs do not vary subs	llees for those under stantially by age, rang	35 to just under \$7	200 for							
Distribution of the Expansion Popul	lation by Gender and Age.										
The study shows that this group wi males between the ages of 19 and per-enrollee spending than all othe	34. This is important beca	,									
We estimate that the average cost \$7,250, growing to \$8,400 by FY20 eligible, non-disabled adult Medica costs is due to the expansion popu	21. Over this same period id enrollees will be several	l, we project that the p I hundred dollars less	er-person cost for each year. The dif	currently ference in							
3. Estimated Costs of Medicaid Exp	pansion.										
The take-up rate (63 percent) was represents the proportion of newly rate represents the percent of the t from the 2014 study conducted by rate is consistent with the few studi	eligible that will ultimately ake-up rate that will be acl the Lewin Group for the St	enroll through the Me hieved that year. Both tate of Alaska. The Le	dicaid expansion a the take-up and la win assumption of	nd the lag ag rate are the take-up							
According to a study conducted in 2 Health Insurance Policy Simulation in 2012 Sommers et al estimated th private insurance, with state-level e year.	Model (HIPSM) average of nat Medicaid participation a	60.5 percent among n averaged 62.6 percen	ewly eligible peopl t among eligible ac	e. Similarly, lults without							
Based on the results of this study, t 20,066 enrollees. The average cos number of enrollees and the averag Medicaid Expansion in FY2016. Sin newly eligible population are going	t per newly eligible enrolle ge cost per enrollee it resu nce in the first years of imp	e is estimated to be \$ lts in \$145,438.4 of th plementation of the Ex	7,248. By multiplyi e total funds need pansion the spend	ng the ed for ling for the							

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	РРТ	TMP
Medicaid Services (continued) Adult Preventative Dental Medicaid Services AMD: Medicaid Expansion (continued) funds in this request are federal funds.									<u></u>				
Based on recent historical spending patterr enrollees in Family Medicaid, 3.7 percent o resulting in \$5,381.2 in spending. 1002 Fed Rcpts (Fed) 5,381.2													
Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances 1004 Gen Fund (UGF) -184.8	SenateCS 1	Dec	-184.8	0.0	0.0	0.0	0.0	0.0	-184.8	0.0	0	0	0
* Allocation Difference *			-5,566.0	0.0	0.0	0.0	0.0	0.0	-5,566.0	0.0	0	0	0
Health Care Medicaid Services AMD: Medicaid Expansion The change request for Medicaid Expansio for FY2016 and an estimated number of per FY2016. Below is the breakdown for estimates of the new enrollee.	er-enrollee costs of	Medicaid	services for the e	expansion popula	ation in	0.0	0.0	0.0	132,348.9	0.0	0	0	0
1. The Expansion Population. To estimate the number of persons newly e by the Division of Public Health through the and 2013 and population estimates and pro Development (ADLWD). The BRFSS surve household, and health-related information o number of other adults living in the home, to and household income.	Behavioral Risk F ojections reported by is a statewide ho on Alaskans. In thi	actor Sur by the Ala busehold s s survey, a	veillance System ska Department o survey that collect adult respondents	(BRFSS) survey of Labor and Wo ts detailed demo s are asked their	/ for 2012 rkforce graphic, age, the								
The primary enrollees of Medicaid expansion dependent children, are not disabled or pre- This group is currently not eligible for Medic of other adults, 1964 years of age that do Based on our analysis of the BRFSS data f the Medicaid expansion population is 41,91 population are 34,833 and 48,988.	egnant, and are at caid in Alaska. In a not meet current i for 2012 and 2013,	or below a addition, N ncome lin our midp	138 percent of Fe Medicaid expansion hits for Medicaid e oint estimate of th	deral Poverty Le on affects a smal eligibility. he number of pel	vel (FPL). I number rsons in								
Approximately 43 percent of newly eligible the most common forms of coverage are el Another 3.4 percent did not know or refuse with Medicare is not eligible for Medicaid th	mployer sponsored d to disclose if the	d (19.6 pe y had inst	rcent) and partial	coverage (29.3	percent).								

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

		Column	Trans	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	РРТ	TMP
Health (	Services (continued) Care Medicaid Services (continued) Medicaid Expansion (continued) According to the study only 63 percent of newly we call it the "Take up Rate". Also, only 76 perc enroll in the first year of the implementation, foll year of implementation. In the study we call this (41,910 individuals) by 63 percent and multiplyi in the first year.	v eligible popul cent of those th lowed by 88 pe s "Lag Rate". B	ation will ev at will even prcent in the y multiplyin	rentually enroll atually enroll in a second year a g estimated ex	in Medicaid. In th Medicaid will actu and 100 percent i pansion populatio	e study ially n the third on			<u> </u>				<u></u>	
	2. Per-Enrollee Spending on Medicaid Services	s for Newly Elig	ible Popula	ntion.										
	Because Alaska's Medicaid program does not of certainty how much expansion to the newly elig enrolled in the Medicaid program who are a goo enrollees are enrolled through the Family Medic who are eligible for Medicaid services due to be having dependent children, we believe these er Based on the analysis of data from the Departn average spending per enrollee for adults in Fam to \$6,712 in FY2013. Over this same period, av adults (growing from \$12,282 to \$12,374). The the fact that the overall working-age population The estimated annual cost of Medicaid services cost of service rises substantially from about \$3 those between 55 and 64. For women, costs do women under 35 to just under \$8,200 for women	ible enrollees od proxy for the caid eligibility of eing low incom- nrollees are a <u>c</u> nent's Medicaid nily Medicaid g verage spendin substantial diffi includes indivi s for the expan 8,500 per enrol o not vary subs	will cost. The e expansion ategory, whe e with depe good proxy is d Budget Gi rew on an a g per enroli erence in a duals who sion popula lees for tho tantially by	nere are, however the population. The hich is comprise and the children. for the expansi roup, between average annual lee was little ch verage spendin are disabled or ation varies by g se under 35 to	ver, working-age a the majority of the ed of non-disable With the excepti ion population. FY2009 and FY2 I basis by just one hanged for all wor ng per enrollee is pregnant. gender and age. I just under \$7,200	adults se d adults on of 013, e percent king-age due to =or men, 0 for								
	Distribution of the Expansion Population by Ger	nder and Age.												
	The study shows that this group will be mostly males between the ages of 19 and 34. This is per-enrollee spending than all other gender-age	mportant beca												
	We estimate that the average cost of services p \$7,250, growing to \$8,400 by FY2021. Over this eligible, non-disabled adult Medicaid enrollees costs is due to the expansion population likely o	s same period, will be several	we project hundred do	that the per-pe pllars less each	erson cost for cur year. The differe	rently nce in								
	3. Estimated Costs of Medicaid Expansion.													
	The take-up rate (63 percent) was taken in con- represents the proportion of newly eligible adult lag rate represents the percent of the take-up ra	ts that will ultin	nately enroli	I through the M	ledicaid expansio	n and the								

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

	C+1	Trans	Total	Personal	Tracinal	Constant	Commedities	Capital	Cuent	M2	DET	DDT	<b>T</b> 14
diacid Compions (continued)	Column	Type	Expenditure	Services	Travel	Services	<u>Commodities</u>	Outlay	Grants	Misc	PF [	144	T
dicaid Services (continued) Health Care Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
are from the 2014 study conducted by the	Lewin Group for the	e State of	Alaska. The Lewi	n assumption of th	ne								
take-up rate is consistent with the few stud expansion.													
According to a study conducted in 2012 by Health Insurance Policy Simulation Model in 2012 Sommers et al estimated that Meo private insurance, with state-level estimate year.	(HIPSM) average 6 dicaid participation a	60.5 perce averaged 6	nt among newly e 52.6 percent amor	ligible people. Sir ng eligible adults v	milarly, vithout								
Based on the results of this study, the esti 20,066 enrollees. The average cost per ne number of enrollees and the average cost Medicaid Expansion in FY2016. Since in t newly eligible population are going to be n funds in this request are federal funds.	ewly eligible enrollee t per enrollee it resu the first years of imp	e is estima Its in \$145 Iementatio	nted to be \$7,248. ,438.4 of the total	By multiplying the funds needed for on the spending fo	e or the								
iunas in this request are rederar lunas.													
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient	of total spending on hospital care, physi	Expansioi ician/pract	n or \$132,348.9 w titioner services al	ill be contributed b									
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car	of total spending on hospital care, physi	Expansioi ician/pract	n or \$132,348.9 w titioner services al	ill be contributed b									
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are				00 401 1			0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12	of total spending on hospital care, physi	Expansioi ician/pract	n or \$132,348.9 w titioner services al	ill be contributed b		0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Can 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation.	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7 3-year average: \$47,423.2	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7 3-year average: \$47,423.2 1004 Gen Fund (UGF) -20,401.1	of total spending on hospital care, physi re Services Medicaid SenateCS 1	Expansion ician/pract d Comport Dec	n or \$132,348.9 w titioner services ar ent. -20,401.1	ill be contributed b nd other primary c 0.0	are 0.0								
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7 3-year average: \$47,423.2 1004 Gen Fund (UGF) -20,401.1 Decrement the Projected Costs for	of total spending on hospital care, physi re Services Medicaid	Expansion ician/pract d Compon	n or \$132,348.9 w titioner services al ent.	ill be contributed t nd other primary c	are	0.0	0.0	0.0	-20,401.1	0.0	0	0	
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7 3-year average: \$47,423.2 1004 Gen Fund (UGF) -20,401.1 Decrement the Projected Costs for Non-Mandatory Abortion Services in FY16	of total spending on hospital care, physi re Services Medicaid SenateCS 1	Expansion ician/pract d Comport Dec	n or \$132,348.9 w titioner services ar ent. -20,401.1	ill be contributed b nd other primary c 0.0	are 0.0								
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Rcpts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7 3-year average: \$47,423.2 1004 Gen Fund (UGF) -20,401.1 Decrement the Projected Costs for Non-Mandatory Abortion Services in FY16 1004 Gen Fund (UGF) -173.2	of total spending on hospital care, physi re Services Medicaid SenateCS 1	Expansion ician/pract d Comport Dec	n or \$132,348.9 w titioner services ar ent. -20,401.1	ill be contributed b nd other primary c 0.0	are 0.0		0.0						
Based on recent historical spending patter enrollees in Family Medicaid, 91 percent of spending through inpatient and outpatient related services that are under Health Car 1002 Fed Ropts (Fed) 132,348.9 Decrement a portion of the \$31.5 million FY12 and FY13 Average Lapsing Balance in this allocation. UGF Lapse FY12: \$24,039.1 FY13: \$38,890.3 FY14: \$79,340.1 FY12&13Average: \$31,464.7 3-year average: \$47,423.2 1004 Gen Fund (UGF) -20,401.1 Decrement the Projected Costs for Non-Mandatory Abortion Services in FY16	of total spending on hospital care, physi re Services Medicaid SenateCS 1	Expansion ician/pract d Comport Dec	n or \$132,348.9 w titioner services ar ent. -20,401.1 -173.2	ill be contributed b nd other primary c 0.0	0.0 0.0	0.0	0.0	0.0	-173.2	0.0	0	0	

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

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

Agency: Department of Health and Social Services

		Column	Trans	Total Expenditure	Personal Services	Travel	Sonvicor	Commodities	Capital Outlay	Grants	Micc	PFT	РРТ	тмр
Senior a	ervices (continued) nd Disabilities Medicaid Services (contin Medicaid Expansion (continued) new enrollee.		iype		Services		Services				<u>Misc</u>	<u></u>	<u> </u>	<u></u>
	1. The Expansion Population.													
	To estimate the number of persons newly eligibl by the Division of Public Health through the Beh and 2013 and population estimates and projection Development (ADLWD). The BRFSS survey is a household, and health-related information on Ala number of other adults living in the home, the pr and household income.	avioral Risk Fa ons reported b a statewide ho askans. In this	actor Surv by the Alas usehold s survey, a	reillance System ska Department urvey that collec dult respondent	n (BRFSS) survey of Labor and Wo sts detailed demo s are asked their	/ for 2012 rkforce graphic, age, the								
	The primary enrollees of Medicaid expansion and dependent children, are not disabled or pregnan. This group is currently not eligible for Medicaid i of other adults, 1964 years of age that do not r Based on our analysis of the BRFSS data for 20 the Medicaid expansion population is 41,910 for population are 34,833 and 48,988.	ht, and are at c in Alaska. In ac meet current in 112 and 2013,	or below 13 ddition, Me ncome limi our midpo	38 percent of Fe edicaid expansion its for Medicaid e pint estimate of t	ederal Poverty Le on affects a smal eligibility. he number of pe	vel (FPL). I number rsons in								
	Approximately 43 percent of newly eligible adult the most common forms of coverage are employ Another 3.4 percent did not know or refused to o with Medicare is not eligible for Medicaid through	/er sponsored lisclose if they	(19.6 per had insur	cent) and partial	coverage (29.3	percent).								
	According to the study only 63 percent of newly we call it the "Take up Rate". Also, only 76 perce enroll in the first year of the implementation, folk year of implementation. In the study we call this (41,910 individuals) by 63 percent and multiplyin in the first year.	ent of those th owed by 88 pe "Lag Rate". B	at will eve ercent in th y multiplyi	ntually enroll in ne second year a ng estimated ex	Medicaid will act and 100 percent pansion populati	ually in the third on								
	2. Per-Enrollee Spending on Medicaid Services	for Newly Elig	ible Popul	ation.										
	Because Alaska's Medicaid program does not concertainty how much expansion to the newly eliginenrolled in the Medicaid program who are a goo enrollees are enrolled through the Family Medic who are eligible for Medicaid services due to be having dependent children, we believe these enrolled the services and the services are enrolled the services and the services are enrolled the services and the services are enrolled through the services are enrolled through the services are enrolled through the services and the services are enrolled through through the services are enrolled through through through the services	ble enrollees w d proxy for the aid eligibility c ing low income	will cost. T e expansic ategory, w e with dep	here are, howey on population. Th hich is comprise endent children.	ver, working-age he majority of the ed of non-disable . With the except	adults se ed adults								

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

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

Agency:	Department	of Health and	<b>Social Services</b>
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									<b>,</b>					
			Trans	Total	Personal				Capital					
	_	Column	Туре Е	xpenditure	Services	Travel	Services	Commodities	Outlay	<u>Grants</u>	Misc	PFT	PPT	TMP
	isabilities Medicaid Services (cor	ntinued)												
	aid Expansion (continued)													
adult	,712 in FY2013. Over this same period, s (growing from \$12,282 to \$12,374). Th act that the overall working-age populatio	e substantial diffe	rence in a	verage spendir	ng per enrollee is									
	ici inal ine overall working-age populatio				pregnam.									
cost o those	estimated annual cost of Medicaid servic of service rises substantially from about a between 55 and 64. For women, costs en under 35 to just under \$8,200 for wor	\$3,500 per enrolle do not vary substa	es for tho antially by	se under 35 to	just under \$7,200	for								
Distri	ibution of the Expansion Population by G	ender and Age.												
males	study shows that this group will be mostl s between the ages of 19 and 34. This is nrollee spending than all other gender-a	important becaus												
\$7,25 eligib	stimate that the average cost of services 50, growing to \$8,400 by FY2021. Over t le, non-disabled adult Medicaid enrollee is due to the expansion population likely	his same period, v s will be several h	ve project undred do	that the per-pe blars less each	rson cost for curr year. The differei	ently nce in								
3. Es	timated Costs of Medicaid Expansion.													
repre and t lag ra	ake-up rate (63 percent) was taken in co sents the proportion of newly eligible po he lag rate represents the percent of the ate are from the 2014 study conducted b ake-up rate is consistent with the few stu nsion.	pulation that will u take-up rate that y the Lewin Group	ltimately e will be ach for the St	enroll through th hieved that yea tate of Alaska.	ne Medicaid expan r. Both the take-u The Lewin assum	nsion up and uption of								
Healt in 20	rding to a study conducted in 2012 by th th Insurance Policy Simulation Model (Hi 12 Sommers et al estimated that Medica te insurance, with state-level estimates r	IPSM) average 60 id participation av	.5 percent reraged 62	t among newly of 2.6 percent amo	eligible people. Song eligible adults	Similarly, without								
20,06 numb Medii newly	d on the results of this study, the estima 66 enrollees. The average cost per newly per of enrollees and the average cost per caid Expansion in FY2016. Since in the <i>y</i> eligible population are going to be reim <i>s</i> in this request are federal funds.	/ eligible enrollee r enrollee it results first years of imple	is estimates in \$145,4 ementation	ed to be \$7,248 438.4 of the tota of the Expansi	8. By multiplying the al funds needed for ion the spending a	he or for the								
Base	d on recent historical spending patterns	by the proxy grou	p which m	ostly consists c	of current Medicai	d								

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

### Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	<u>Commodities</u>	Capital Outlay	Grants	Misc	PFT	<u>PPT</u>	TMP
Medicaid Services (continued)	<i>a</i> <b>n</b>												
Senior and Disabilities Medicaid Services ( AMD: Medicaid Expansion (continued)	continued)												
enrollees in Family Medicaid, two percent	of total spending of	n Expansi	on or \$2.908.8 wil	l used by newly e	eliaible								
enrollees though Long-Term Care related													
Component.													
<b>1002 Fed Rcpts (Fed)</b> 2,908.8		_											
Decrement an amount equal to the FY12 and	SenateCS 1	Dec	-4,852.1	0.0	0.0	0.0	0.0	0.0	-4,852.1	0.0	0	0	0
FY13 Average Lapsing Balances 1004 Gen Fund (UGF) -4.852.1													
1004 Gen Fund (UGF) -4,852.1 * Allocation Difference *			-7,760.9	0.0	0.0	0.0	0.0	0.0	-7,760.9	0.0	0	0	
* * Appropriation Difference * *			-177.256.7	0.0	0.0	0.0	0.0	0.0	-177,256.7	0.0	0	0	
			177,10017	0.0	0.0	0.0	0.0	0.0	177,20017	0.0	0	0	0
Agency-wide Appropriation													
Agency-wide Unallocated Appropriation													
20% Unallocated Travel Reduction	SenateCS 1		-688.4	0.0	-688.4	0.0	0.0	0.0	0.0	0.0	0	0	0
The reduction was calculated based on th	e Governor's Ame	nded budg	et as follows:										
Non-formula Travel: \$6,619.2 Non-formula Total Funds: \$726.915.5													
Non-formula Total Funds: \$720,915.5 Non-formula UGF: \$378,201.1 (52% of To	sta/)												
UGF attributable to Travel (52% X \$6,619.	/												
20% UGF Travel cut: \$688.4	12 (¢0, 1 1010)												
1004 Gen Fund (UGF) -688.4													
Unallocated Reduction	SenateCS 1	Unalloc	-1,530.1	0.0	0.0	0.0	0.0	0.0	0.0	-1,530.1	0	0	0
<b>1004 Gen Fund (UGF)</b> -1,530.1										1 500 1			
* Allocation Difference *			-2,218.5	0.0	-688.4	0.0	0.0	0.0	0.0	-1,530.1	0	0	0
* * Appropriation Difference * * * * * Agency Difference * * *			-2,218.5 -183.169.6	0.0 -387.3	-688.4 -790.4	0.0 -661.1	0.0 -546.1	0.0 0.0	0.0 -176,441.0	-1,530.1 -4,343.7	0 - 8	0 0	0 -1
* * All Agencies Difference * * * *			-183,169.6	-387.3	-790.4	-661.1	-546.1	0.0	-176,441.0	-4,343.7	-8	0	-1
All Ageneice Billerence			100,100.0	307.0	7.50.7	001.1	0-0-1	0.0	1/0,771.0		0	0	1

# **Column Definitions**

16GovAmd+ (16Governor's Amended +) -

SenateCS 1 (SenateCS 1) - The Committee Subsistute adopted by the Senate Finance Committee