

**2018 Legislature - Operating Budget  
Transaction Compare - Governor Structure  
Between 19Adj Base and 19GovAdj**

<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Alaska Pioneer Homes</b>													
<b>Pioneer Homes</b>													
Increased Federal Authority Associated with Per Diem Rate Increases for the Alaska Veterans and Pioneer Home in Palmer	19GovAdj	Inc	525.0	525.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p>The Alaska Pioneer Homes receives federal revenue through direct billing the Veterans Administration for residential veteran per diem. The Palmer Veterans and Pioneer Homes is certified as a residential veteran's home facility by the Veteran's Administration. As such the division is required to guarantee that 75 percent of the elders residing in this home be United States Military Veterans.</p> <p>The division is requesting the Veterans Administration to acknowledge the level of care being provided in one of the neighborhoods at the Alaska Veterans and Pioneer Home in Palmer as a higher level of service than domiciliary care. In order for the Alaska Veterans and Pioneer Home in Palmer be certified, it has to meet certain criteria when the Veterans Administration perform a three-day onsite inspection in the home. The division has had several meetings with the Veterans Administration to begin work on receiving the certification of a skilled facility. It is in the process of completing the requirements and anticipates receiving the certification in the spring of 2018. As a certified skilled facility, this allows the Alaska Veterans and Pioneer Home to be reimbursed at a higher daily rate for those identified for up to 14 residents. The current rate is \$46.25 per day and the new rate would be \$107.16 per day with an anticipated one percent market basket rate adjustment in October 2018.</p> <p>The increased authority would allow the division to fund positions to safely and effectively provide these services.</p>													
1002 Fed Rcpts (Fed)			525.0										
<b>* Allocation Difference *</b>			525.0	525.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>** Appropriation Difference **</b>			525.0	525.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Behavioral Health</b>													
<b>Behavioral Health Treatment and Recovery Grants</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p>Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.</p>													
1003 G/F Match (UGF)			904.4										
1004 Gen Fund (UGF)			-904.4										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Behavioral Health Administration</b>													
MH Trust: Housing - Office of Integrated Housing	19GovAdj	Inc0TI	122.0	122.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p>This is an ongoing project through the Department of Health and Social Services, Behavioral Health for technical assistance to develop supported housing for Trust beneficiaries. Recognizing the affordable-and-supported-housing crisis in Alaska, the Trust and Behavioral Health advocated for the integration of supported housing - now the 'Supported Housing Office' - to develop housing and support opportunities for consumers struggling with mental illness and/or substance abuse. The stated mission of this office is to aggressively develop the expansion and sustainability of supported housing opportunities statewide for Behavioral</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
<b>Behavioral Health (continued)</b>													
<b>Behavioral Health Administration (continued)</b>													
MH Trust: Housing - Office of Integrated Housing (continued)													
Health consumers in safe, decent, and affordable housing in the least restrictive environment of their choice that is supportive of their rehabilitation process and to receive individualized community services and supports.													
	1092	MHTAAR (Other)	122.0										
<b>* Allocation Difference *</b>			122.0	122.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Behavioral Health Prevention and Early Intervention Grants</b>													
	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace General Fund with General Fund Match													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
	1003	G/F Match (UGF)	337.0										
	1004	Gen Fund (UGF)	-337.0										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Residential Child Care</b>													
	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace General Fund with General Fund Match													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
	1003	G/F Match (UGF)	30.4										
	1004	Gen Fund (UGF)	-30.4										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>** Appropriation Difference **</b>			122.0	122.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Children's Services</b>													
<b>Children's Services Management</b>													
	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace General Fund with General Fund Match													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
	1003	G/F Match (UGF)	1,244.9										
	1004	Gen Fund (UGF)	-1,244.9										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Children's Services Training</b>													
	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace General Fund with General Fund Match													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
	1003	G/F Match (UGF)	238.0										

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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
<b>Children's Services (continued)</b>													
<b>Children's Services Training (continued)</b>													
Replace General Fund with General Fund Match (continued)													
1004 Gen Fund (UGF)			-238.0										
<b>* Allocation Difference *</b>			<b>0.0</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

**Front Line Social Workers**

Public Assistance Cost Allocation Plan Amendment	19GovAdj	Inc	6,500.0	1,125.0	0.0	5,375.0	0.0	0.0	0.0	0.0	0	0	0
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A recent amendment to the section of the Public Assistance Cost Allocation Plan (PACAP) covering the Office of Children's Services changes the allocation methodology for the Front Line Social Workers component, the largest personal services component within the Office of Children's Services budget. The estimated increase is associated primarily with the claiming for the Title IV-E foster care, adoption, and guardianship programs. The changes increase the federal claiming potential for indirect charges.

The large increases in federal share are from both the Title IV-E and Medicaid programs. Several changes associated with the Random Moment Sample (RMS) PACAP amendment resulted in a very robust federal claim;

The number of activity codes used for the RMS doubled to better capture the work being performed by protective service staff. The activities being performed are either directly charged to a federal/state program or have a cost allocation methodology assigned, such as the title IV-E foster care penetration rate.

The allocation methodology for Family Resource activities was changed from the Title IV-E foster care penetration rate to a Title IV-E blended rate. This allowed the division to charge both the Title IV-E adoption and guardianship programs, in addition to the IV-E foster care program. This resulted in an increase of approximately 5% federal share.

Four activities associated with training were approved and allowed the division to claim at the enhanced Title IV-E federal participation rate for all three IV-E programs of 75% instead of at 50%. This resulted in an estimated increase of federal share of approximately 1.15%.

RPL #06-2017-0716 provided the Office of Children's Services \$6,500.0 federal authority in FY2017.

1002 Fed Rcpts (Fed)			6,500.0										
Fully Support Positions added in FY2018 and Enhanced Training Initiative	19GovAdj	Inc	1,440.5	820.5	0.0	620.0	0.0	0.0	0.0	0.0	0	0	0

Thirty-one positions were added to include twenty-two case workers, three mentors, two supervisors, two social services associates, and two office assistants in FY2018 Management Plan. Those positions were partially funded during FY2018 in order to allow for phased hiring.

In an effort to retain case workers and effectively serve clients, training provided by the University of Alaska Anchorage Child Welfare Academy was increased from three to five weeks in January of FY2018. Enhanced training will be provided for all new case workers in FY2019.

1002 Fed Rcpts (Fed)	481.8
1004 Gen Fund (UGF)	958.7

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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
<b>Children's Services (continued)</b>													
<b>Front Line Social Workers (continued)</b>													
Delete Uncollectible Federal Unrestricted Revenue Authority	19GovAdj	Dec	-1,400.0	0.0	0.0	-1,400.0	0.0	0.0	0.0	0.0	0	0	0
The department received performance bonus payments from the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) through the Children's Health Insurance Program, established under Title XXI of the Social Security Act, between Federal fiscal years 2009 and 2013. The program to issue these bonuses is no longer active at the federal level and the authority is no longer collectable.													
1188 Fed Unrstr (Fed)			-1,400.0										
<b>* Allocation Difference *</b>			6,540.5	1,945.5	0.0	4,595.0	0.0	0.0	0.0	0.0	0	0	0
<b>Family Preservation</b>													
Expand Community Advocacy Centers through RSA with Division of Public Assistance and Supported by Federal TANF Funding	19GovAdj	Inc	945.9	0.0	0.0	0.0	0.0	0.0	945.9	0.0	0	0	0
Children's Advocacy Centers are a one-stop facility that serves child victims of sexual abuse and severe physical abuse and their families. Alaska's Children's Advocacy program has been expanded to provide services throughout Alaska. The Office of Children's Services offer grantees money for emerging programs, capacity building, and program development. Those expanded services will assist in accomplishing the important goal of serving as many Alaskan children as possible in or near their home communities.													
The increased authority will be documented through a reimbursable services agreement with the Division of Public Assistance.													
1007 I/A Rcpts (Other)			945.9										
<b>* Allocation Difference *</b>			945.9	0.0	0.0	0.0	0.0	0.0	945.9	0.0	0	0	0
<b>Foster Care Base Rate</b>													
Federal Receipt Authority for Rate Increases per Required Calculation Methodology	19GovAdj	Inc	292.3	0.0	0.0	0.0	0.0	0.0	292.3	0.0	0	0	0
Per case number 3AN-13-10106 CI Murran v Streur the Office of Children's Services (OCS) is required to apply a methodology recommended by Hornby Zeller Associates Inc. (HZA methodology) in calculating foster care base rates. The settlement requires that OCS apply that methodology and, every five years starting in calendar year 2018, that OCS seek an appropriation from the legislature for an increase to the foster care base rate.													
1002 Fed Rcpts (Fed)			292.3										
<b>* Allocation Difference *</b>			292.3	0.0	0.0	0.0	0.0	0.0	292.3	0.0	0	0	0
<b>Foster Care Special Need</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			1,550.0										
1004 Gen Fund (UGF)			-1,550.0										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Children's Services (continued)</b>													
<b>Subsidized Adoptions &amp; Guardianship</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			5,387.0										
1004 Gen Fund (UGF)			-5,387.0										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Difference **</b>			<b>7,778.7</b>	<b>1,945.5</b>	<b>0.0</b>	<b>4,595.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1,238.2</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Health Care Services</b>													
<b>Residential Licensing</b>													
Public Assistance Cost Allocation Plan Amendment	19GovAdj	Inc	418.5	0.0	0.0	418.5	0.0	0.0	0.0	0.0	0	0	0
The Residential Licensing section promotes safe and appropriate services by setting standards for licensee and inspecting assisted living homes and residential child care facilities. These services require that necessary corrections or improvements be implemented to protect the safety of all residents.													
Through criminal background checks for employees in assisted living homes, nursing homes and other health care facilities provides safeguards against abuse and neglect of the state's elderly, children and adults with disabilities.													
Increase federal receipt authorization due to an amendment to the Public Assistance Cost Allocation Plan. This allows for a percentage of background checks for Medicaid authorized facilities to be allocated to federal reimbursement.													
1002 Fed Rcpts (Fed)			418.5										
<b>* Allocation Difference *</b>			<b>418.5</b>	<b>0.0</b>	<b>0.0</b>	<b>418.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Medical Assistance Administration</b>													
MH Trust: Health Care Services Staffing Needs	19GovAdj	Inc0TI	291.0	291.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Fiscal Note SB74													
1. Two new staff positions dedicated to Primary Care Case Mgmt.; Coordinated Care Demo Project; Health Homes; ER Initiative,													
2. Four Long Term / Non Perm FTEs.													
The staff will be responsible for and oversee the implementation of various aspects of SB74 within the Division of Health Care Services.													
1092 MHTAAR (Other)			291.0										
<b>* Allocation Difference *</b>			<b>291.0</b>	<b>291.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Difference **</b>			<b>709.5</b>	<b>291.0</b>	<b>0.0</b>	<b>418.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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<b>Public Assistance</b>													
<b>Adult Public Assistance</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			55,646.1										
1004 Gen Fund (UGF)			-55,646.1										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Senior Benefits Payment Program</b>													
LFD Adjust: Remove Funding for Senior Benefits Payment Program Pending Four Year Program Extension FY19-FY22 (HB236)	19GovAdj	Dec	-19,986.1	0.0	0.0	0.0	0.0	0.0	-19,986.1	0.0	0	0	0
The Governor's budget appropriates \$28 million from the Public School Trust Fund: \$4,662.6 for Mount Edgecumbe Boarding School, and \$23,337.4 for the Foundation Formula. However, based on current statutes, the Department of Revenue recommends spending only \$10 million from the fund. Two pieces of legislation (SB 96 and HB 213) propose changing the fund's statutes to allow a larger draw. If one of these bills is enacted, \$28 million could be sustainably drawn from the fund. Without a bill, however, UGF for the Foundation Formula would be increased by \$18 million to make up the difference. This is noted with two transactions: a MisAdj to bring the base level to \$10 million, and a Fiscal Note transaction to bring the amount to \$28 million.													
1004 Gen Fund (UGF)			-19,986.1										
LFD Adjust: Fiscal Note for HB 236 to Extend the Senior Benefits Payment Program FY19-FY22	19GovAdj	FisNot	19,986.1	0.0	0.0	0.0	0.0	0.0	19,986.1	0.0	0	0	0
1004 Gen Fund (UGF)			19,986.1										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Public Assistance Administration</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			325.7										
1004 Gen Fund (UGF)			-325.7										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Public Assistance Field Services</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			2,380.9										
1004 Gen Fund (UGF)			-2,380.9										

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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
<b>Public Assistance (continued)</b>													
<b>Public Assistance Field Services (continued)</b>													
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Fraud Investigation</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			24.1										
1004 Gen Fund (UGF)			-24.1										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Quality Control</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			39.8										
1004 Gen Fund (UGF)			-39.8										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Work Services</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			100.3										
1004 Gen Fund (UGF)			-100.3										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Women, Infants and Children</b>													
Remove Uncollectible Capital Improvement Project Authority	19GovAdj	Dec	-0.1	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Technical cleanup to correct a small amount of capital improvement project receipt authority from a legacy capital project.													
1061 CIP Rcpts (Other)			-0.1										
<b>* Allocation Difference *</b>			-0.1	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>** Appropriation Difference **</b>			-0.1	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Public Health</b>													
<b>Nursing</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	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
<b>Public Health (continued)</b>													
<b>Nursing (continued)</b>													
Replace General Fund with General Fund Match (continued)													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			20,249.0										
1004 Gen Fund (UGF)			-20,249.0										
<b>* Allocation Difference *</b>			<b>0.0</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Women, Children and Family Health</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			1,262.7										
1004 Gen Fund (UGF)			-1,262.7										
<b>* Allocation Difference *</b>			<b>0.0</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Public Health Administrative Services</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			1,752.2										
1004 Gen Fund (UGF)			-1,752.2										
<b>* Allocation Difference *</b>			<b>0.0</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Emergency Programs</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			500.1										
1004 Gen Fund (UGF)			-500.1										
<b>* Allocation Difference *</b>			<b>0.0</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Chronic Disease Prevention and Health Promotion</b>													
Replace Unavailable Federal Receipt Authority with Statutory Designated Program Receipt Authority	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Due to decreasing federal revenues over the past several years the section has been successful in partnering with other organizations on surveillance system projects such as Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey which is generating revenue beyond our authority.													



# 2018 Legislature - Operating Budget Transaction Compare - Governor Structure Between 19Adj Base and 19GovAdj

<b>Numbers and Language Differences</b> <b>Agencies: H&amp;SS</b>
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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
<b>Public Health (continued)</b>													
<b>Chronic Disease Prevention and Health Promotion (continued)</b>													
Replace Unavailable Federal Receipt Authority with Statutory Designated Program Receipt Authority (continued)													
Increase statutory designated program receipts authority by \$100.0 and reduce unrealized federal receipt authority by \$100.0.													
		1002 Fed Rcpts (Fed)	-100.0										
		1108 Stat Desig (Other)	100.0										
	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Replace General Fund with General Fund Match													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
		1003 G/F Match (UGF)	1,791.3										
		1004 Gen Fund (UGF)	-1,791.3										
	19GovAdj	Dec	-375.0	0.0	0.0	0.0	0.0	0.0	-375.0	0.0	0	0	0
Prevention and Control Efforts													
Reduce the Tobacco Use Education and Cessation Fund appropriation for the Division of Public Health by \$375.0 as part of the multi-year plan for fund sustainability. This fund has previously been reduced by \$1,521.4 to date or 13.7 percent of the \$11.1 million starting point (\$746.4 in FY2014, \$400.0 in FY2015, \$375.0 in FY2017). The FY2019 reduction is not sufficient to fully restore balance to the fund and a future reduction is anticipated in FY2021. Long-term sustainability will assure that the fund is available for tobacco prevention and control activities for the future. By working with our partners and stakeholders, the program will be able to retool and reduce services while maintaining outcomes at the highest level possible.													
The Tobacco Prevention and Control program is mostly supported by the Tobacco Use Education and Cessation Fund. Without action, current projections indicate that the program is expected to run into cash flow issues by FY2020 and will be facing a shortfall by FY2021.													
Between FY2011-2014, annual expenditures outpaced deposits, requiring a drawdown of the surplus balance. The Tobacco Use Education and Cessation Fund, which had a current balance of \$11.8 million as of August 13, 2015, receives annual deposits of about \$9 million composed of approximately one-third cigarette taxes (received monthly) and two-thirds tobacco master settlement agreement (received annually in April).													
The program and its partners recognize that stable and sustainable funding from the Tobacco Use Education Cessation Fund is essential to ongoing tobacco prevention and control efforts. To that end, the division and its partners committed to a multi-year plan to reduce appropriations to bring the fund back into balance, yet maintain outcomes at the highest level possible. This approach is working -- the projected date for the fund to become sustainable has already improved by two years. The fund balance is more than sufficient to allow for a phased approach which will mitigate the impacts of the reductions.													
		1168 Tob ED/CES (DGF)	-375.0										
<b>* Allocation Difference *</b>			-375.0	0.0	0.0	0.0	0.0	0.0	-375.0	0.0	0	0	0

**Epidemiology**

**2018 Legislature - Operating Budget  
Transaction Compare - Governor Structure  
Between 19Adj Base and 19GovAdj**

<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Public Health (continued)</b>													
<b>Epidemiology (continued)</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			1,265.6										
1004 Gen Fund (UGF)			-1,265.6										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Bureau of Vital Statistics</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			265.7										
1004 Gen Fund (UGF)			-265.7										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Public Health Laboratories</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			4,053.9										
1004 Gen Fund (UGF)			-4,053.9										
<b>* Allocation Difference *</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Difference **</b>			<b>-375.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-375.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Senior and Disabilities Services</b>													
<b>Senior and Disabilities Community Based Grants</b>													
Restore Funding Associated with Unachievable Savings Projected for Medicaid Reform Ch25 SLA 2016 (SB74)	19GovAdj	IncM	735.2	0.0	0.0	0.0	0.0	0.0	735.2	0.0	0	0	0
Senior and Disabilities Services (SDS), with support from the Mental Health Trust, contracted with Health Management Associates (HMA) to conduct an in-depth study and analysis of 1915(i) and 1915(k) Medicaid Home and Community Based Services (HCBS) options for four target populations in Alaska -- individuals with intellectual and developmental disabilities (I/DD), individuals with Alzheimer's Disease and related dementia (ADRD), individuals with traumatic or acquired brain injury (TABI), and individuals with serious mental illness (SMI).													
HMA recommended that Alaska and DHSS not move forward with the new 1915(i) HCBS program options because of the financial risk associated with the implementation of the programs. Current programs managed by SDS serving these target populations come with strong controls on spending. The 1915(i) option would not allow the division to target these service populations to the same level. If the division implemented the 1915(i) option, the resulting increase in the population served would eliminate any savings to the state provided by increased													

**2018 Legislature - Operating Budget  
Transaction Compare - Governor Structure  
Between 19Adj Base and 19GovAdj**

<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Senior and Disabilities Services (continued)</b>													
<b>Senior and Disabilities Community Based Grants (continued)</b>													
Restore Funding Associated with Unachievable Savings Projected for Medicaid Reform Ch25													
SLA 2016 (SB74) (continued)													
Federal match. HMA did recommend another alternative to increase federal funding at minimal risk to the state, providing a new 1915(c) waiver for one of the target populations, individuals with intellectual and developmental disabilities. DHSS is moving forward with this recommendation and will see some, but not all of the savings projected from implementing 1915(i).													
The division is moving forward with the other option, 1915(k), recommended by HMA, which has little potential for increasing the service population, unlike the 1915(i) option. However, these two changes will not provide savings to the state at the level initially estimated in the SB74 fiscal note. The division continues to investigate and pursue cost savings initiatives and has seen success in other areas including the Community Developmental Disabilities Grants component and Medicaid program.													
1004 Gen Fund (UGF)			735.2										
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			9,977.1										
1004 Gen Fund (UGF)			-9,977.1										
<b>* Allocation Difference *</b>			<b>735.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>735.2</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Senior and Disabilities Services Administration</b>													
MH Trust: 1915 i/k Options:Staffing Resources	19GovAdj	IncOTI	146.8	146.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Fiscal Note SB74													
This funding is for hiring four long term/non perm FTE's to prepare and implement all of the necessary components of the HCBS Final Rule (settings, person centered, conflict free case management, quality assurance) in preparation for the work of developing and implementing the 1915 i/k state plan options.													
1092 MHTAAR (Other)			146.8										
MH Trust: Housing - IT Application/Telehealth Service System Improvements	19GovAdj	IncOTI	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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.													
1037 GF/MH (UGF)			100.0										

**2018 Legislature - Operating Budget  
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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Senior and Disabilities Services (continued)</b>													
<b>Senior and Disabilities Services Administration (continued)</b>													
MH Trust: Housing - IT Application/Telehealth	19GovAdj	IncOTI	37.0	37.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Service System Improvements													
<p>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 &amp; 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.</p>													
1092 MHTAAR (Other)			37.0										
MH Trust: Housing - Senior and Disabilities	19GovAdj	IncOTI	71.0	71.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Division Supported Housing Program Manager													
<p>The Supported Housing and Rural Long Term Care Development program within Senior and Disability Services (SDS) in collaboration with other divisions will align with the priorities within the Department of Health &amp; Social Services (DHSS) to ensure Trust beneficiaries have access to appropriate services. It has successfully worked with rural communities to analyze long-term care needs and locate resources to meet those needs. The Division will continue to provide outreach, education and intensive community-based work to assist in meeting the needs of people with Alzheimer's disease and related dementias and other cognitive disability conditions in rural regions of the state. Activities include on-going technical assistance for development and operational issues associated with community based housing options, to ensure successful feasibility analysis of projects and to result in an increase in home- and community-based service delivery capacity in rural Alaska. This position will provide program management for the General Relief Assisted Living Home and work collaboratively with other divisions to identify opportunities to increase quality of care, program efficiencies and coordination of programs. This position will also oversee the implementation and ongoing telehealth project for the division.</p>													
1092 MHTAAR (Other)			71.0										
MH Trust: Housing-Develop Targeted Outcome	19GovAdj	IncOTI	80.0	0.0	0.0	80.0	0.0	0.0	0.0	0.0	0	0	0
Data													
<p>The Department of Health Social Services (DHSS) Division of Senior and Disabilities Services will use these funds to advance the state's implementation and use of the National Core Indicators. The National Core Indicators represents a major effort among states to standardize the collection of performance and outcome measures for home and community-based services. Standard data collection allows states to compare results with other states and providers data for the establishment of national benchmarks. Today, 46 states, including Alaska, participate in the National Core Indicator program. Data is gathered from a variety of surveys directed at consumers, families and providers and is frequently used as part of quality assurance programs for Home and Community Based Services waivers.</p>													
1092 MHTAAR (Other)			80.0										
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

**2018 Legislature - Operating Budget  
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**Numbers and Language  
Differences  
Agencies: H&SS**

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Senior and Disabilities Services (continued)</b>													
<b>Senior and Disabilities Services Administration (continued)</b>													
Replace General Fund with General Fund													
Match (continued)													
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
			1003 G/F Match (UGF)	7,208.0									
			1004 Gen Fund (UGF)	-7,208.0									
			<b>* Allocation Difference *</b>	<b>434.8</b>	354.8	0.0	80.0	0.0	0.0	0.0	0	0	0
<b>General Relief/Temporary Assisted Living</b>													
	19GovAdj	IncM	Restore Funding Associated with Unachievable Savings Projected for Medicaid Reform Ch25 SLA 2016 (SB74)	4,689.9	0.0	0.0	0.0	0.0	4,689.9	0.0	0	0	0
Senior and Disabilities Services (SDS), with support from the Mental Health Trust, contracted with Health Management Associates (HMA) to conduct an in-depth study and analysis of 1915(i) and 1915(k) Medicaid Home and Community Based Services (HCBS) options for four target populations in Alaska -- individuals with intellectual and developmental disabilities (I/DD), individuals with Alzheimer's Disease and related dementia (ADRD), individuals with traumatic or acquired brain injury (TABI), and individuals with serious mental illness (SMI).													
HMA recommended that Alaska and DHSS not move forward with the new 1915(i) HCBS program options because of the financial risk associated with the implementation of the programs. Current programs managed by SDS serving these target populations come with strong controls on spending. The 1915(i) option would not allow the division to target these service populations to the same level. If the division implemented the 1915(i) option, the resulting increase in the population served would eliminate any savings to the state provided by increased Federal match. HMA did recommend another alternative to increase federal funding at minimal risk to the state, providing a new 1915(c) waiver for one of the target populations, individuals with intellectual and developmental disabilities. DHSS is moving forward with this recommendation and will see some, but not all of the savings projected from implementing 1915(i).													
The division is moving forward with the other option, 1915(k), recommended by HMA, which has little potential for increasing the service population, unlike the 1915(i) option. However, these two changes will not provide savings to the state at the level initially estimated in the SB74 fiscal note. The division continues to investigate and pursue cost savings initiatives and has seen success in other areas including the Community Developmental Disabilities Grants component and Medicaid program.													
			1004 Gen Fund (UGF)	4,689.9									
			<b>* Allocation Difference *</b>	<b>4,689.9</b>	0.0	0.0	0.0	0.0	4,689.9	0.0	0	0	0
<b>Commission on Aging</b>													
	19GovAdj	FndChg	Replace General fund with General Fund Match	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
			1003 G/F Match (UGF)	71.6									
			1004 Gen Fund (UGF)	-71.6									

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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Senior and Disabilities Services (continued)</b>													
<b>Commission on Aging (continued)</b>													
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			5,859.9	354.8	0.0	80.0	0.0	0.0	5,425.1	0.0	0	0	0
<b>Departmental Support Services</b>													
<b>Performance Bonuses</b>													
Federal Performance Bonuses Program Termination	19GovAdj	Dec	-5,300.0	0.0	0.0	-5,300.0	0.0	0.0	0.0	0.0	0	0	0
Through past bonuses received from the federal government for improving and increasing enrollment in the Children's Health Insurance Program, the program made bonus funds available to support the promotion and protection of the health and well-being of Alaskans. This federal program ended in FFY2016 with no further bonuses issued. All remaining bonus funds are obligated to one final project in support of the Alaska Psychiatric Institute. It is anticipated that the project will be completed in by the close of FY2019. The department will request that this component be deleted in FY2020 and the remaining authority will be transferred to Administrative Support Services until the completion of the project. At that time the remaining authority will be deleted.													
1188 Fed Unrstr (Fed)			-5,300.0										
* Allocation Difference *			-5,300.0	0.0	0.0	-5,300.0	0.0	0.0	0.0	0.0	0	0	0
<b>Public Affairs</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			848.7										
1004 Gen Fund (UGF)			-848.7										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Commissioner's Office</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			1,217.0										
1004 Gen Fund (UGF)			-1,217.0										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Administrative Support Services</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			5,694.0										
1004 Gen Fund (UGF)			-5,694.0										

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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Departmental Support Services (continued)</b>													
<b>Administrative Support Services (continued)</b>													
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Information Technology Services</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			2,968.5										
1004 Gen Fund (UGF)			-2,968.5										
Replace Uncollectible Federal and Capital Improvement Project Receipt Authority with Interagency Receipt Authority	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
In FY2017, Information Technology Services personal services transitioned to a chargeback model.													
Departmental Support Services federal revenue collection is largely indirect. Expenditures are allocated across benefitting programs based on federally approved allocation methodologies housed within the Public Assistance Cost Allocation Plan.													
Based on historical data, projected Information Technology Services revenue collections are 30 percent federal and 70 percent general fund.													
Due to a decline in capital projects, capital improvement project authority is no longer collectible.													
1002 Fed Rcpts (Fed)			-1,544.4										
1007 I/A Rcpts (Other)			1,954.4										
1061 CIP Rcpts (Other)			-410.0										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>HSS State Facilities Rent</b>													
Replace General Fund with General Fund Match	19GovAdj	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Accurately reflect use of general fund authority as match to federal revenues based on prior year actual expenditures and revenue.													
1003 G/F Match (UGF)			3,185.4										
1004 Gen Fund (UGF)			-3,185.4										
<b>* Allocation Difference *</b>			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>** Appropriation Difference **</b>			-5,300.0	0.0	0.0	-5,300.0	0.0	0.0	0.0	0.0	0	0	0
<b>Medicaid Services</b>													
<b>Behavioral Health Medicaid Services</b>													
MH Trust: Administrative Services Organization	19GovAdj	Inc0TI	2,650.0	0.0	0.0	2,650.0	0.0	0.0	0.0	0.0	0	0	0
This funding is for DHSS to contract with an Administrative Service Organization for assisting to manage the behavioral health system transformation. As part of the development of the 1115 Behavioral Health System Reform effort, DHSS will explore an ASO to quality and outcomes management, provider network development,													

**2018 Legislature - Operating Budget  
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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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)**

**Behavioral Health Medicaid Services (continued)**

MH Trust: Administrative Services Organization  
(continued)

data management, utilization management, cost management, claims processing and coordination with larger Medicaid Resign efforts.

1092 MHTAAR (Other) 2,650.0

Third Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74) Fiscal Note 55 - SB74	19GovAdj	Inc	4,237.5	0.0	0.0	737.5	0.0	0.0	3,500.0	0.0	0	0	0
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The costs of implementing SB74 are anticipated to increase by \$3,500.0 in FY2019 for increased grants spending due to Medicaid Redesign Initiatives and by \$1,800.0 in FY2019 for the Administrative Service Organization Contract.

The costs of implementing SB74 are anticipated to decrease by \$250.0 due to the 1115 Consulting Contract ending in FY2018 and by another \$75.0 due to the end of the Certified Community Behavioral Health Clinic Prospective Payment Pilot.

1002 Fed Rcpts (Fed) 3,907.5

1037 GF/MH (UGF) 330.0

Third Year Omnibus Crime Law & Procedure; Corrections Ch36 SLA2016 (SB91) Fiscal Note 28 - SB91	19GovAdj	Inc	1,500.0	0.0	0.0	0.0	0.0	0.0	1,500.0	0.0	0	0	0
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By FY2019 the department will redesign the behavioral health system such that a portion of reentry center services will be billable to Medicaid.

1002 Fed Rcpts (Fed) 1,125.0

1246 RcdvsmFund (DGF) 375.0

FY2019 Medicaid Projections	19GovAdj	Inc	46,096.8	0.0	0.0	0.0	0.0	0.0	46,096.8	0.0	0	0	0
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During production of the FY2018 budget the department did not anticipate the success of the federal claiming initiatives, such as the Tribal Health program and other reform efforts, as a result existing federal appropriations do not reflect the amount of revenue anticipated by the department. Additional federal authority is needed across the Medicaid RDU to enable uninterrupted payment of provider billings. In FY 2019 the savings created by the Tribal Health program associated with increased enrollment and service delivery is projected to level out and increases in enrollment for non-Medicaid expansion are expected to slow down.

The program-wide projected general fund expenditures for FY2019 is \$691,411.5. The FY2019 state general fund projection represents the difference between FY2018 GF projected expenditures plus an additional 4.36% increase to account for population and enrollment changes.

At this time uncertainty exists as to whether the Children's Health Insurance Program (CHIP) will be reauthorized by the Federal government. If CHIP is not reauthorized the federal reimbursement rate for eligible children will decline from 88% to 50%. If reauthorization does not occur an additional \$14,028.0 in additional state general fund authority would be required in order to continue providing Medicaid services to eligible children.

As in previous fiscal years, the department continues to implement multiple strategies to help address budget



**2018 Legislature - Operating Budget  
Transaction Compare - Governor Structure  
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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Medicaid Services (continued)</b>													
<b>Behavioral Health Medicaid Services (continued)</b>													
FY2019 Medicaid Projections (continued)													
challenges, such as withholding schedule inflationary increases in certain payment rates; rate reductions for professional services; and some service reductions have succeeded in offsetting the anticipated shortfall and the projected state general fund expenditures for the state fiscal year are still less than those authorized for in earlier years.													
In FY2015 the Medicaid program covered 163,388 unique individuals in the state of Alaska. In FY2017 218,385 individuals were enrolled in the program, about 40,000 through Medicaid expansion. In FY2019 it is projected that greater than 225,000 Alaskans will be covered by Medicaid, however, through significant coordination between the legislature and department to reform and find federal funding sources for the program, the projected general fund need in FY2019 is lower than the FY2015 budget.													
	1002 Fed Rcpts (Fed)		27,353.7										
	1037 GF/MH (UGF)		18,743.1										
<b>* Allocation Difference *</b>			<b>54,484.3</b>	0.0	0.0	3,387.5	0.0	0.0	51,096.8	0.0	0	0	0

**Adult Preventative Dental Medicaid Services**

FY2019 Medicaid Projections	19GovAdj	Inc	11,354.3	0.0	0.0	0.0	0.0	0.0	11,354.3	0.0	0	0	0
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During production of the FY2018 budget the department did not anticipate the success of the federal claiming initiatives, such as the Tribal Health program and other reform efforts, as a result existing federal appropriations do not reflect the amount of revenue anticipated by the department. Additional federal authority is needed across the Medicaid RDU to enable uninterrupted payment of provider billings. In FY 2019 the savings created by the Tribal Health program associated with increased enrollment and service delivery is projected to level out and increases in enrollment for non-Medicaid expansion are expected to slow down.

The program-wide projected general fund expenditures for FY2019 is \$691,411.5. The FY2019 state general fund projection represents the difference between FY2018 GF projected expenditures plus an additional 4.36% increase to account for population and enrollment changes.

At this time uncertainty exists as to whether the Children's Health Insurance Program (CHIP) will be reauthorized by the Federal government. If CHIP is not reauthorized the federal reimbursement rate for eligible children will decline from 88% to 50%. If reauthorization does not occur an additional \$14,028.0 in additional state general fund authority would be required in order to continue providing Medicaid services to eligible children.

As in previous fiscal years, the department continues to implement multiple strategies to help address budget challenges, such as withholding schedule inflationary increases in certain payment rates; rate reductions for professional services; and some service reductions have succeeded in offsetting the anticipated shortfall and the projected state general fund expenditures for the state fiscal year are still less than those authorized for in earlier years.

In FY2015 the Medicaid program covered 163,505 unique individuals in the state of Alaska. In FY2017 218,385 individuals were enrolled in the program, about 40,000 through Medicaid expansion. In FY2019 it is projected that greater than 225,000 Alaskans will be covered by Medicaid, however, through significant coordination between the legislature and department to reform and find federal funding sources for the program, the projected general fund need in FY2019 is lower than the FY2015 budget.

**2018 Legislature - Operating Budget  
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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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
<b>Medicaid Services (continued)</b>													
<b>Adult Preventative Dental Medicaid Services (continued)</b>													
FY2019 Medicaid Projections (continued)													
			5,963.3										
			5,391.0										
			<b>11,354.3</b>	0.0	0.0	0.0	0.0	0.0	11,354.3	0.0	0	0	0
<b>* Allocation Difference *</b>													
<b>Health Care Medicaid Services</b>													
MH Trust:Quality & Cost Effectiveness	19GovAdj	IncOTI	2.5	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0	0	0
Workgroup Fiscal Note SB74													
This funding is for DHSS to hire a contractor to facilitate a workgroup with stakeholders to address quality and cost effectiveness as part of Medicaid Redesign.													
			2.5										
1092 MHTAAR (Other)													
Third Year Medicaid Reform; Telemedicine;	19GovAdj	Inc	42.4	0.0	0.0	0.0	0.0	0.0	42.4	0.0	0	0	0
Drug Database Ch25 SLA2016 (SB74)													
Fiscal Note 63 - SB 74													

SB 74 section 34 (b) allows the Department to assess interest on recoveries for audits performed under AS 47.05.200 as well as other audits and reviews conducted by the state and federal government. There is no additional cost to the department to implement interest penalties on identified overpayments, but recoveries will increase. The Department estimates it will take three years to reach the current volume of outstanding appeals subject to interest penalties. Interest penalty recoveries are calculated by taking the current amount of outstanding appeals and applying an estimated recovery percentage. The result is multiplied by the statutory rate for post-judgment interest of 3.75% and phased in over a period of three years, as shown below. Recoveries will be categorized as revenue receipts, recorded under new fund code #1247, Medicaid Monetary Recoveries.

Section 36 47.05.270 Medical assistance reform program (a) (2) of this bill requires the department to provide an electronic distribution of an explanation of medical assistance benefits to recipients for health care services received under the program. It is the intent of the department to fully implement this section of the bill through the My Alaska Portal. The department estimates that it will cost \$707.5 (90% federal/10% GF) to fully implement the electronic distribution of an explanation of medical assistance benefits in FY2017. After the initial set-up, estimated on-going costs are the concurrent user license, \$76.5, and the yearly maintenance fee, \$17.0, for a total of \$93.5 (50% federal/50% GF) annual costs.

Section 37 directs the department to implement the Primary Care Case Management system authorized under AS 47.07.030(d). This is a foundational component to other initiatives and projected savings. This system would assign Medicaid enrollees to a case manager in order to increase use of primary and preventive care, and decrease the use of specialty care and hospital services. The department proposes expansion of an existing case management contract, at \$500.0 across FY2017-2018 (50% federal/50% GF match). The contractor will case manage at \$3.85 per member per month to approximately 30,000 recipients. This approach would reduce implementation timelines.

The Prescription Drug Monitoring Program (PDMP) is an integral part of this initiative, as it is required to help prevent the misuse and abuse of opioids prescribed or administered through emergency departments. Access to the PDMP database by physicians and pharmacists could be improved if the current stand-alone system was integrated into the Health Information Exchange (HIE). The following costs are one-time in addition to \$20.0

**2018 Legislature - Operating Budget  
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<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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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)**

Third Year Medicaid Reform; Telemedicine;  
Drug Database Ch25 SLA2016 (SB74)  
(continued)

annual operating costs:  
FY2017 PDMP system and interface to the HIE is \$285.0 (90%federal/10%GF), and  
FY2017 costs to connect pharmacies is \$480.0 (90%federal/10% GF)

Section 39 (47.07.039)(C) authorizes the department to contract with one or more entities to demonstrate the use of local, provider-led coordinated care entities that agree to monitor care across multiple care settings and that will be accountable to the department for the overall cost and quality of care. This demonstration project will be implemented in three regions of the state. Planning and development would begin in FY2017, with implementation starting in FY2019. An estimated 30,000 Medicaid recipients would be enrolled to receive services through this demonstration project. For purposes of estimation, the Department assumes the entities would be reimbursed on a fee-for-service basis plus shared-savings, with the entities receiving a portion of any savings accrued to the state Medicaid program, for the first two years. The department's best estimate at this time is approximately \$1,500.0 in GF savings. The state's fiscal agent will require 3 additional staff members for the additional work in provider enrollment, claims processing, and telephone inquiries as a result of the change - increase contract by \$318.0 (50% federal/50% GF). These individuals will provide support across the primary care case management project, health homes, and the hospital emergency room project as well.

1247 MedRecover (DGF)	42.4												
FY2019 Medicaid Projections		19GovAdj	Inc	471,021.0	0.0	0.0	0.0	0.0	471,021.0	0.0	0	0	0

During production of the FY2018 budget the department did not anticipate the success of the federal claiming initiatives, such as the Tribal Health program and other reform efforts, as a result existing federal appropriations do not reflect the amount of revenue anticipated by the department. Additional federal authority is needed across the Medicaid RDU to enable uninterrupted payment of provider billings. In FY 2019 the savings created by the Tribal Health program associated with increased enrollment and service delivery is projected to level out and increases in enrollment for non-Medicaid expansion are expected to slow down.

The program-wide projected general fund expenditures for FY2019 is \$691,411.5. The FY2019 state general fund projection represents the difference between FY2018 GF projected expenditures plus an additional 4.36% increase to account for population and enrollment changes.

At this time uncertainty exists as to whether the Children's Health Insurance Program (CHIP) will be reauthorized by the Federal government. If CHIP is not reauthorized the federal reimbursement rate for eligible children will decline from 88% to 50%. If reauthorization does not occur an additional \$14,028.0 in additional state general fund authority would be required in order to continue providing Medicaid services to eligible children.

As in previous fiscal years, the department continues to implement multiple strategies to help address budget challenges, such as withholding schedule inflationary increases in certain payment rates; rate reductions for professional services; and some service reductions have succeeded in offsetting the anticipated shortfall and the projected state general fund expenditures for the state fiscal year are still less than those authorized for in earlier years.

In FY2015 the Medicaid program covered 163,505 unique individuals in the state of Alaska. In FY2017 218,385

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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
<b>Medicaid Services (continued)</b>													
<b>Health Care Medicaid Services (continued)</b>													
FY2019 Medicaid Projections (continued)													
individuals were enrolled in the program, about 40,000 through Medicaid expansion. In FY2019 it is projected that greater than 225,000 Alaskans will be covered by Medicaid, however, through significant coordination between the legislature and department to reform and find federal funding sources for the program, the projected general fund need in FY2019 is lower than the FY2015 budget.													
			1002 Fed Rcpts (Fed)	359,660.8									
			1003 G/F Match (UGF)	96,199.2									
			1004 Gen Fund (UGF)	15,151.0									
			1005 GF/Prgm (DGF)	10.0									
L		19GovAdj	Open-ended FY19 Federal Receipt Authorization for Medicaid Costs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
The department is continually making efforts to seek options to leverage federal funds to provide Medicaid services within the state and mitigate the effect of demographic changes on general fund expenditures. Though the department is confident that projections accurately reflect federal revenues, unanticipated changes may provide for opportunities to leverage additional federal receipt authority.													
L		19GovAdj	Open-ended FY19 UGF Appropriation for Flexibility Required to Respond to Medicaid Program and Demographic Changes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Over the past year the department has made considerable effort to refine and strengthen the process and methods used to project future costs in the Medicaid program. These efforts have resulted in a budget submission that the department believes accurately represents FY2019 spending. However, there is significant uncertainty regarding policy and demographic changes which may occur both at the federal level and within the state. In order to ensure the program is able to make payments to providers who provide services to eligible Medicaid beneficiaries the department requires flexibility in the appropriation.													
<b>* Allocation Difference *</b>			<b>471,065.9</b>	<b>0.0</b>	<b>0.0</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>	<b>471,063.4</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Senior and Disabilities Medicaid Services</b>													
		19GovAdj	Third Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74) Fiscal Note 57 - SB 74	11,243.1	0.0	0.0	0.0	0.0	11,243.1	0.0	0	0	0
In part, SB74 authorizes DHSS to apply for federal waivers and options to reform the Medicaid program and to assess the most cost-effective method for revising expansion coverage.													
Section 36 charges the Department with "reducing the cost of... senior and disabilities services provided to recipients of medical assistance under the state's home and community-based services waiver."													
		19GovAdj	1002 Fed Rcpts (Fed) Third Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74) Fiscal Note 57 - SB 74	11,243.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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**Numbers and Language  
Differences  
Agencies: H&SS**

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

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services (continued)</b>													
<b>Senior and Disabilities Medicaid Services (continued)</b>													
Third Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74) (continued)													
Section 36 charges the Department with "reducing the cost of... senior and disabilities services provided to recipients of medical assistance under the state's home and community-based services waiver."													
			1002 Fed Rcpts (Fed)	12,378.5									
			1003 G/F Match (UGF)	-12,378.5									
FY2019 Medicaid Projections	19GovAdj	Inc	13,658.4	0.0	0.0	0.0	0.0	0.0	13,658.4	0.0	0	0	0
During production of the FY2018 budget the department did not anticipate the success of the federal claiming initiatives, such as the Tribal Health program and other reform efforts, as a result existing federal appropriations do not reflect the amount of revenue anticipated by the department. Additional federal authority is needed across the Medicaid RDU to enable uninterrupted payment of provider billings. In FY 2019 the savings created by the Tribal Health program associated with increased enrollment and service delivery is projected to level out and increases in enrollment for non-Medicaid expansion are expected to slow down.													
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			1003 G/F Match (UGF)	13,658.4									
<b>* Allocation Difference *</b>				24,901.5	0.0	0.0	0.0	0.0	24,901.5	0.0	0	0	0
<b>** Appropriation Difference **</b>				561,806.0	0.0	0.0	3,390.0	0.0	558,416.0	0.0	0	0	0
<b>*** Agency Difference ***</b>				571,126.0	3,238.2	0.0	3,183.5	0.0	564,704.3	0.0	0	0	0
<b>**** All Agencies Difference ****</b>				571,126.0	3,238.2	0.0	3,183.5	0.0	564,704.3	0.0	0	0	0

## Column Definitions

**19Adj Base (FY19 Adjusted Base)** - FY18 Management Plan less one-time items, plus FY19 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 FY19 budget; it is the base to which the Governor's and the Legislature's increments, decrements, and fund changes are added.

**19GovAdj (FY19 Governor w/LFD Adjust)** - FY19 Governor's Request with LFD Adjustments for proposed legislation and budget actions that require a supermajority vote.