



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

FINANCE AND MANAGEMENT SERVICES
Juneau Office

P.O. Box 110650
Juneau, Alaska 99811-0650
Main: 907.465.3082
Fax: 907.465.2499

February 26, 2024

The Honorable Bryce Edgmon
House Finance Co-Chair
Alaska State Legislature
State Capitol, Room 410
Juneau, AK 99801

The Honorable Neal Foster
House Finance Co-Chair
Alaska State Legislature
State Capitol, Room 511
Juneau, AK 99801

The Honorable DeLena Johnson
House Finance Co-Chair
Alaska State Legislature
State Capitol, Room 505
Juneau, AK 99801

Dear Representatives Edgmon, Foster, and Johnson:

The Department of Health received the following questions from you on February 6, 2024 regarding the Department of Health budget overview:

Why would a division not spend all the money they have been authorized to spend?

Several factors could contribute to budget authority not being used completely.

- The time to execute contracts can take longer than anticipated resulting in the inability to obligate federal dollars in a timely manner.
- Federal authority can only be spent if an award is received from the federal government and can only be used on the project or program(s) the funds were awarded for. In some cases, the federal authority authorized in the budget exceeds the awards received. In other cases, the award requires a state match. If adequate matching funds are not available, the funds cannot be utilized. In addition, the level of spending is determined by the work performed that qualifies for the program.
- Unrestricted general funds are not spent if other funding sources are available for expenditures, such as federal receipts or interagency receipts.
- General fund program receipts (GFPR) authority can only be used if revenue is collected. Fines collected are driven by the need to issue and collections vary by year as a result. Some programs have carry-forward language written into the budget which designates that a portion of the revenue collected in one year may be carried into the following year to cover expenses in a non-renewal year. This results in unused authority in some years.
- Interagency receipt (I/A) authority and capital improvement project (CIP) receipt authority are used when a reimbursable services agreement is entered into with another state agency and the agreed upon services are rendered. If services are not needed by another state agency, revenues are not collected and the authority is not used.

- Statutory Designated Program Receipt (SDPR) authority can only be used if revenues are collected. The revenue collected can only be used for qualifying expenses.

What is the turnover rate for eligibility technicians?

From July to December 2023, the turnover rate was 4.5 percent. This does not include employees transferring within the division.

Are all tiers of seniors in the Senior Benefits Payment Program eligible for SNAP benefits?

Senior Benefits Payment Program recipients that fall in the income tier between 100 and 175 percent of the Federal Poverty Level would not be eligible for SNAP if their countable income is over 165 percent of the Federal Poverty Level.

Unlike SNAP, there is not a resource test for the Senior Benefits Payment Program. In each payment tier, there are some individuals who do not qualify for SNAP.

If the federal government pulls the federal share of administrative costs for the SNAP program, how much extra money would the state be responsible for?

The federal government pays approximately \$15 million in SNAP administrative costs per year.

Are Tribal citizens from other states eligible for Tribal reclaiming? Is there reclaiming for other federal dependents, such as military dependents who get services through state Medicaid that we can reclaim against?

Not all states participate in tribal reclaiming and participation is voluntary. Alaska's Tribal Reclaiming initiative is for Alaska Natives/American Indians who are eligible for Alaska Medicaid. Tribal citizens from other states may be included in Alaska's tribal reclaiming initiative only if they move to Alaska and are found eligible for Medicaid.

There is no reclaiming for other federal dependents. Per State Health Official Letter 16-002 from the Centers for Medicare and Medicaid (CMS), 100 percent federal funding is only for Alaska Natives/American Indians. However, the division does perform recovery from military-sponsored health insurance through Third-Party Liability recovery efforts to ensure Medicaid is the payor of last resort.

How many Public Health nurses have SHARP contracts?

SHARP contracts are three-year contracts that offer financial incentives to the employee. These contracts have been crucial in attracting and retaining talent in the most challenging-to-fill job locations. As of February 8, 2024, there are 14 SHARP participants in the Section of Public Health Nursing.

What is the strategy to fill Public Health Nursing positions?

Recruitment and Retention Focus:

- Resources have been allocated to enhance recruitment efforts. This includes improving the quality and reach of job postings, strengthening internal hiring processes, and providing a dedicated point of contact for potential applicants' inquiries for select positions.
- When possible, hard-to-fill position recruitment postings include multiple locations where applicants can work, broadening the applicant pool.

Other Retention-Specific Efforts:

- Providing one-time financial rewards and additional paid leave to staff based on longevity, offering additional incentives for those working in areas where recruitment poses exceptional challenges.
- Engaging in new and ongoing collaborations with nursing schools, both within and outside Alaska, to attract new talent to public health nursing roles with a special focus on students from Alaska communities.
- Increasing regular communication across the section and involving staff in strategic planning to enhance staff engagement.
- Selectively utilizing hybrid telework and onsite agreements to improve employees' work/life balance.

Results (July – December 2023):

- **Reduced Vacancy Rates:** There has been a decrease in staff vacancies from 31 percent to 26 percent, building on a previous reduction from nearly 40 percent.
- **New Hires:** A total of 21 new professionals have joined the Section of Public Health Nursing, bolstering the workforce.
- **Filling Critical Gaps:** The section has successfully staffed seven positions in hard-to-fill health centers, some of which had been vacant for years, thereby improving service delivery and impact.

Can non-US citizens receive public assistance? What are the eligibility requirements?

To be eligible for the Supplemental Nutrition Assistance Program (SNAP), Alaska Temporary Assistance Program (ATAP), Medicaid, Senior Benefits Payment Program, or Adult Public Assistance Program (APA), the individual must be:

- A United States citizen or US National.
- A qualified alien. Qualified aliens may be subject to limited eligibility.
- A Native American born in Canada or Mexico who has treaty rights to cross the US/Canada and US/Mexico borders.

If the individual does not qualify for Medicaid benefits, they may be eligible for limited coverage under Emergency Treatment for Aliens. This is a special category of the Medicaid program that provides coverage for aliens who do not meet the Medicaid citizenship

requirements. The following are the eligibility requirements for the Emergent Treatment for Aliens Medicaid program:

- Meet the financial and non-financial eligibility requirements for the category of Medicaid appropriate for the individual,
- Be a resident of Alaska,
- Meet the definition of an alien, and
- Have received treatment for an emergency medical condition.

A legal alien who has been in the US for less than five years and who is currently subject to the five-year waiting period for Medicaid may be eligible for Chronic and Acute Medical Assistance (CAMA) if the applicant meets all other CAMA requirements.

If you have additional questions, please contact me at 907-465-1630.

Sincerely,



Josephine Stern
Assistant Commissioner

cc: Valerie Rose, Fiscal Analyst, Legislative Finance
Laura Stidolph, Legislative Director, Office of the Governor
Tim Hess, Office of Management and Budget
Heidi Hedberg, Commissioner
Anne Zink, Chief Medical Officer
Emily Ricci, Deputy Commissioner
Renee Gayhart, Director of Division of Health Care Services
Deb Etheridge, Director of Division of Public Assistance
Lindsey Kato, Director of Division of Public Health
Raquel Solomon-Gross, Deputy Director of Finance and Management Services
Dustin Scown, Budget Manager
Courtney Enright, Legislative Liaison

Log 11897/2024