FISCAL NOTE

| STATE OF | | | | | Fiscal Note Nu | ımber: | | |
|---|---|------------------------|----------------|-------------|--|-----------------|---------------|----------|
| 2011 LEGISLATIVE SESSION | | | | | Bill Version: | | SB118 | |
| | | | | | () Publish Date | : : | | |
| | | | | | | | | |
| Identifier(file name) SB118-DHSS-MAA-04-08-11 Title Medicaid Reimbursement for Family Therapy | | | | | Dept. Affected: Health and Social Services | | | |
| Title | Medicaid F | Reimbursement for F | -amily Therap | ру | Appropriation: Allocation: | Medical Assist | th Care Servi | |
| Sponsor | | Sen. Davis | | | Allocation. | IVIEUICAI ASSIS | tance Aumini | Stration |
| Requester | | Senate HSS Comm | ittee | | OMB Compone | ent Number | 242 | |
| r toquooto. | Octiale 1100 Continuitee | | | | | | | |
| Expenditure | s/Revenues | | | (Tho | ousands of Dol | lars) | | |
| Note: Amounts | do not include inflation | unless otherwise n | oted below. | | | | | |
| | | Appropriation Required | | | Inform | nation | | |
| OPERATING E | EXPENDITURES | FY 2012 | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 |
| Personal Servi | | | | | | | | |
| Travel | | | | | | | | |
| Services | | 275.0 | 275.0 | | | | | |
| Commodities | | | | | | | | |
| Capital Outlay | | | | | | | | |
| Grants | | | | | | | | |
| Miscellaneous | | | | | | | | |
| TOT | AL OPERATING | 275.0 | 275.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| CAPITAL EXP | PENDITURES | | | | | | | |
| | 1 | <u> </u> | | | 1 | | | |
| CHANGE IN REVENUES | | | | | | | | |
| FUND SOURC | E | | | (Th | ousands of Doll | ars) | | |
| 1002 Federal F | Receipts | 137.5 | 137.5 | | | | | |
| 1003 GF Match | | 137.5 | 137.5 | | | | | |
| 1004 GF | | | | | | | | |
| 1005 GF/Progr | | | | | | | | |
| 1037 GF/Menta | | | | | | | | |
| Other (please identify) | | | | | | | | |
| | TOTAL | 275.0 | 275.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Estimate of ar | ny current year (FY201 | 11) cost: | | | | | | |
| | , , , | , | • | | - | | | |
| POSITIONS | | | I | | | 1 | | |
| Full-time | | | | | | | | |
| Part-time | | | | | | | | |
| Temporary | | | | | | | | |
| Why this fisca | al note differs from pre | evious version (if i | nitial version | , please no | te as such) | | | |
| Not cooling | hla initial | | | | | | | |
| мот арриса | ible, initial version. | | | | | | | |
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| Prepared by: | Kimberli Poppe-Smart, DHSS Deputy Commissioner Phone (907) 334-2520 | | | | 320 | | | |
| Division | Health Care Services | | | | | | | |
| | | | | | | | | . 171 |
| Approved by: | Alison Elgee, Assista | | | | | _ Date | 4/8/2011 | |
| | DHSS Finance & Mar | nagement Services | | | | _ | | |

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FISCAL NOTE

STATE OF ALASKA 2011 LEGISLATIVE SESSION

| BILL NO. | SB118 |
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Analysis:

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| The Division of Health Care Services projects a one time only cost of \$275.0 to cover programming costs in the legacy Medicaid Management Information System (MMIS) associated with providing medical assistance reimbursement for the services of licensed marital and family therapists. The division plans to use programming staff of Affiliated Computer Services (ACS), the current State of Alaska MMIS Medicaid contractor responsible for the disbursement of Medicaid payments. The programming staff of ACS have extensive experience making programming adjustments to the legacy MMIS. |
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