

Department of Health
FY23 Mid-Year Status Report

Item #	Approp / Allocation	Description	Amount / Fund Source	LFD Comment	LFD Questions	Agency Comments
1	Various	Executive Order 121	Total: \$734.9 \$733.7 I/A Rpts (Other) \$1.2 CIP Rpts (Other) 5 PFT Positions 3 TMP Positions	Through Executive Order 121, the Department of Health and Social Services (DHSS) has been divided into two distinct departments: the Department of Health (DOH) and the Department of Family and Community Services (DFCS).	Have there been unforeseen costs associated with the DHSS split? What is the status of the positions that were added to the reorganized Departmental Support Services? If a position has been filled, please provide a hire date.	Acquisition of State Equipment Fleet (SEF) vehicles was an unforeseen expense. H&SS misunderstood the allowable use of SEF credits – staff intended to utilize existing credits to acquire new vehicles; however the new departments must purchase new vehicles as the credits are only valid toward replacement of existing fleet vehicles, not for expanding the fleet. All new positions have been created and filled.
2	Behavioral Health / Behavioral Health Treatment and Recovery Grants	Transition Behavioral Health Treatment and Recovery Grants to 1115 Medicaid Waiver	(\$790.0) GF/MH (UGF)	The legislature denied the Governor's decrement, however, funding was ultimately vetoed. The Department reports that there will be no interruption in services associated with this decrement.	Have there been any interruptions to services, or loss of providers, due to this transition and corresponding loss of UGF grant funding?	There have been no interruptions in service or loss of providers due to this decrement. However due to COVID, federal funding has increased in the past few years with no guarantee that it will stay at its current level, or when or by how much it may be reduced. The loss of UGF puts meeting maintenance of effort requirements for SAMHSA mental health and substance abuse block grants in jeopardy.
3	Behavioral Health / Various	Increase Funding for Behavioral Health Grants	\$1,106.2 GF/MH (UGF)	Additional GF/MH (UGF) was added by the legislature to increase capacity for behavioral health services not billable to Medicaid. Funding is intended to be dispersed equitably among providers currently receiving behavioral health grants.	Of the additional \$859.5 GF/MH (UGF) for the Behavioral Health Treatment and Recovery Grants and \$246.7 GF/MH for Behavioral Health Prevention and Early Intervention Grants, how much has been dispersed by each of the allocations? Has the disbursement of these funds been equitable amongst the providers receiving them? Does the Department anticipate that this level of additional funding is sufficient to meet the need for these non-Medicaid-billable behavioral health services?	All \$1,106.2 of GF/MH has been dispersed. Yes, the disbursements have been equitable. The funding amount was sufficient this year because federal funding has increased, and federal grant opportunities have increased due to COVID-19.

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4	Behavioral Health / Behavioral Health Treatment and Recovery Grants	MH Trust: Crisis Now Continuum of Care Grants	\$900.0 GF/MH (UGF)	The Crisis Now model is intended to reduce the amount of law enforcement and emergency room utilization by individuals experiencing a mental health crisis. As envisioned, a crisis call center will accept calls from individuals in need of assistance and direct callers to the appropriate service. Alternatively, individuals in crisis could also be dropped off by law enforcement or walk into a local stabilization center, where available. In addition to a crisis call center, the model utilizes a Mobile Crisis Team, 23-Hour Crisis Stabilization Services, and Short-term Stabilization to create a behavioral health emergency network of services.	Please provide an update on implementation of the following: 1. Crisis Call Center 2. Mobile Crisis Team 3. 23-Hour Crisis Stabilization Services 4. Short-term Stabilization	The \$900.0 GF/MH increment went towards the crisis call center. The crisis call center successfully onboarded both the 9-8-8 crisis line (similar to 9-1-1) and additional staff to support projected increases in volume and coordination with partners in order to support crisis call center utilization. Redirecting people in crisis to the best behavioral health resource reduces overutilization of emergency departments and the criminal justice system. The call center operates 24/7 and has expanded coordination with other crisis service providers across the state. Coordination with law enforcement this fiscal year has resulted in the development of a backbone where 911 dispatchers and directly transfer a caller experiencing a behavioral health crisis to the crisis call center where they can assess a person's behavior health needs, provide support and referral to appropriate services when necessary. The 1115 Medicaid Waiver Services of Mobile Outreach and Crisis Response (MOCR), 23-Hour Crisis Observation and Stabilization (COS) and Crisis Residential and Stabilization Services (CSS) are in multiple difference phases of development across the state. All three crisis services are eligible for Medicaid reimbursement; however, in an effort to ensure statewide expansion, the division is leveraging federal funding (COVID-19 and American Rescue Plan Act Substance Abuse and Mental Health Block Grants). Currently, the Division of Behavioral Health is in the process of a competitive request for proposal (RFP) for Mobile Outreach for Adults and Youth and will award up to two grants for mobile teams.

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						continued Additionally, the Division of Behavioral Health has awarded a grant for a Crisis Residential and Stabilization program in the MatSu area. In the upcoming year, the division expects to award additional grant funding for crisis observation and stabilization services (COS) and/or crisis residential and stabilization services (CSS) services for up to two providers. In FY2023-FY2024, the Division of Behavioral Health will be organizing and implementing technical assistance for organizations around the state who have expressed an interest in providing 23-hour crisis observation and stabilization services or crisis residential and stabilization services. This training will allow the participants to explore in detail how to implement a crisis observation and stabilization services or crisis residential and stabilization services program.
5	Various	(HB 265) HEALTH CARE SERVICES BY TELEHEALTH Fiscal Note	Total: \$240.0 \$120.0 Fed Rcpts (Fed) \$120.0 GF/Match (UGF)	HB 265 (Health Care Services by Telehealth) is intended to make permanent the expanded telehealth flexibilities provided by the federal public health emergency, to expand access to telehealth services through payment parity and an expansion of the types of health care providers including behavioral health providers who can provide health care services through telehealth without an initial inperson consultation; and to specify and make permanent within state statute telehealth modalities, which are the means through which telehealth services are delivered.	Have the Health Care Services / Medical Assistance Administration and Behavioral Health / Behavioral Health Administration seen utilization of telehealth services for both non-behavioral health and behavioral health Medicaid Services as anticipated by their respective fiscal notes? Have the two new positions identified in the fiscal notes been filled? If so, please provide hire dates.	The Division of Behavioral Health is in the final stages of hiring their Public Health Informaticist 2 position. The Health Care Services (HCS) Medicaid Program Specialist 3 position from HB265 has not been filled yet. This position is currently awaiting a final disposition from Classification. HCS will interview and hire for this position as soon as the classification work is complete. HCS has initiated work with an analytics vendor to begin algorithm development for post-payment review and analysis of telehealth claims. These algorithms and post-payment review strategies and processes will be in place and ready to execute when the role is filled. These processes will undergo further revision as telehealth regulations become effective, and as other telehealth influences at the state and federal level continue to evolve.

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6	Health Care Services / Medical Assistance Administration	Transition Pilot Health Home Project to Medicaid	(\$402.0) GF/Match (UGF)	Chapter 24 SLA 2016 (SB 74) provided a pilot care coordination demonstration program using 100% GF that paid the contractor a per member/per month fee to case manage 5,000 patients. Due to differences between reporting capabilities and reporting requirements, the deliverables have been difficult to fulfill, and the Governor requested that the contract be reduced 50% in FY23 and the remainder eliminated in FY24. The legislature deleted all of the funding in FY23. The Department reports that services will be continued through the Medicaid section 1915(b) waiver.	Please provide an update on how the Department is handling the case management and reporting functions that the contractor was unable to fulfill. Is the Department still engaged with the contractor despite the full reduction of GF/Match in FY23? The current extension of the federal public health emergency (PHE) is in effect through January 11, 2023. Should the federal PHE not be extended again, is the Department prepared to transmit the required application for the 1915(b) waiver to CMS?	Please provide an update on how the Department is handling the case management and reporting functions that the contractor was unable to fulfill. Providence is still providing the essential medical services to the recipients of their home health service and Medicaid continues to pay the appropriate claims. The additional case management fee that was paid through the Transition Pilot Health Home Project to the Medicaid contract ended September 30, 2022 due in large part to a lack of data metrics to support the project. Is the Department still engaged with the contractor despite the full reduction of GF/Match in FY23? While funding was reduced in Health Care Services FY2023 budget, the contract that was in place was through September 30, 2022. Since the contract term went through the 1st Quarter of FY2023 the division had to encumber funds from the Medical Assistance Administration operating budget to fulfill our obligation. Because the division no longer has the funding for the pilot project available we did not execute the amendment; there is no contract in place for FY2023 2nd – 4th quarters forward. The current extension of the federal public health emergency (PHE) is in effect through January 11, 2023. Should the federal PHE not be extended again, is the Department prepared to transmit the required application for the 1915(b) waiver to CMS? The public health emergency was extended through April 1, 2023 and the department is still in the process of working with an actuary to provide necessary financial data to consider implementation of 1915(b).

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7	Public Assistance / Public Assistance Field Services	Delete Authority No Longer Needed for Devices	(\$215.0) GF/Match (UGF)	This reduction is associated with a reduction in core service costs resulting from the deletion of 121 positions in FY22. Items 7 and 8 are related.	Has the loss of this authority impacted the department's ability to continue operations as described under Item 8?	Operations are not dependent on device counts for the 20 temporary positions, and systems capacity and support is available for these positions.
8	Public Assistance / Public Assistance Field Services	CC: Add 20 Temp Positions to Support Application Processing (FY23-FY24)	Total: \$1,331.9 \$679.2 Fed Rcpts (Fed) \$652.7 GF/Match (UGF) 20 TMP Positions IncT	The legislature restored 20 temporary positions for FY23 and FY24 to ensure adequate support is available for potential increases in application processing associated with Medicaid redetermination and other public assistance programs. Items 7 and 8 are related.	Please provide an update on processes and/or systems still experiencing impacts from the May 2021 cyberattack. Has the Department been able to fill the 20 temporary positions restored by the legislature?	Although the department's security team is in the final phase of testing to restore the Integrated Child Care Information System, components of this system were largely restored in September 2022. In response to the cyberattack, the department shifted its focus from other division projects, which caused delays in system upgrades that would have made field/case processing more efficient. While these projects were re-prioritized with the department split, recovery is ongoing and system improvements are still delayed. As of January 2023, the 20 temporary positions have been filled.
9	Public Health / Nursing	Recruitment and Retention Bonuses	\$520.0 Gen Fund (UGF)	In addition to this recruitment and retention bonus funding for nurses, intent language was added that bonuses include \$5,000 for sign-on and \$5,000 for relocation support.	How many bonuses associated with this increment have been distributed? Are bonuses being allocated with \$5,000 for sign-on and \$5,000 for relocation (if applicable)? Are there restrictions or repayment terms that govern these bonuses?	How many bonuses associated with this increment have been distributed? • 3 moving bonuses • 18 total "sign on" disbursements have been made or are about to be made. 8 for Q3 (disbursed) and 10 obligated for Q4 and are about to be disbursed for "sign-on bonuses" (SHARP 3 Funds). These funds have gone to 10 individuals. Are bonuses being allocated with \$5,000 for sign-on and \$5,000 for relocation (if applicable)? For relocation, \$3,000 is currently being allocated but the amount may be increased in the near future. For sign-on, nurses receive \$20,000/year and other job classes receive \$7,500/year, paid in quarterly installments for up to three years.

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						continued Are there restrictions or repayment terms that govern these bonuses? Yes. Restrictions for moving bonuses: Max allowed is \$3,000 and only authorized moving expenses are allowed. It is agreed that if employment with SOA should be terminated in less than two years unless the termination is a result of death, prolonged illness, disability, or unacceptability of the applicant or employee, the undersigned will reimburse the state for an amount in accordance with the following schedule which may not be amended without the written approval of the Commissioner of the Department of Administration: • 100% if termination occurs before completing 6 months of service. • 75% if termination occurs after 6 months but before 12 months of service. • 50% if termination occurs after 12 months but before 18 months of service. • 25% if termination occurs after 18 months but before 24 months of service. • 0% if termination occurs after 24 months of service. Restrictions for sign-on/SHARP bonuses: • No more than seven weeks (35 workdays) per year may be spent away from designated employment for any reason. • The practitioner performs his or her service obligation at a SHARP-approved eligible site that is appropriate to the practitioner's discipline. • Under very rare circumstances, a practitioner may be allowed to change to another eligible and approved employer. • Recipient must provide proof of completed work quarterly. • The agreement lasts for 3 years unless terminated by the participant or employer. Additional Information: There is a Letter of Agreement in draft regarding staff retention bonuses, but nothing has been finalized.

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10	Public Health / Chronic Disease Prevention and Health Promotion	Funding to Support Statewide Dementia Awareness	\$404.5 GF/Match (UGF) 1 PFT Position	Increased GF Match to support implementation of a statewide public education dementia awareness campaign was provided through both a fiscal note HB 308 (Dementia Awareness and Healthcare Capacity) and a regular sub-committee increment as follows: HB 308 Fiscal Note \$2.5, travel \$280.0, contractual services \$2.0, commodities Increment \$120.0 and 1 PFT, Public Health Specialist II	Please provide an update to the development of a strategic plan for delivery of the statewide campaign. Has the Public Health Specialist II position been created and filled? If so, please provide a date of hire.	A contractor has been secured and currently gathering information to complete the strategic plan. Date of hire for the Public Health Specialist 2 is January 30, 2023
11	Senior and Disabilities Services / Senior and Disabilities Community Based Grants	\$1,498.2 UGF to Increase Funding to Senior and Disabilities Services Grants	n/a	Vetoed Legislative Addition - Increased grant funding to providers serving seniors and disabled individuals was intended to partially address the impacts of inflation, wage pressure, and population growth. Funding to these providers has remained relatively flat in recent years while the population they serve has been growing steadily. Additionally, corresponding intent language was added to specify that, in addition to the FY22 level of grant funding, \$586,000 of the increment be directed to the Centers for Independent Living while the remaining \$912,200 be distributed to SDS Community Based Grant recipients providing services to Alaskan seniors.	Given that wage pressure and inflation have continued to grow, what have been the impacts of this veto to senior and disabilities services providers who were already having difficulty providing services to a growing population? Have there been providers who have scaled back services, or ceased to provide services altogether?	This item was vetoed due to increases in other funding such as ARPA Senior and Disabilities Community Based grants. Since the veto, additional information has been provided regarding wage pressure, inflation, and difficulties providing services which resulted in this funding being included in the FY2024 budget.

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12	Senior and Disabilities Services / General Relief/Temporary Assisted Living	Increase Funding for General Relief / Temporary Assisted Living	\$3,418.5 Gen Fund (UGF)	This increment increases the general relief reimbursement rate from \$70.00 per day (set in 2002) to \$104.30 per day, an increase of 49%. General Relief funds are used to pay for residential services for Alaskans with highly complex behavioral health problems, cognitive impairments, and intellectual disabilities who can't afford to pay for their own care in assisted living homes and are not eligible for Medicaid. Frequently, these individuals are being referred from API, other hospitals, Department of Corrections (DOC), or the Office of Public Advocacy (OPA). Intent language and funding is intended to improve the capacity of care and reduce pressure on API, DOC, OPA, as well as impacted hospitals.	Has the 49% increase in the daily general relief reimbursement rate allowed for a greater number of would-be-eligible Alaskans to get off of the General Relief waitlist and into an appropriate placement for required services?	While there has been a waitlist in effect since March of 2019, the wait time for the last three years has averaged 7-14 days between the date of application submission to the date of benefit eligibility. The General Relief Assisted Living Home (ALH) program is drawing qualified applicants on a weekly basis, as quickly as staffing allows. The waitlist continues to be a beneficial management tool that allows the General Relief ALH program to align program enrollment with the allocated GF amount without exceeding funding levels. It is too early to assess the impact of the rate increase on waitlist draws and provider enrollment in the program, as a full year of data is needed to compare trends across previous years.
13	Departmental Support Services / Commissioner's Office	Homeless Management Information Systems	Total: \$750.0 \$375.0 Gen Fund (UGF) \$375.0 Stat Desig (Other) IncOTI	As part of the Governor's "People First Initiative," one-time funding will support the creation of a new database on homelessness which will be inclusive of the elements in the existing Homeless Management Information System database, but with additional data elements that will allow for improved services to individuals experiencing homelessness and better insight into the challenges of addressing this issue. Items 13 and 14 are related.	Has the database been created? Is it currently in use? <i>This item relates to \$155.3 UGF added in the Governor's Executive Office to support a coordinator for the initiative to address homelessness.</i>	Has the database been created? No Is it currently in use? No. The Department of Health has engaged in an environmental scan with Alaska's two Continuum of Care organizations, homelessness service providers, and existing Homelessness Management Information System (HMIS) system users to best determine the gap and need that the database funding will best serve. Once determined, the procurement process will need to be initiated which takes additional time. For this reason, the request to extend to FY2024 and FY2025 is necessary.

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14	Departmental Support Services / Commissioner's Office	Initiative to Address Homelessness	Total: \$382.3 \$46.3 Fed Rcpts (Fed) \$336.0 GF/Match (UGF) 1 PFT Position	Base funding will support one position to manage the new database on homelessness (see above item) and provide \$250.0 for additional database management. Items 13 and 14 are related.	Has this position been created and filled? If so, please provide the date of hire.	The position has been created but not filled. Currently the request to recruit has been submitted. The department is hopeful that the position will post in Workplace Alaska this month. The position will post for 21 days, at which point the interview process can begin.
15	Departmental Support Services / Commissioner's Office	Funding for Health Payment and Utilization Database for Reporting & Data Mgmt in Coordination with DCCED	Total: \$4,049.8 \$2,024.9 Fed Rcpts (Fed) \$2,024.9 GF/Match (UGF)	Funding was appropriated to the Dept. of Commerce, Community and Economic Development (DCCED) and the DOH to implement a health payment and utilization database. DCCED 1. One-time funding of \$1.5 million (UGF) to procure the database; 2. Intent language to provide a report to the legislature outlining the projected operating and capital costs for procurement, maintenance, and administration of the database. DOH 1. One-time funding of \$1,644.1 (Fed) and \$1,644.0 (GF/M) to build and validate new interfaces in the Medicaid Management Information System to meet the data collection standards created by DCCED/Division of Insurance; 2. Ongoing funding of \$380.8 (Fed) and \$380.9 (GF/M) to update the database on a continual basis; 3. Intent language that Medicaid and AlaskaCare, along with Trustees and Retirees, convert claims data to a common layout and provide that data to DCCED.	Have the data collection standards been created by DCCED for DOH to follow? If so, please provide the status of building and validating new interfaces in the Medicaid Management Information System that are required to meet these standards. <i>This item relates to \$1.5 million of Receipt Supported Services (DGF) included in DCCED's budget to procure the database.</i>	The Division of Insurance has executed a contract with Onpoint to develop this data warehouse and public facing website. Health has been involved in the vendor selection and weekly project meetings. The data standard for the warehouse is the All Payer Claims Database standard; and Health is beginning to crosswalk established Medicaid claims repositories to this standard. The project is on track to be implemented by June 2023.

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16	Various	Increase the Draw from the Individual Developmental Disabilities Waiver Waitlist in FY23	Total: \$1,741.8 \$870.9 Fed Rcpts (Fed) \$870.9 GF/Match (UGF)	To increase the draw from the Intellectual and Developmental Disabilities (IDD) waiver waitlist, funding and intent language were added to the following appropriations: Medicaid 1. \$1,741.8 (\$870.9 Fed and \$870.9 GF/M) to fund approximately 20 additional participants to the IDD waiver program in FY23; 2. Intent language that the Department should draw a minimum of 70 new individuals from the IDD waiver waitlist in FY23 and submit a waiver amendment to the Centers for Medicare and Medicaid Services to ensure costs for this increased draw are matched with federal dollars. Senior and Disability Services Intent language that the Department should develop a five-year plan, in collaboration with stakeholders, to eradicate the waitlist for the IDD waiver and to prevent waitlists for other HCBS waivers.	In FY22, the Department responded that they anticipated a total of 70 people would come off of the waitlist over the course of the fiscal year. How many individuals have come off of the waitlist so far in FY23? Does the Department anticipate that it will be able to bring the full 70 people off of the waitlist by the end of FY23?	As of January 17, 2023, 51 people have been drawn from the waitlist for the Intellectual and Developmental Disabilities (IDD) waiver. The Department anticipates that will draw at least 70 people in total by the end of FY23. The Department delivered to the legislature on December 20, 2022, a plan to eradicate the IDD waitlist over a five year period. This report was finalized after multiple internal reviews and three stakeholder webinars. It compared the cost of drawing 600+ names from the waitlist all at once to the cost of a more measured approach that included implementation of a new assessment tool and tiered service budgets, among other process improvements.
17	Medicaid Services / Medicaid Services	Funding to Support Increased Wages for Personal Care Attendants	Total: \$32,875.0 \$16,568.1 Fed Rcpts (Fed) \$16,306.9 GF/Match (UGF)	Increased funding to the Medicaid reimbursement rate is intended to provide the equivalent of a 5% increase to FY22 home-based grant amounts, plus an additional 5% for FY23. Corresponding intent language was also included to emphasize additional funding should support a 10% increase in wages for workers providing home-based and personal care attendant services through the following employer entities: 1. Home and Community Based Services; 2. Personal Care Assistants (Medicaid State Plan); 3. Community First Choice (1915 (k) waiver); and 4. Long-Term Services and Supports, Targeted Case Management.	The Department's response to the legislative intent language associated with this appropriation states that the Department communicated the legislature's intent to impacted employer entities that a portion of the additional funding should support a 10% increase in wages for workers providing home-based and personal care attendant services. Please provide an update as to whether or not the employer entities are using the additional funding as intended.	Following receipt of federal approval, the 10% legislative appropriation was put into effect on September 16, 2022, backdated to July 1, 2022. While the legislature's intent for this increased funding was that it be put toward increasing employee wages, the Department did not have a way to do that. Instead, the Department issued new Rate Charts for long term services and supports with payment rates that were 10% higher. Communications with providers included the information that the rate increases were to be dedicated to employee wage, but there is no way of mandating that, or of knowing (short of a post-payment audit of provider files) whether provider agencies followed the legislative intent.

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18	Medicaid Services / Medicaid Services	Decrement \$350.0 UGF and Add Conditional Language Relating to Abortions	(\$350.0) Gen Fund (UGF)	For several years, the legislature has consistently decremented the UGF amount expended on Medicaid abortions in the previous fiscal year. Based on that methodology, this budget cycle's decrement would have been \$120.8 UGF (the amount expended in FY21); the decrement approved this session was for a larger amount of \$350.0 UGF.	The legislative decrement of \$350.0 UGF for FY23 was nearly triple the anticipated decrement based on prior methodology. Has this decrement impacted the Department's ability to fulfill mandatory services as required under AS 47.07.030(a) or Title XIX of the Social Security Act?	There has not been an impact on the department's ability to fulfil mandatory services applicable to the this decrement.
19	Various	Cross-appropriation Transfer Authority up to \$15 million	Net Zero	\$15 million of the requested \$20 million in cross-appropriation transfer authority was approved for the new Department of Health (up to \$10 million was approved for the new Department of Family and Community Services). The exception that no funding may be transferred out of the Medicaid appropriation was also included, consistent with recent years.	Now that the split of the Department of Health and Social Services has taken place, has the \$15 million cap for cross-appropriation transfer authority with DOH (excepting the Medicaid appropriation) been sufficient to meet DOH's need for this authority?	Yes.

