

State of Alaska FY2024 Governor's Operating Budget

Department of Health

Department of Health

Mission

To promote and protect the health and well-being of Alaskans. AS 47.05.101

Priority 1. Health & Wellness Across the Lifespan

Priority 2. Health Care Access, Delivery & Value

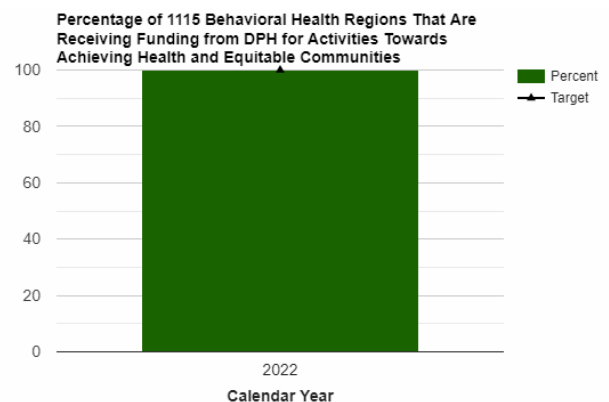
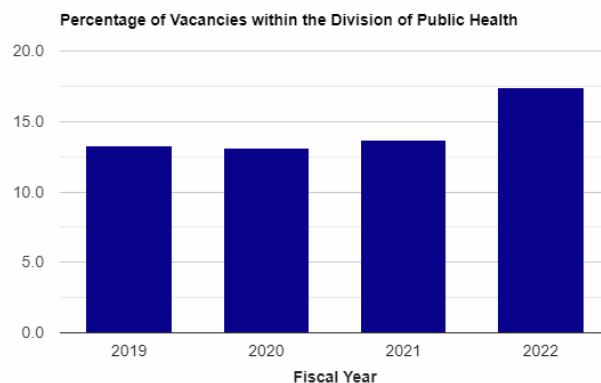
Priority 3. Safe & Responsible Individuals, Families & Communities

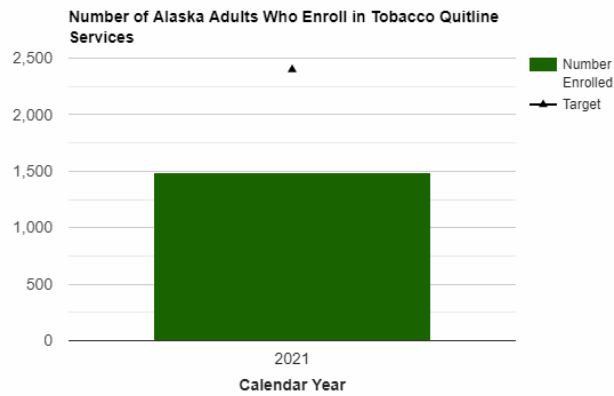
	Core Services (in priority order)	UGF	DGF	Other	Fed	Total	PFT	PPT	NP	% GF
1	Protect and promote the health of Alaskans.	556,312.8	42,737.7	38,491.6	1,526,296.5	2,163,838.6	580.1	3.6	32.0	61.4%
2	Provide quality of life in a safe living environment for Alaskans.	106,200.6	2,846.9	15,511.2	196,586.5	321,145.1	307.5	0.2	14.9	11.2%
3	Manage health care coverage for Alaskans in need.	66,620.9	668.8	2,892.8	178,790.7	248,973.1	20.3	0.2	0.8	6.9%
4	Facilitate access to affordable health care for Alaskans.	68,999.1	2,289.3	4,908.6	193,285.8	269,482.7	75.7	0.5	2.2	7.3%
5	Strengthen Alaska families.	52,335.7	925.8	12,008.1	80,146.8	145,416.5	170.1	0.1	9.2	5.5%
6	Protect vulnerable Alaskans.	65,498.0	4,082.6	15,914.6	140,907.7	226,402.9	262.5	0.5	12.5	7.1%
7	Promote personal responsibility and accountable decisions by Alaskans.	6,729.3	40.7	1,895.8	11,144.7	19,810.6	26.0	0.0	1.5	0.7%
	FY2023 Management Plan	922,696.3	53,591.8	91,622.7	2,327,158.7	3,395,069.5	1,442.0	5.0	73.0	

Measures by Core Service

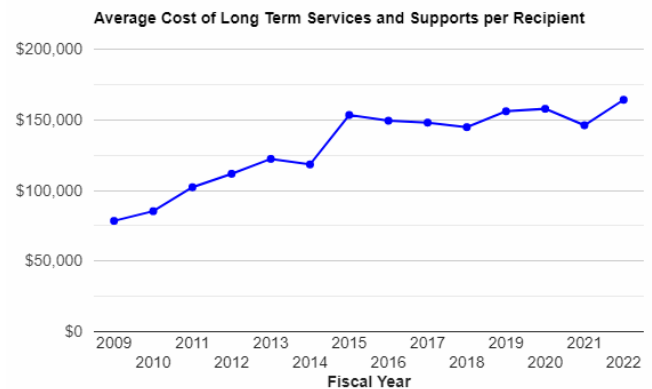
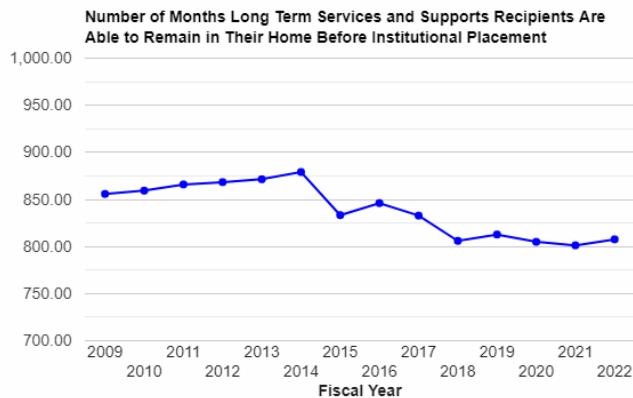
(Additional performance information is available on the web at <https://omb.alaska.gov/results>.)

1. Protect and promote the health of Alaskans.

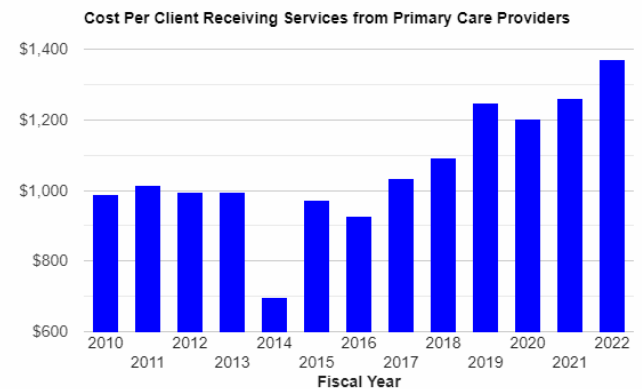
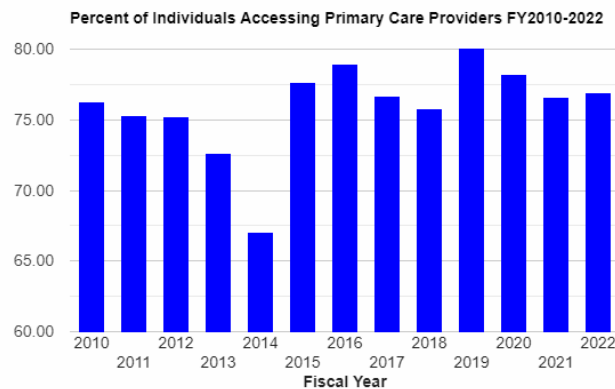




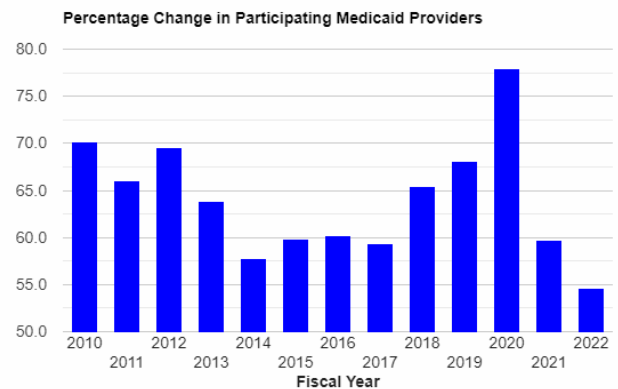
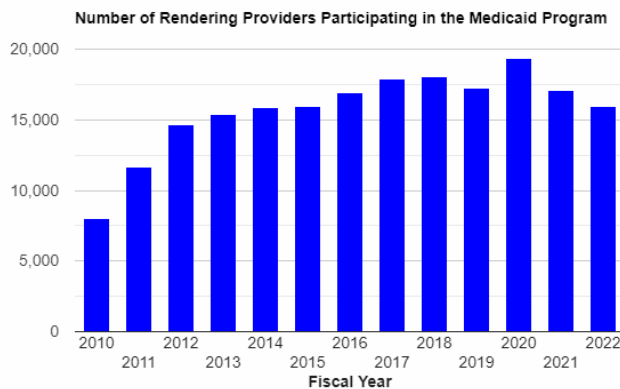
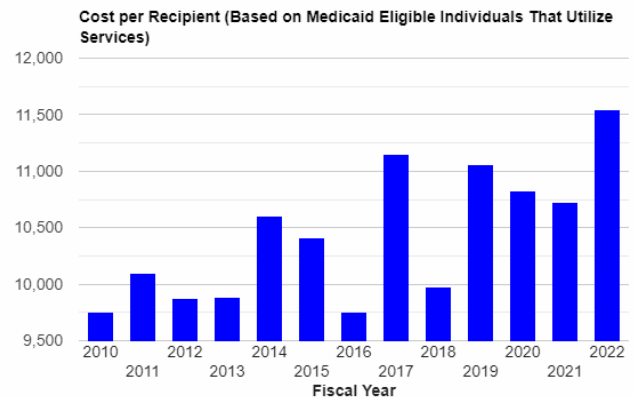
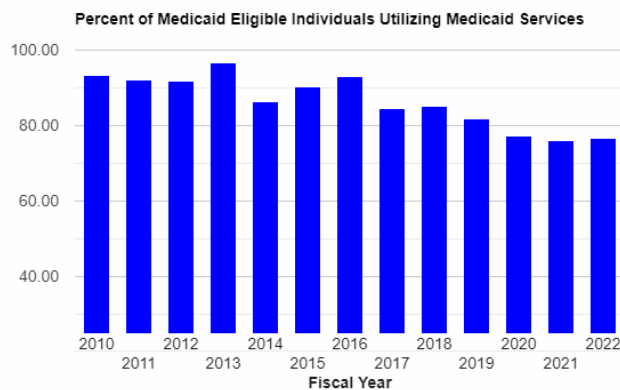
2. Provide quality of life in a safe living environment for Alaskans.



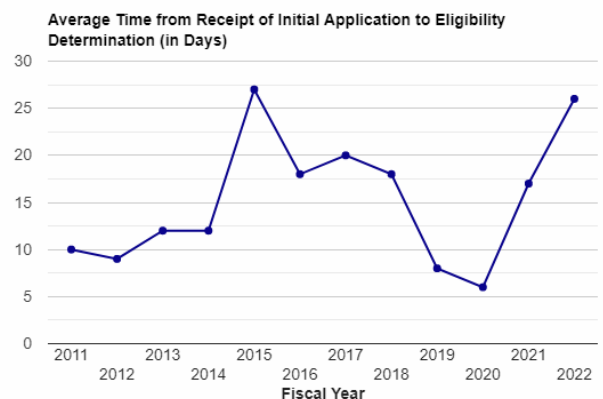
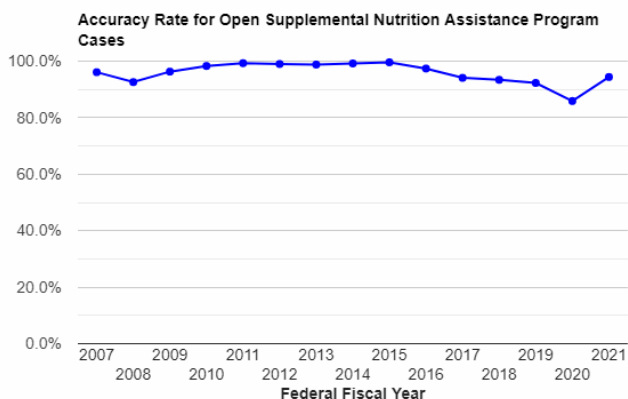
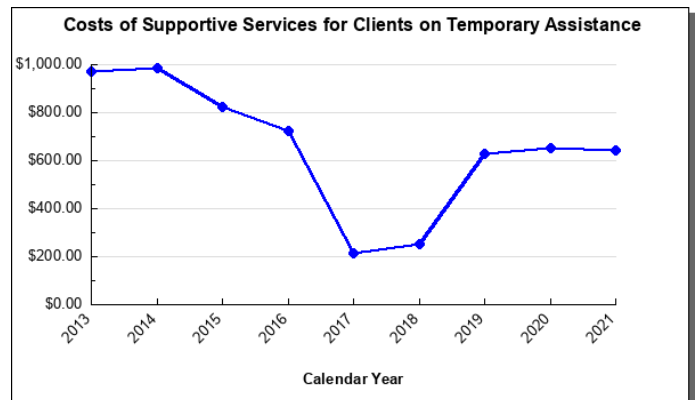
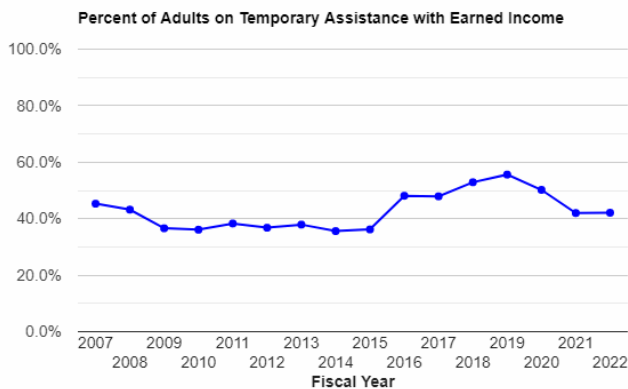
3. Manage health care coverage for Alaskans in need.



4. Facilitate access to affordable health care for Alaskans.

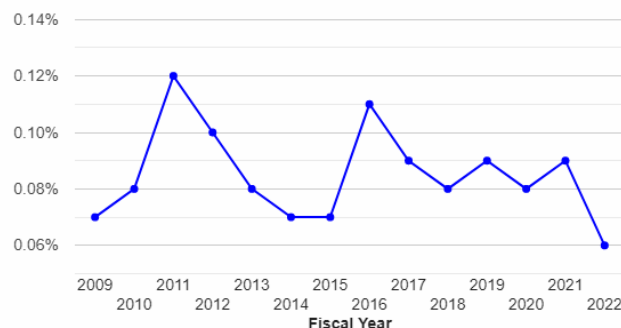


5. Strengthen Alaska families.

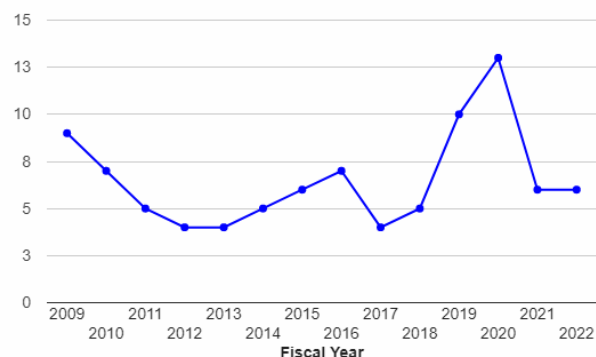


6. Protect vulnerable Alaskans.

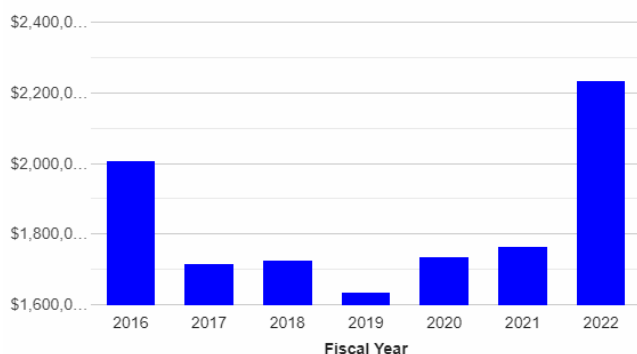
Percent of Alaska Adults with Substantiated Reports of Abuse or Neglect



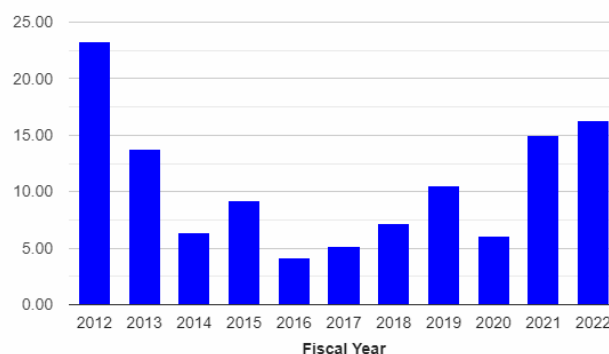
Average Number of Business Days to Initiate an Investigation



Cost of Administering Background Check Program



Average Days to Provisional Employment Eligibility



7. Promote personal responsibility and accountable decisions by Alaskans.

Program Savings Per Fraud Investigator



Major Department Accomplishments in 2022

- On March 19, 2022, Executive Order 121 became law splitting the Department of Health and Social Services into two departments: the Department of Health and the Department of Family and Community Services. The Department of Health retained oversight of health care services, payment, and public health. The Executive Order took effect on July 1, 2022, providing the department with just 104 days to split the largest department both in terms of staff and budget. All tasks that had to be completed by July 1, 2022, to bifurcate the Department of Health and Social Services were accomplished and the new departments became functional on July 1, 2022.
- The department entered FY2022 less than two months after a major cyberattack. More than a dozen systems were off-line due to being compromised by the cyberattack. Several divisions within the department had to create, train staff, and implement manual processes in short order to continue to provide services in absence of normal

operations and technology. The return to manual processes slowed service delivery and created an administrative burden for the department and its community partners. The department restored all systems and hardened its defense against an attack across the network.

- The department served as the lead agency for the COVID-19 public health response and managing the continued response. The federal Families First Coronavirus Response Act (FFCRA); the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding; and the American Rescue Plan Act (ARPA) provided significant resources to the department for health-related COVID-19 costs (i.e., testing, treatment, contact tracing, prevention, and infection control activities), and related costs associated with nutritional needs, utility assistance, Individuals with Disabilities Education Act (IDEA), child care, child abuse prevention, violence prevention, support for older Alaskans, public health workforce and infrastructure, mental health, and substance misuse. Additionally, under the FFCRA, the state continues to receive a 6.2 percent increased federal medical assistance percentage (FMAP) on Medicaid expenditures through the last day of the quarter in which the federal public health emergency terminates.
- The department has successfully implemented hybrid work schedules as appropriate for needs of specific divisions. This has also resulted in cost savings through decreasing the physical footprint needed, as hybrid work schedules permit more use of shared office space.
- The department received approval from the Centers for Medicare and Medicaid Services (CMS) to revise the Medicaid state plan – the contract between the state and federal governments governing the administration of Medicaid in Alaska – nine times in SFY2022. Amendment approvals included: a rewrite of behavioral health services to align with the 1115 demonstration waiver; the addition of licensed professional counselors to the other licensed practitioner benefit; the revision of the dental services benefit to clarify coverage and benefit limitations; the revision to reimbursement categories for peritoneal dialysis to comply with CMS requirements; the addition of Tribal Federally Qualified Health Center reimbursement in alignment with CMS guidance; the addition of CMS-mandated non-emergency medical transportation assurances; the annual revision of income limits for the aged, blind, and disabled eligibility groups; the addition of the CMS-mandated coverage of qualified clinical trial costs (both traditional and alternative benefit plan amendments); and an update to existing third-party liability parameters per CMS mandate.
- The Division of Public Health provided expertise and guidance to communities, health care systems and facilities, schools, large group gatherings, and other partners on disease mitigation strategies.
- The number of SHARP practitioners rose eight percent from calendar year 2020 to 2021 (153 versus 166). The number of SHARP practitioners is expected to top 200 in 2022.
- The Division of Public Health removed age restrictions from services at Public Health Centers. Services had been restricted in most cases to individuals under age 30 due to staffing shortages.
- Established an Office of School Health and Safety in the Division of Public Health in collaboration with the Department of Education and Early Development to strengthen the partnership, leverage resources, and build infrastructure to enhance school health and safety programs for students and families.
- The Division of Public Health established Project Gabe to prevent opioid overdoses in Alaska industry settings with an initial focus on the fishing industry. The project has distributed 250 Naloxone emergency boxes in over 13 primary fishing communities in locations such as fishing boats, processors, harbor masters, and bars.
- In an ongoing response to the coronavirus pandemic, the Division of Public Health coordinated the distribution of personal protective equipment (PPE), testing supplies, monoclonal antibodies, vaccines, and other resources to health care providers, local governmental entities, non-profit entities, tribal entities, Alaska businesses, industry sectors of Alaska, travelers to Alaska, and school districts in Alaska.
- Became and remained one of the top 10 most sequenced states in terms of SARS-CoV-2 variant tracking and situational awareness.
- The Division of Public Health disseminated monkeypox vaccine and information in coordination with communities,

health care partners, and federal agencies.

- The Division of Public Health's data team managed pandemic-related data and continued the dashboard that provides daily information, accessible to the general public on active cases, recovered cases, demographics, testing, and hospitalization utilization rates.
- The Division of Behavioral Health contracted with an outside evaluator to measure the initial outcomes of the 1115 Behavioral Health Medicaid Waiver. The evaluator found that beneficiaries treated in a facility of 16 beds or more for substance use disorder (SUD) increased by over 50 percent and that the availability of SUD providers more than doubled. Also, the evaluator found that readmissions among beneficiaries with substance use disorders declined by 10 percent.
- With the finalized regulations allowing licensed professional counselors (LPCs) to enroll as independent providers effective August 27, 2021, 13 independently licensed professional counselor agencies enrolled to provide 1115 Behavioral Health Medicaid Waiver services.
- The following services were either added or expanded as part of the 1115 Behavioral Health Waiver: American Society of Addiction Medicine (ASAM) Level 1.0, 2.1, 2.5, and 3.1 services; crisis intervention; withdrawal management; case management and intensive case management services; counseling and community support services; peer support services; adult mental health residential; and community recovery support services.
- The Division of Health Care Services' Systems and Analysis unit completed the development of several interfaces to support the federal interoperability requirements to allow members to review payments for Medicaid services through a smartphone application. The unit also added validation logic to ensure that personal care services were not paid by Alaska Medicaid unless there was a valid electronic visit verification (EVV) to align with the federal CARES Act requirement.
- The Division of Health Care Services' Pharmacy unit, through work with the Pharmacy and Therapeutics Committee (P&T) and the Drug Utilization Review (DUR) Committee, saved over \$45 million in both state and federal dollars, approximately 45 percent of which were state dollars. The unit also reimbursed community pharmacies over \$1 million throughout the federal public health emergency to support ongoing vaccine administration by pharmacists to individuals who chose to be vaccinated against COVID-19.
- The Division of Health Care Services' Accounting and Recovery unit worked directly with Medicaid recipients over age 65 to assist them with enrolling in Medicare. This encompassed successful enrollment of 237 recipients and cost avoidance of \$4 million dollars. The unit, in collaboration with the Department of Law and a third-party contractor, collected \$155 million in recoveries. This is part of the overall recovery of approximately \$580 million dollars for FY2022, an increase of almost nine percent from FY2021.
- The Division of Health Care Services' Tribal Health unit, with the assistance of the tribal health organizations and other state departments, successfully reclaimed \$74.4 million dollars for FY2022.
- The Division of Senior and Disabilities Services designed and implemented two projects under the American Rescue Plan Act for home and community based services (HCBS) to support direct support professionals (DSP).
 - (1) DSP Incentive Fund: A program to reimburse eligible HCBS providers for funds spent to incentive direct support professionals through recruitment and retention bonuses.
 - (2) DSP National Certification Program: The division partnered with the University of Alaska Trust Training Program to provide training and a stipend to a cohort of DSPs to gain certification.
- At the end of FY2021, the Alaska Legislature passed Senate Bill 89, an act relating to house rules for assisted living homes. With the Governor's signature, the bill became law in FY2022, bringing Alaska fully into compliance with federal rules regarding home and community-based Medicaid waiver settings.
- The Division of Public Assistance made enhancements and modifications to multiple systems to continue to maximize efficiencies in the distribution of work to staff using a statewide workflow model for Medicaid, Supplemental Nutrition Assistance Program (SNAP), Adult Public Assistance, Temporary Assistance for Needy Families (TANF), Senior Benefits, Low Income Home Energy Assistance Program (LIHEAP), and General Relief.

- The Division of Public Assistance awarded a contract to begin development of automated renewal functionality in the ARIES eligibility system to streamline redetermination of Medicaid eligibility.
- The Division of Public Assistance issued \$25 million in stabilization funds to childcare providers; \$14 million in supplemental payments were issued to eligible LIHEAP households; \$3.3 million in Pandemic Emergency Assistance Funds were issued to eligible TANF households; and \$365,380.2 million in SNAP, P-EBT and Emergency Allotment benefits were issued to households.
- The Department of Health continues to make progress towards the following overall objectives:
 - Integrate and coordinate services
 - Strategically leverage technology
 - Implement sound policy
 - Practice fiscal responsibility
 - Measure and improve performance

Key Department Challenges

Some of the department's challenges include:

- Continuing to implement Executive Order 121 splitting the Department of Health and Social Services into two new departments. While much of the work is completed, some tasks remain to be completed. Additionally, as the department navigates the first year post-split, it is continually assessing how the reality of the new departments may necessitate adjustments to optimize the new structures.
- Behavioral health workforce shortages, including recruitment and retention challenges, continue to be key pressure points for behavioral health providers in 2022. To assist providers as they transition to new lines of service through the 1115 Behavioral Health Medicaid Waiver, the Division of Behavioral Health granted a one-year extension of the credentialing period for Qualified Addiction Professionals (QAP) and/or Peer Support Specialists (PSS) who obtained a provisional QAP or PSS approval in calendar years 2019, 2020, and 2021.
- Administrative burden continues to be a challenge highlighted by behavioral health providers. Recently, the Division of Behavioral Health moved the monitoring of contraindicated services to a post payment review through a second level appeal process to assist with reducing the administrative burden on providers. The division will continue to assess administrative processes in FY2024.
- The System and Analysis unit in the Division of Health Care Services is challenged with continuing to meet changing Medicaid program needs while addressing procurement requirements for a system re-solicitation for the Medicaid Management Information System. The Systems and Analysis unit must simultaneously provide resources and capabilities to maintain ongoing operations, address existing system limitations, develop new, defensible contracts for system support, and move towards system technology modernization. Given the critical nature of this infrastructure, each of these items must be completed timely and accurately to avoid Medicaid service disruption.
- The Tribal Health unit in the Division of Health Care Services, through the reclaiming process, tracks the care coordination agreements and partners with the tribal health organizations to verify referrals and exchange of health records for the state to claim 100 percent federal funding. The number of referrals requested and verified by the department since the new policy was implemented through the end FY2022 was 155,991. The number for which sufficient documentation was available to validate the referral was 31,482 or 20 percent of referrals requested. The department continues to partner with the tribal health organizations to identify ways to increase the percentage of verified referrals.
- When the federally declared public health emergency draws to a close, the Quality Assurance unit in the Division of Health Care Services will be presented with challenges for navigating emergency licenses, site visits, enrollment fees, and other screening element flexibilities set aside during this time.

- The Division of Health Care Services has seen the volume of inbound Medicaid enrollment applications and subsequent revalidations continue to grow as new provider types are onboarded. The required risk-based screening elements and application throughput of the fiscal agent continue to be a challenge.
- Alaska is the state with the fastest growing senior population in the nation for the past five years, and people aged 60 or older are the fastest growing demographic in the state. People are living longer, and many are active; however, the numbers of seniors with dementia, chronic health conditions, and behavioral health needs are also increasing proportionately (State Plan for Senior Services FY2016-2019, U.S. Bureau of the Census). This results in an increased need for long-term care services and increased waiting lists for seniors who need assistance to remain in their homes.
- Developing capacity and training providers for service delivery to meet the increasing needs of the senior population in each community. Providing additional support and technical assistance to grantees, especially in rural and underserved communities.
- Availability of trained workforce to provide all home and community-based services.
- The work to protect the public health of Alaskans involves geographic, cultural, lifestyle, fiscal, and other factors. Improving population health requires an investment in upstream factors that address the conditions in places where Alaskans live, learn, work, and play. Public health approaches require long-term solutions to make generational gains. These interventions focus on changing the context to make healthy choices easier and require a widespread, long-term, competent, and collaborative commitment from a wide array of key local stakeholders.
- Public Health provides statewide leadership to ensure a qualified and available public health and health care workforce. Although health care jobs are the fastest growing occupational sector of this decade, the division and partners statewide are challenged to attract and retain highly skilled professionals. It is particularly challenging to keep scientists and highly skilled professional positions in the public health laboratories, public health nursing, and epidemiology filled. Having these types of positions vacant reduces the capacity to positively affect public health.
- The Division of Public Assistance is facing many changes in federal program policies and implementation, especially as the federally declared public health emergency is ended and benefit programs revert to normal applicant screening and certification requirements.
- The Division of Public Assistance continues to work toward ensuring an adequate supply of childcare programs are available for working families in Alaska.
- Ensuring continued progress and success of the numerous Medicaid Redesign and Reform planning and implementation efforts happening departmentwide.
- Effectively manage federal funding and the extensive reporting requirements associated with existing and COVID-19 programs.
- Ensuring continued progress to address audit findings.

Significant Changes in Results to be Delivered in FY2024

- The Department of Health is committed to creative thinking and identifying new ideas to continue critical services while reducing state spending.
- Continued reporting results for the 1115 Behavioral Health Waiver and the Behavioral Health Administrative Service Organization (ASO).
- Transition from a cost-based per diem perspective payment (volume based) system for inpatient hospital services to a diagnosis related groups (value based) system based on the intensity of services.

- Collaborate with the Department of Family and Community Services, other departments, providers, and stakeholders on complex patient placement including expanding providers who offer inpatient and outpatient services for Alaskans of all ages and abilities.

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