

# Fiscal Note

State of Alaska  
2020 Legislative Session

Bill Version:	CSHB 290(JUD)
Fiscal Note Number:	3
(H) Publish Date:	3/16/2020

Identifier: HB290-DHSS-MS-2-28-2020  
 Title: ALTERNATIVE TO ARREST: MENTAL HEALTH  
 CTR.  
 Sponsor: CLAMAN  
 Requester: (H) JUD

Department: Department of Health and Social Services  
 Appropriation: Medicaid Services  
 Allocation: Medicaid Services  
 OMB Component Number: 3234

### Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2021 Appropriation Requested	Included in Governor's FY2021 Request	Out-Year Cost Estimates					
			FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services	63.0							
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>63.0</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>

### Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	49.1							
1003 GF/Match (UGF)	13.9							
<b>Total</b>	<b>63.0</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>

### Positions

Full-time								
Part-time								
Temporary								

### Change in Revenues

None								
<b>Total</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>

**Estimated SUPPLEMENTAL (FY2020) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2021) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** N/A  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

### ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
 If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/21

### Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By:	Linnea Osborne, Manager	Phone:	(907)465-6333
Division:	FMS Medicaid; Allocation; and Audit Services	Date:	02/27/2020
Approved By:	Sana Efid, Administrative Services Director	Date:	02/28/20
Agency:	Office of Management and Budget		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2020 LEGISLATIVE SESSION**Analysis**

To implement this bill a modification of Medicaid Management Information System to add a new provider type and associated business rules would be required. The work would take an estimated 600 modification hours at a total cost of \$63.0 (with a mixed federal financial participation rate of an estimated 78 percent) and would be completed by the system contractor. Adding this provider type would not require additional staff to maintain the system changes.

No additional funding will be needed on the Grants/Benefits line for Medicaid Services component, as these services and costs are already projected and included within the current Medicaid Services budget through the 1115 Demonstration Waiver.