

**SB**

**5**

**SFIN**

**FILE**

# SENATE FINANCE COMMITTEE REPORT

DATE: 4/7/93

FURTHER: \_\_\_\_\_

DATE TURNED INTO OFFICE: \_\_\_\_\_

The Finance Committee considered **SPONSOR SUBSTITUTE FOR SENATE BILL NO. 5**

Implementing an option available under federal law to extend Medicaid eligibility to certain persons who are eligible to be institutionalized but who are not in institutions; relating to Medicaid waivers; reordering the priorities assigned to groups of persons served under the Medicaid program; efd.

*Died in SFC*

and recommends:

- replace with \_\_\_\_\_ CS \_\_\_\_\_ (FINANCE)
- or  adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- attaches amendment(s)

- same title
- new title
- technical title change (HB only)

adopts \_\_\_\_\_ Letter of Intent

further referral to the \_\_\_\_\_

- do pass
- do not pass
- no recommendation
- individual recommendations

### NEW FISCAL NOTES

Department	Date	Zero	Fiscal

### PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

**DO PASS.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER RECOMMENDATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. \_\_\_\_\_  
Co-Chair: Signature/Recommendation

2. \_\_\_\_\_  
Co-Chair: Signature/Recommendation

# SENATE COMMITTEE REPORT

DATE: 3/25/93

FURTHER: FINANCE

*Jan*

DATE TURNED INTO OFFICE: 4-7-93

STATE AFFAIRS Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 5  
*Medicaid for Certain Disabled Children*  
 Implementing an option available under federal law to extend Medicaid eligibility to certain persons who are eligible to be institutionalized but who are not in institutions; relating to Medicaid waivers; reordering the priorities assigned to groups of persons served under the Medicaid program; e'f'd.

and recommends:

*may  
omit*

- replace with \_\_\_\_\_ CS \_\_\_\_\_
- or  adopt previous \_\_\_\_\_ CS SS SB 5 (HES)
- attaches amendment(s)

- same title
- new title
- technical title change (HB only)

*do pass*

- adopts \_\_\_\_\_ Letter of Intent
- further referral to the \_\_\_\_\_

- do pass
- do not pass
- no recommendation

*4 p FOI's*

individual recommendations

NEW FISCAL NOTES *previous*

Department	Date	Zero	Fiscal
CS(HES) DHSS-Medicaid	4-6-93		115.7
CS(HES) DHSS-Facilities	4-6-93		499.6
CS(HES) DHSS-Eligibility	4-6-93		55.8
CS(HES) DHSS-Claims	4-6-93		25.1

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

**DO PASS:**

*John Ellis*  
*Robin L. Taylor*

**OTHER RECOMMENDATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Loren A. Leman*  
 Chair: Signature and Recommendation

**SENATE COMMITTEE REPORT**  
FIRST COMMITTEE OF REFERRAL

*Jan*

DATE: 1/11/93  
3/19/93--SS intro

FURTHER: STATE AFFAIRS  
FINANCE

Date of 5-Day Notice: 3/18/93  
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 3/25/93

HES Committee considered SSSB 5  
*Medicaid for certain disabled children*

Implementing an option available under federal law to extend Medicaid eligibility to certain persons who are eligible to be institutionalized but who are not in institutions; relating to Medicaid waivers; reordering the priorities assigned to groups of persons served under the Medicaid program; efd.  
*and recommends it be replaced with*

and recommends:

replace with \_\_\_\_\_ CS SSSB 5 (HES)

- same title
- new title
- technical title change (HB only)

attaches amendment(s) \_\_\_\_\_ and do pass

adopts \_\_\_\_\_ Letter of Intent

further referral to the \_\_\_\_\_

do pass

do not pass

no recommendation

individual recommendations

*HES*

**FISCAL NOTE INFORMATION**

Department	Date	Zero	Fiscal
<i>SSSB/CS</i> DHSS	<i>3/23/93</i>		<i>1,165.7</i>
<i>" / "</i> DHSS	<i>3/23/93</i>		<i>499.6</i>
<i>" / "</i> DHSS	<i>3/23/93</i>		<i>55.8</i>
<i>14/11</i> DHSS	<i>3/23/93</i>		<i>25.1</i>

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

Governor's Bill with Previous Fiscal Notes (enter information above)

**DO PASS:**

*Miller*  
*Dun*  
*Bel*  
*Solo*  
*Fern*  
*Sharp*  
*Dr. Pass*

**OTHER RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chair: Signature and Recommendation

ALASKA STATE LEGISLATURE  
SENATE BILL NO. 5

HISTORY IN THE SENATE

1993  
1/11  
3/19  
3/25  
4/7

Read first time and referred to:  
HES STA FIN  
SS intro: HES STA FIN

RPT(  ) CS 7 DP NR DNP AM  
New Title Same Title Previous FN  
4 FN OFN To STA

STA RPT(  ) CS 3 DP NR DNP AM  
New Title Same Title 4  Previous FN  
FN OFN To FIN

RPT( ) CS DP NR DNP AM  
New Title Same Title Previous FN  
FN OFN To

Rules Calendar( ) CS AM Other  
New Title Same Title Previous FN  
FN OFN

Read second time

CS Adopted ( ) New Title  
Amended Advanced

Read third time

Letter of Intent adopted  
Return to second for specific amendment

PASSED EFD Same \_\_\_ or  
Yeas Yeas  
Nays Nays  
Excused Excused  
Absent Absent

Reconsideration  
Reconsideration not taken up

PASSED EFD Same \_\_\_ or  
Yeas Yeas  
Nays Nays  
Excused Excused  
Absent Absent

Reported correctly engrossed  
Signed by President, to House

Secretary of the Senate

HISTORY IN THE HOUSE

19

Read first time and referred to:

RPT CS( ) New Title  
DP DNP NR AM  
FN OFN Previous FN

RPT CS( ) New Title  
DP DNP NR AM  
FN OFN Previous FN

RPT CS( ) New Title  
DP DNP NR AM  
FN OFN Previous FN

Read second time  
CS( ) Adopted

Amended

Advanced

Read third time

Return to second for specific amendment

PASSED EFD Same \_\_\_ or  
Yeas Yeas  
Nays Nays  
Excused Excused  
Absent Absent

Intent adopted

Reconsideration  
Reconsideration not taken up

PASSED ON RECON. EFD Same \_\_\_ or  
Yeas Yeas  
Nays Nays  
Excused Excused  
Absent Absent

Intent adopted

Reported correctly engrossed, signed by the Speaker  
and returned to the Senate

Chief Clerk of the House

**SENATE-HOUSE HISTORY Continued**

<b>19</b>	<p>Received from the House Version: _____</p> <p>Concur in House amendment Y ___ N ___ E ___ A ___ _____ Efd same or Y ___ N ___ E ___ A ___</p> <p>Failed to concur in House amendment, ask House recede Y ___ N ___ E ___ A ___</p> <p>House failed to / receded from amendment Y ___ N ___ E ___ A ___</p> <p>CC appointed by Senate _____ Chair _____</p> <p>CC appointed by House _____ Chair _____</p> <p>(S) Granted Limited Powers of Free Conference</p> <p>(H) Granted Limited Powers of Free Conference</p>
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<b>19</b>	<p>(S) Adopted CC Rpt _____ Y ___ N ___ E ___ A ___ _____ Efd same or Y ___ N ___ E ___ A ___</p> <p>(H) Adopted CC Rpt _____ Y ___ N ___ E ___ A ___ _____ Efd same or Y ___ N ___ E ___ A ___</p> <p>To enrolling Received from enrolling Sent to Governor</p> <p>_____ By Governor</p> <p>Chapter Number _____</p> <p>Filed with Lieutenant Governor</p>
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# FISCAL NOTE

No. 4

**STATE OF ALASKA**  
**1993 LEGISLATIVE SESSION**

B1 Bill Version: SSSB 5  
(S) Publish Date: 3-25-93

Revision Date: 3/19/93 Dept. Affected: Health and Social Services  
 Title: An Act relating to Medicaid eligibility of persons eligible to be institutionalized ... BRU: Medical Assistance  
 Component: Medicaid Non-Facility  
 Sponsor: Ellis, Salo, Lincoln, Duncan  
 Requestor: Senate HESS Committee COMPONENT SERIAL NO. 229

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	1,165.7	692.2	0.0	0.0	0.0	0.0
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>1,165.7</b>	<b>692.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL						
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REVENUE FUND SOURCE						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts	582.8	346.1	0.0	0.0	0.0	0.0
1003 GF Match	582.9	346.1	0.0	0.0	0.0	0.0
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>1,165.7</b>	<b>692.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME	0	0	0
PART-TIME	0	0	0
TEMPORARY	0	0	0

Changes in SSSB 5 HES reflect NO FISCAL CHANGE from the original fiscal note. This fiscal note is appropriate.  
3/25/93 *kh*

Estimate of current year (FY93) impact: 0.0

**ANALYSIS:** (Attach a separate page if necessary)  
 The fiscal impact of this bill results from adding new Medicaid recipients. Cost calculations are shown on attached page. Cost per recipient and number of new recipients are taken from home and community-based services waiver applications and supporting documents.

The Department of Health and Social Services has submitted a budget amendment for Medicaid home and community-based service waivers. Some of the cost impact of SB 5 would be increased if that amendment is not fully funded.

The Department has limited experience identifying children living in the community who need an institutional level of care. Any variance with the predicted number of those eligible will impact costs.

Prepared by: Kimberly B. Busch  
 Division: Division of Medical Assistance

Phone: 465-3355  
 Date: 03/22/93

Approved by Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health & Social Services

Date: 3/23/93

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## ANALYSIS (cont.):

Cost Estimate (thousands of dollars)

## FY 94:

FY 94 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$102.2
Number of new recipients, not on waivers, in FY 94 needing hospital or NF level of care:	21
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$102.2 \times 21 \times 50\% =$	<u>\$1,073.1</u>

FY 94 Medicaid service costs per recipient needing ICF/MR level of care:	\$32.9
Number of new recipients, not on waivers, in FY 94 needing ICF/MR level of care:	36
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$32.9 \times 36 \times 50\% =$	<u>\$592.2</u>

Total FY 94 cost of Medicaid services for all new recipients:	
$\$1,073.1 + \$592.2 =$	<u>\$1,665.3</u>

## Component Breakout:

Medicaid Non-Facility (70 percent of total costs)	\$1,165.7
Medicaid Facility (30 percent of total costs)	\$499.6

## FY 95

FY 95 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$111.1
Number of new recipients, not on waivers, in FY 95 needing hospital or NF level of care:	6
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$111.1 \times 6 \times 100\% =$	<u>\$666.6</u>

FY 95 Medicaid service costs per recipient needing ICF/MR level of care:	\$35.8
Number of new recipients, not on waivers, in FY 95 needing ICF/MR level of care:	9
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$35.8 \times 9 \times 100\% =$	<u>\$322.2</u>

Total FY 95 cost of Medicaid services for all new recipients:	
$\$666.6 + \$322.2 =$	<u>\$988.8</u>

## Component Breakout:

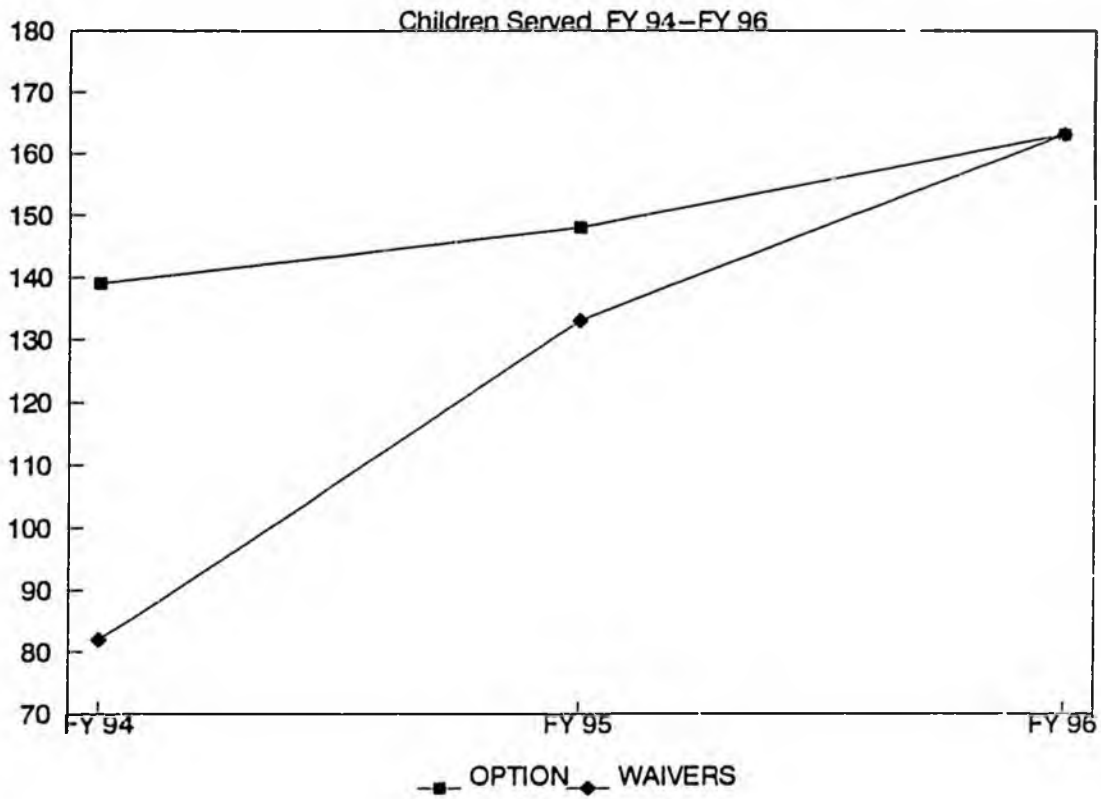
Medicaid Non-Facility (70 percent of total costs)	\$692.2
Medicaid Facility (30 percent of total costs)	\$296.6

## FY 96 – FY 99:

It is assumed that all new eligibles covered under this bill in FY 96 or after would receive coverage under waivers if this bill did not pass.

ANALYSIS (cont.):

### WAIVERS AND OPTIONS



# FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

No. 3  
Bill Version: SSSB 5  
(S) Publish Date: 3-25-93

Revision Date: 3/19/93 Dept. Affected: Health and Social Services  
 Title: An Act relating to Medicaid eligibility of persons eligible to be institutionalized ... BRU: Medical Assistance  
 Component: Medicaid Facilities  
 Sponsor: Ellis, Salo, Lincoln, Duncan  
 Requestor: Senate HESS Committee COMPONENT SERIAL NO. 230

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	499.6	296.6	0.0	0.0	0.0	0.0
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>499.6</b>	<b>296.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL						
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REVENUE FUND SOURCE						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts	249.8	148.3	0.0	0.0	0.0	0.0
1003 GF Match	249.8	148.3	0.0	0.0	0.0	0.0
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>499.6</b>	<b>296.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME	0		
PART-TIME	0		
TEMPORARY	0		

date Comte Aide (initial)

Changes in SSSB 5 (HESS) reflect NO FISCAL CHANGE from the original fiscal note. This fiscal note is appropriate.  
 date 3/25/93 Comte Aide (initial) hb

Estimate of current year (FY93) impact: 0.0

**ANALYSIS:** (Attach a separate page if necessary)

The fiscal impact of this bill results from adding new Medicaid recipients. Cost calculations are shown on attached page. Cost per recipient and number of new recipients are taken from home and community-based services waiver applications and supporting documents.

The Department of Health and Social Services has submitted a budget amendment for Medicaid home and community-based service waivers. Some of the cost impact of SB 5 would be increased if that amendment is not fully funded.

The Department has limited experience identifying children living in the community who need an institutional level of care. Any variance with the predicted number of those eligible will impact costs.

Prepared by: Kimberly B. Busch  
 Division: Division of Medical Assistance

Phone: 465-3355  
 Date: 03/22/93

Approved by Commissioner: Theodore A. Mala, M.D., MPH  
 Agency: Department of Health & Social Services

Date: 3/23/93

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**ANALYSIS (cont.):****Cost Estimate (thousands of dollars)****FY 94:**

FY 94 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$102.2
Number of new recipients, not on waivers, in FY 94 needing hospital or NF level of care:	21
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$102.2 \times 21 \times 50\% =$	<u>\$1,073.1</u>

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Total FY 94 cost of Medicaid services for new recipients needing ICF/MR level of care:	
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Total FY 94 cost of Medicaid services for all new recipients:	
$\$1,073.1 + \$592.2 =$	<u>\$1,665.3</u>

**Component Breakout:**

Medicaid Non-Facility (70 percent of total costs)	\$1,165.7
Medicaid Facility (30 percent of total costs)	\$499.6

**FY 95**

FY 95 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$111.1
Number of new recipients, not on waivers, in FY 95 needing hospital or NF level of care:	6
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$111.1 \times 6 \times 100\% =$	<u>\$666.6</u>

FY 95 Medicaid service costs per recipient needing ICF/MR level of care:	\$35.8
Number of new recipients, not on waivers, in FY 95 needing ICF/MR level of care:	9
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$35.8 \times 9 \times 100\% =$	<u>\$322.2</u>

Total FY 95 cost of Medicaid services for all new recipients:	
$\$666.6 + \$322.2 =$	<u>\$988.8</u>

**Component Breakout:**

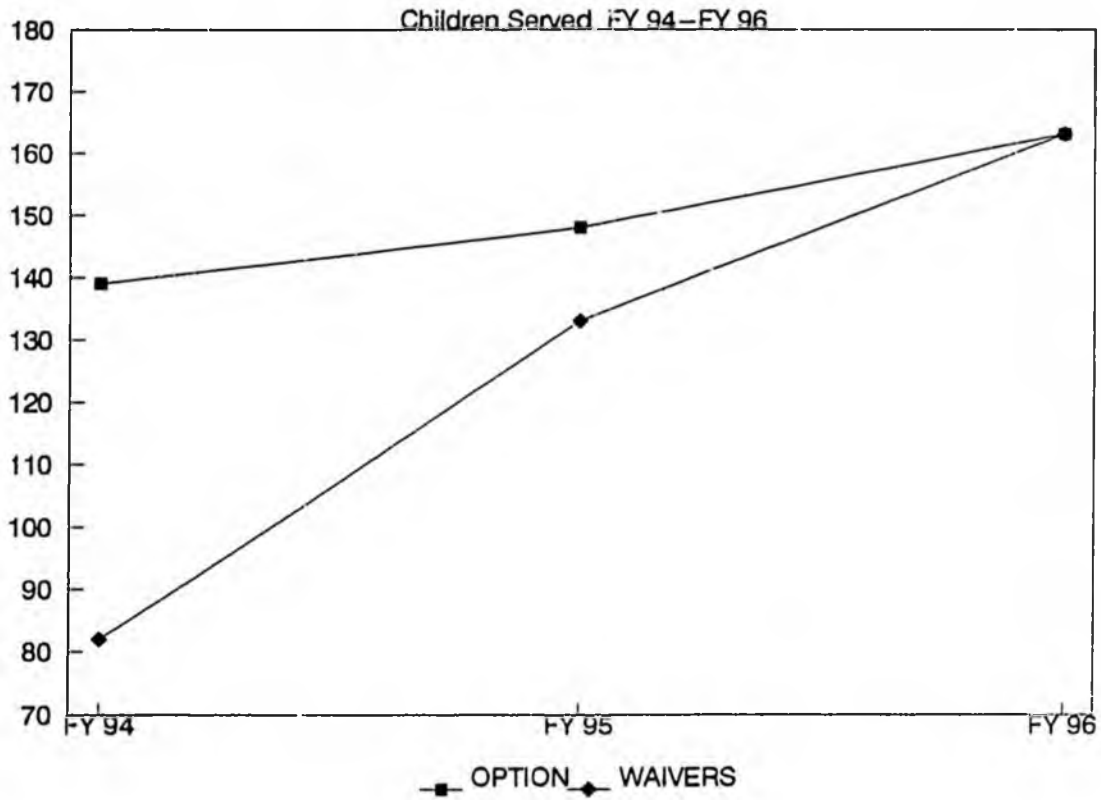
Medicaid Non-Facility (70 percent of total costs)	\$692.2
Medicaid Facility (30 percent of total costs)	\$296.6

**FY 96 – FY 99:**

It is assumed that all new eligibles covered under this bill in FY 96 or after would receive coverage under waivers if this bill did not pass.

ANALYSIS (cont.):

### WAIVERS AND OPTIONS



Position Title <b>Eligibility Technician II</b>		No. of Positions 1	Range/Step 14B	Bargaining Unit GGU
Time Status PFT	Staff Months 12.0	Location Anchorage		Election District House 15
<b>TYPE of EXPENDITURE</b>		<b>AMOUNT</b>		
Salary		32.8		
Benefits		14.0		
Premium Pay				
Other				
<b>Total Personal Services</b>		<b>46.8</b>		
Travel				
Contractual		5.0		
Commodities		0.5		
Equipment		3.5		
Other				
<b>Total Cost</b>		<b>55.8</b>		
<b>FUNDING SOURCE for TOTAL COST</b>				
1002	Federal Receipts	27.9		
1003	GF Match	27.9		
1004	General Fund			
1005	GF/Program Receipts			
1006	GF/Mental Health Trust			
1007	I/A Receipts			
1061	CIP Receipts			
Other				
<p>Justification</p> <p>Sponsor Substitute for Senate Bill No. 5 expands Medicaid eligibility to cover severely disabled children in home and community-based care. The Division of Medical Assistance estimates that 139 disabled children who do not currently receive Medicaid would become eligible in FY94 under SSSB 5 and the Governor's amended budget. This caseload would grow to 148 in FY95 and 163 in FY96.</p> <p>Additional public assistance field eligibility staff would be required to process applications and maintain Medicaid cases for these additional clients. One additional Eligibility Technician I/II would be necessary to cover the increased caseload.</p>				

**REQUEST for  
NEW POSITION**

AGENCY: Health and Social Services  
 BRU: Public Assistance Administration  
 COMPONENT: Eligibility Determination (270)

**FY94**

Page 1 of 1  
 Revised Date:

FISCAL NOTE

No. 2

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

Bill Version: SSSB 5  
(S) Publish Date: 3-25-93

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
Title: An Act relating to Medicaid eligibility BRU: Public Assistance Administration  
Component: Eligibility Determination  
Sponsor: Ellis  
Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 270

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	46.8	48.2	49.7	51.1	52.7	54.3
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	5.0	5.0	5.0	5.0	5.0	5.0
SUPPLIES	0.5	0.5	0.5	0.5	0.5	0.5
EQUIPMENT	3.5	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL OPERATING</b>	<b>55.8</b>	<b>53.7</b>	<b>55.2</b>	<b>56.6</b>	<b>58.2</b>	<b>59.8</b>

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE FUND SOURCE	0	0	0	0	0	0
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FUNDING:

(Thousands of Dollars)

1002 Federal Receipts	27.9	26.8	27.6	28.3	29.1	29.9
1003 GF Match	27.9	26.9	27.6	28.3	29.1	29.9
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1006 GF/MHTIA	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL</b>	<b>55.8</b>	<b>53.7</b>	<b>55.2</b>	<b>56.6</b>	<b>58.2</b>	<b>59.8</b>

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY						

Estimate of current year (FY93) impact:

Changes in SSSB5 (HES) reflect NO FISCAL CHANGE from the original fiscal note. This fiscal note is appropriate.

3/25/93 bh

ANALYSIS: (Attach a separate page if necessary)

SSSB5 expands Medicaid eligibility to cover severely disabled children in home and community-based care. The Division of Medical Assistance estimates that 139 disabled children who do not currently receive Medicaid would become eligible in FY94 under SSSB5 and the Governor's amended budget. This caseload would grow to 148 in FY95 and 163 in FY96.

Additional public assistance field eligibility staff would be required to process applications and maintain Medicaid cases for these additional clients. One additional Eligibility Technician I/II would be necessary to cover the increased caseload.

Prepared by: Jan L. Hansen, Director  
Division: Division of Public Assistance

Phone: 465-2680  
Date: 3/23/93

Approved by Commissioner: Theodore A. Mala, MD, MPH  
Agency: Department of Health & Social Services

Date: 3/23/93

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# FISCAL NOTE

No. 1

**STATE OF ALASKA  
1993 LEGISLATIVE SESSION**

Bill Version: SSSB 5

(C) Publish Date: 3-25-93

Revision Date: 03/19/93 Dept. Affected: Health and Social Services  
 Title: An Act relating to Medicaid eligibility of persons eligible to be institutionalized ... BRU: Medical Assistance Administration  
 Sponsor: Ellis, Salo, Lincoln, Duncan Component: Claims Processing  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 243

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	25.1	9.0	0.0	0.0	0.0	0.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>25.1</b>	<b>9.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL						
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REVENUE FUND SOURCE						
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**FUNDING:** (Thousands of Dollars)

1002 Federal Receipts	12.5	4.5	0.0	0.0	0.0	0.0
1003 GF Match	12.6	4.5	0.0	0.0	0.0	0.0
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>25.1</b>	<b>9.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

date 3/25/93 Comte Aide (initial) hds  
 Changes in SSSB 5 (HES) reflect NO FISCAL CHANGE from the original fiscal note. This fiscal note is appropriate.  
 date 3/25/93 Comte Aide (initial) \_\_\_\_\_

Estimate of current year (FY93) impact \_\_\_\_\_

**ANALYSIS:** (Attach a separate page if necessary)  
 The fiscal impact of this bill results from an increase in claims processing charges due to increasing new recipients. Cost calculations are shown on the attached page. In addition, FY 94 impact include one-time changes to the Medicaid Management Information System to add a new category of eligibility.  
 The Department of Health and Social Services has submitted a budget amendment for Medicaid home and community-based service waivers. Failure to fully fund this amendment would increase the cost of SB 5.

Prepared by: Kimberly B. Busch  
 Division: Division of Medical Assistance

Phone: 465-3355  
 Date: 03/22/93

Approved by Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health & Social Services

Date: 3/23/93

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**ANALYSIS (cont.):**

Cost Estimate (thousands of dollars)

**FY 94:**

Number of new recipients in FY 94:	57
x claims processing charges per recipient	\$0.6
Percent of time in FY 94 recipients are covered	50%

FY 94 claims processing charges (57x\$0.6x50%) \$17.1

One-time MMIS modification costs \$8.0

Total FY 94 Claims Processing \$25.1

**FY 95:**

Number of new recipients in FY 95:	15
x claims processing charges per recipient	\$0.6

Total FY 95 Claims Processing (15 x \$0.6) \$9.0

# FISCAL NOTE

**STATE OF ALASKA**  
**1993 LEGISLATIVE SESSION**

**BILL NO. CS SS SB 5 (HES)**

Revision Date: 03/29/93 Dept. Affected: Health and Social Services  
 Title: An Act relating to Medicaid eligibility of persons eligible to be institutionalized ... BRU: Medical Assistance  
 Component: Medicaid Non-Facility  
 Sponsor: Ellis, Salo, Lincoln, Duncan  
 Requestor: Senate State Affairs Committee COMPONENT SERIAL NO. 229

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	1,165.7	692.2	0.0	0.0	0.0	0.0
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>1,165.7</b>	<b>692.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL</b>						
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<b>REVENUE FUND SOURCE</b>						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts	582.8	346.1	0.0	0.0	0.0	0.0
1003 GF Match	582.9	346.1	0.0	0.0	0.0	0.0
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>1,165.7</b>	<b>692.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY93) impact: 0.0

**ANALYSIS:** (Attach a separate page if necessary)

The fiscal impact of this bill results from adding new Medicaid recipients. Cost calculations are shown on attached page. Cost per recipient and number of new recipients are taken from home and community-based services waiver applications and supporting documents.

The Department of Health and Social Services has submitted a budget amendment for Medicaid home and community-based service waivers. The cost of serving new eligibles who would also be covered under a waiver is not included in this fiscal note. Some of the cost impact of SB 5 would be increased if that amendment is not fully funded.

The Department has limited experience identifying children living in the community who need an institutional level of care. Any variance with the predicted number of those eligible will impact costs.

Prepared by: Kimberly B. Busch  
 Division: Division of Medical Assistance

Phone: 465-3355  
 Date: 04/02/93

Approved by Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health & Social Services

Date: 4/6/93

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**ANALYSIS (cont.):****Cost Estimate (thousands of dollars)****FY 94:**

FY 94 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$ 102.2
Number of new recipients, not on waivers, in FY 94 needing hospital or NF level of care:	21
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$102.2 \times 21 \times 50\% =$	<u>\$1,073.1</u>

FY 94 Medicaid service costs per recipient needing ICF/MR level of care:	\$32.9
Number of new recipients, not on waivers, in FY 94 needing ICF/MR level of care:	36
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$32.9 \times 36 \times 50\% =$	<u>\$592.2</u>

Total FY 94 cost of Medicaid services for all new recipients:	
$\$1,073.1 + \$592.2 =$	<u>\$1,665.3</u>

**Component Breakout:**

Medicaid Non-Facility (70 percent of total costs)	\$1,165.7
Medicaid Facility (30 percent of total costs)	\$499.6

**FY 95**

FY 95 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$111.1
Number of new recipients, not on waivers, in FY 95 needing hospital or NF level of care:	6
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$111.1 \times 6 \times 100\% =$	<u>\$666.6</u>

FY 95 Medicaid service costs per recipient needing ICF/MR level of care:	\$35.8
Number of new recipients, not on waivers, in FY 95 needing ICF/MR level of care:	9
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$35.8 \times 9 \times 100\% =$	<u>\$322.2</u>

Total FY 95 cost of Medicaid services for all new recipients:	
$\$666.6 + \$322.2 =$	<u>\$988.8</u>

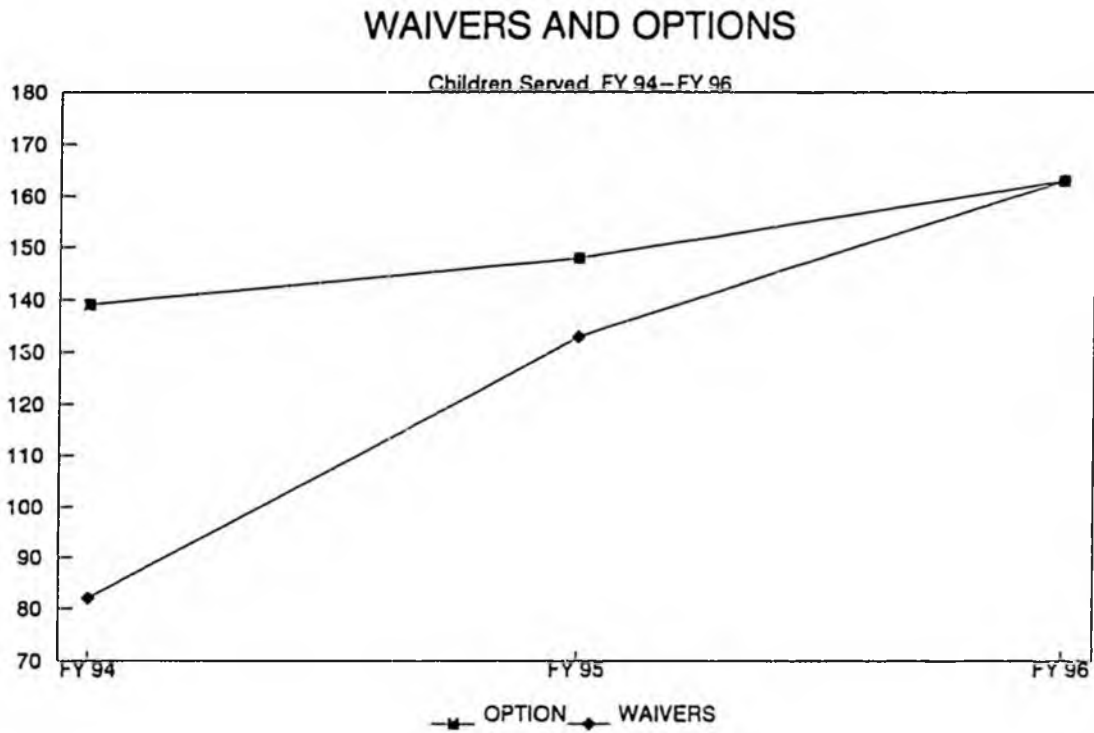
**Component Breakout:**

Medicaid Non-Facility (70 percent of total costs)	\$692.2
Medicaid Facility (30 percent of total costs)	\$296.6

**FY 96 – FY 99:**

It is assumed that all new eligibles covered under this bill in FY 96 or after would receive coverage under waivers if this bill did not pass.

ANALYSIS (cont.):



# FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. CS SS SB 5 (HES)

Revision Date: 03/29/93 Dept. Affected: Health and Social Services  
 Title: An Act relating to Medicaid eligibility of persons eligible to be institutionalized ... BRU: Medical Assistance  
 Component: Medicaid Facilities  
 Sponsor: Ellis, Salo, Lincoln, Duncan  
 Requestor: Senate State Affairs Committeec COMPONENT SERIAL NO. 230

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	499.6	296.6	0.0	0.0	0.0	0.0
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>499.6</b>	<b>296.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL</b>						
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<b>REVENUE FUND SOURCE</b>						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts	249.8	148.3	0.0	0.0	0.0	0.0
1003 GF Match	249.8	148.3	0.0	0.0	0.0	0.0
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>499.6</b>	<b>296.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY93) impact: 0.0

**ANALYSIS:** (Attach a separate page if necessary)

The fiscal impact of this bill results from adding new Medicaid recipients. Cost calculations are shown on attached page. Cost per recipient and number of new recipients are taken from home and community-based services waiver applications and supporting documents.

The Department of Health and Social Services has submitted a budget amendment for Medicaid home and community-based service waivers. The cost of serving new eligibles who would also be covered under a waiver is not included in this fiscal note. Some of the cost impact of SB 5 would be increased if that amendment is not fully funded.

The Department has limited experience identifying children living in the community who need an institutional level of care. Any variance with the predicted number of those eligible will impact costs.

Prepared by: Kimberly B. Busch  
 Division: Division of Medical Assistance

Phone: 465-3355  
 Date: 04/02/93

Approved by Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health & Social Services

Date: 4/6/93

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**ANALYSIS (cont.):****Cost Estimate (thousands of dollars)****FY 94:**

FY 94 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$102.2
Number of new recipients, not on waivers, in FY 94 needing hospital or NF level of care:	21
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$102.2 \times 21 \times 50\% =$	<u>\$1,073.1</u>

FY 94 Medicaid service costs per recipient needing ICF/MR level of care:	\$32.9
Number of new recipients, not on waivers, in FY 94 needing ICF/MR level of care:	36
Percent of time in FY 94 recipients are covered in FY 94	50%
Total FY 94 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$32.9 \times 36 \times 50\% =$	<u>\$592.2</u>

Total FY 94 cost of Medicaid services for all new recipients:	
$\$1,073.1 + \$592.2 =$	<u>\$1,665.3</u>

**Component Breakout:**

Medicaid Non-Facility (70 percent of total costs)	\$1,165.7
Medicaid Facility (30 percent of total costs)	\$499.6

**FY 95**

FY 95 Medicaid service costs per recipient needing hospital or nursing facility level of care:	\$111.1
Number of new recipients, not on waivers, in FY 95 needing hospital or NF level of care:	6
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing hospital or nursing facility level of care:	
$\$111.1 \times 6 \times 100\% =$	<u>\$666.6</u>

FY 95 Medicaid service costs per recipient needing ICF/MR level of care:	\$35.8
Number of new recipients, not on waivers, in FY 95 needing ICF/MR level of care:	9
Percent of time in FY 95 recipients are covered in FY 95	100%
Total FY 95 cost of Medicaid services for new recipients needing ICF/MR level of care:	
$\$35.8 \times 9 \times 100\% =$	<u>\$322.2</u>

Total FY 95 cost of Medicaid services for all new recipients:	
$\$666.6 + \$322.2 =$	<u>\$988.8</u>

**Component Breakout:**

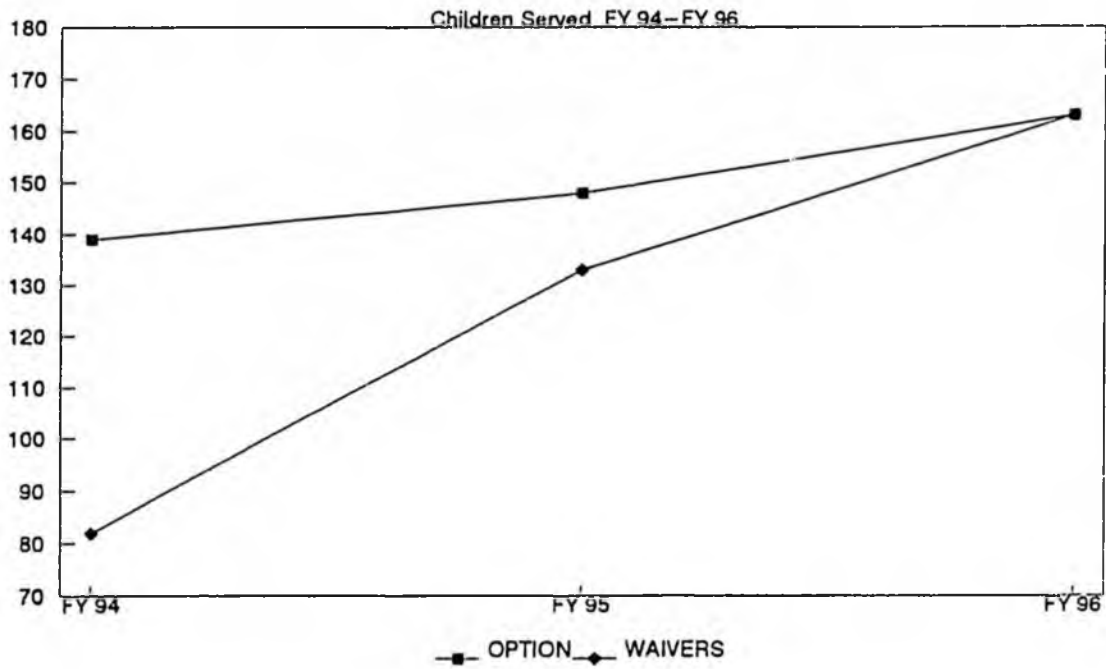
Medicaid Non-Facility (70 percent of total costs)	\$692.2
Medicaid Facility (30 percent of total costs)	\$296.6

**FY 96 - FY 99:**

It is assumed that all new eligibles covered under this bill in FY 96 or after would receive coverage under waivers if this bill did not pass.

ANALYSIS (cont.):

### WAIVERS AND OPTIONS



FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. CSSSSB5(HES)

Revision Date: 03/29/93 Dept. Affected: Health and Social Services  
 Title: An Act relating to Medicaid eligibility BRU: Public Assistance Administration  
 Component: Eligibility Determination  
 Sponsor: Ellis  
 Requestor: Senate State Affairs COMPONENT SERIAL NO. 270

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	46.8	48.2	49.7	51.1	52.7	54.3
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	5.0	5.0	5.0	5.0	5.0	5.0
SUPPLIES	0.5	0.5	0.5	0.5	0.5	0.5
EQUIPMENT	3.5	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL OPERATING</b>	<b>55.8</b>	<b>53.7</b>	<b>55.2</b>	<b>56.6</b>	<b>58.2</b>	<b>59.8</b>
<b>CAPITAL</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>REVENUE FUND SOURCE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

FUNDING:

(Thousands of Dollars)

1002 Federal Receipts	27.9	26.8	27.6	28.3	29.1	29.9
1003 GF Match	27.9	26.9	27.6	28.3	29.1	29.9
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1006 GF/MHTIA	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL</b>	<b>55.8</b>	<b>53.7</b>	<b>55.2</b>	<b>56.6</b>	<b>58.2</b>	<b>59.8</b>

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY93) impact: NONE

ANALYSIS: (Attach a separate page if necessary)

CSSSSB5 (HES) expands Medicaid eligibility to cover severely disabled children in home and community-based care. The Division of Medical Assistance estimates that 139 disabled children who do not currently receive Medicaid would become eligible in FY94 under CSSSSB5 (HES) and the Governor's amended budget. This caseload would grow to 148 in FY95 and 163 in FY96.

Additional public assistance field eligibility staff would be required to process applications and maintain Medicaid cases for these additional clients. One additional Eligibility Technician I/II would be necessary to cover the increased caseload.

Prepared by: Jan L. Hansen, Director  
 Division: Division of Public Assistance  
 Approved by Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health & Social Services

Phone: 465-2680  
 Date: 4/2/93  
 Date: 4/6/93

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Position Title Eligibility Technician II		No. of Positions   Range/Step 1   14B	Bargaining Unit GGU
Time Status PFT	Staff Months 12.0	Location Anchorage	Election District House 15
<b>TYPE of EXPENDITURE</b>		<b>AMOUNT</b>	
Salary		32.8	
Benefits		14.0	
Premium Pay			
Other			
<b>Total Personal Services</b>		<b>46.8</b>	
Travel			
Contractual		5.0	
Commodities		0.5	
Equipment		3.5	
Other			
<b>Total Cost</b>		<b>55.8</b>	
<b>FUNDING SOURCE for TOTAL COST</b>			
1002	Federal Receipts	27.9	
1003	GF Match	27.9	
1004	General Fund		
1005	GF/Program Receipts		
1006	GF/Mental Health Trust		
1007	I/A Receipts		
1061	CIP Receipts		
Other			
<p>Justification</p> <p>CSSSSBS (HES) expands Medicaid eligibility to cover severely disabled children in home and community-based care. The Division of Medical Assistance estimates that 139 disabled children who do not currently receive Medicaid would become eligible in FY94 under CSSSSB 5 (HES) and the Governor's amended budget. This caseload would grow to 148 in FY95 and 163 in FY96.</p> <p>Additional public assistance field eligibility staff would be required to process applications and maintain Medicaid cases for these additional clients. One additional Eligibility Technician I/II would be necessary to cover the increased caseload.</p>			

**REQUEST for  
NEW POSITION**

AGENCY: Health and Social Services  
 BRU: Public Assistance Administration  
 COMPONENT: Eligibility Determination (270)

Page 1 of 1

Revised Date:

**FY94**

# FISCAL NOTE

**STATE OF ALASKA**  
**1993 LEGISLATIVE SESSION**

**BILL NO. CS SS SB 5 (HES)**

Revision Date: <u>03/29/93</u>	Dept. Affected: <u>Health and Social Services</u>
Title: <u>An Act relating to Medicaid eligibility of persons eligible to be institutionalized ...</u>	BRU: <u>Medical Assistance Administration</u>
Sponsor: <u>Ellis, Salo, Lincoln, Duncan</u>	Component: <u>Claims Processing</u>
Requestor: <u>Senate State Affairs</u>	COMPONENT SERIAL NO. <u>243</u>

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	25.1	9.0	0.0	0.0	0.0	0.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>25.1</b>	<b>9.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL</b>						
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<b>REVENUE FUND SOURCE</b>						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts	12.5	4.5	0.0	0.0	0.0	0.0
1003 GF Match	12.6	4.5	0.0	0.0	0.0	0.0
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>25.1</b>	<b>9.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY93) impact: 0.0

**ANALYSIS:** (Attach a separate page if necessary)

The fiscal impact of this bill results from an increase in claims processing charges due to increasing new recipients. Cost calculations are shown on the attached page. In addition, FY 94 impact include one-time changes to the Medicaid Management Information System to add a new category of eligibility.

The Department of Health and Social Services has submitted a budget amendment for Medicaid home and community-based service waivers. Failure to fully fund this amendment would increase the cost of SB 5.

Prepared by: Kimberly B. Busch  
 Division: Division of Medical Assistance

Approved by Commissioner: Theodore A. Mata, MD, MPH  
 Agency: Department of Health & Social Services

Phone: 465-3355  
 Date: 04/02/93

Date: 4/6/93

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**ANALYSIS (cont.):**Cost Estimate (thousands of dollars)**FY 94:**

Number of new recipients in FY 94:	57
x claims processing charges per recipient	\$0.6
Percent of time in FY 94 recipients are covered	50%

FY 94 claims processing charges (57x\$0.6x50%)	<u>\$17.1</u>
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One-time MMIS modification costs	\$8.0
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Total FY 94 Claims Processing	<u>\$25.1</u>
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**FY 95:**

Number of new recipients in FY 95:	15
x claims processing charges per recipient	\$0.6

Total FY 95 Claims Processing (15 x \$0.6)	<u>\$9.0</u>
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