

HB

174

Alaska State Legislature

REPRESENTATIVE
HUGH "BUD" FATE

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House Of Representatives

While in session
State Capitol
Juneau, Alaska
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House District 33

Memo

TO: Representative Fred Dyson, Chair
House Health, Education and Social Services

FROM: Representative Hugh Fate, Vice-Chair
Legislative Budget and Audit Committee

A handwritten signature in cursive script that reads "Hugh Fate".

RE: Bill Hearing Request, HB 174

Date: April 3, 2001

The Legislative Budget and Audit Committee respectfully requests a hearing on House Bill 174 "A Act relating to mental health information and records; and providing for an effective date."

This bill was introduced by request of the Legislative Budget and Audit Committee on behalf of the Department of Health and Social Services. The bill addresses recommendation #4 of the Audit Report: "Department of Health and Social Services, Divisions of Medical Assistance and Mental Health and Developmental Disabilities, Community Mental Health Center Program Follow-Up" dated December 1, 2000 (excerpt attached). An analysis of the bill's provisions is also attached. A zero fiscal note will be forthcoming from the Department.

Your favorable consideration of this request will be appreciated.

CC: Pat Davidson, Legislative Auditor

Elmer Lindstrom, Special Assistant
Department of Health and Social Services

Alaska State Legislature

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House District 33

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SPONSOR STATEMENT HB 174

Reporting of Confidential Client Data

The Division of Mental Health and Developmental Disabilities has had difficulty in its efforts to gather confidential information about clients. Some providers are resistant to reporting data, and to notifying the division of emergent situations when clients are missing, seriously injured or deceased. Some providers claim that they fear potential litigation if they supply confidential information, that reporting would violate client rights to privacy and professional ethics. Some providers are experiencing technical difficulties or may have back-burnered the submission of data. While most providers are cooperative, in-order for the state to insure the health, safety and well being of consumers, it is necessary to strengthen and clarify laws to specify the Departments legal positions on these matters.

The gathering of this data is essential to the division's ability to monitor, make management decisions, meet service needs of Alaskans with mental illness, and to comply with legislative expectations for providing accurate performance measure information. The requirement that providers notify the division of missing, seriously injured, and deceased consumers involves emergent situations, and is consistent with the intent of HIPPA and HCFA.

This bill:

- Gives the Department of Health and Social Services the statutory authority to require that mental health centers that receive state funds report certain confidential client data to the Division of Mental Health and Developmental Disabilities (DMHDD), and comply with regulations regarding such data submission.
- Protects licensed mental health clinicians who report required confidential client data.
- Clarifies that confidential client data are considered to be "confidential medical records" and are not open to the public for inspection or copying.

- Requires that mental health providers notify DHSS of emergency situations involving mental health clients—most other states have these requirements.
- Provides access to confidential information regarding consumers utilizing the Mental Health Treatment Assistance Program and requires confidential handling of that information.
- Protects consumers rights to privacy by insuring that confidential information is used and handled appropriately
- Promotes the health and safety of Alaska's mental health consumers.



Alaska Division of Legislative Audit

Audit Digest #06-4599-01



* Requires Acrobat Reader 

SUMMARY OF: A Special Report on the Department of Health and Social Services, Divisions of Mental Health and Developmental Disabilities and Medical Assistance, Community Mental Health Center Programs, Follow-Up Report. December 1, 2000.

PURPOSE OF THE REPORT

In accordance with Title 24 of the Alaska Statutes and a special request by the Legislative Budget and Audit Committee, we reviewed records and interviewed employees and stakeholders within the mental health system to determine the current status of recommendations made in a previous audit: Department of Health and Social Services, Divisions of Medical Assistance and Mental Health and Developmental Disabilities Community Mental Health Center Program Selected Issues Audit No. 06-4544-97.

REPORT CONCLUSIONS

Over the last three years, the Department of Health and Social Services (DHSS) has made several specific efforts toward controlling costs for community mental health programs, clarifying programmatic ambiguities, and educating mental health care providers. The results of some of these efforts are measurable in an overall reduction of cost per client in Medicaid funding. Though DHSS has realized successes in cost containment efforts, the full impact of revised policies and increased technical assistance on costs or programs can not be calculated due to continuing problems with data collection for state grant funding.

DHSS reduces Medicaid costs per client, revises regulations

The previous audit noted steep increases in Medicaid costs over fiscal years 93 through 97. Since that time, these costs have leveled out and, in some cases, decreased. Medicaid mental health costs per client have decreased slightly in each fiscal year since FY 97, resulting in an overall 15% reduction when compared to costs per client in FY 97. Since that time, the number of clients has increased by 21% with only a 3% increase in total costs.

Prior auditors were critical of Medicaid rates and the rate setting methodology. They also noted that service descriptions were difficult to decipher. Since the previous audit, DHSS has taken steps to address these concerns. The combination of a Medicaid rate study, the documentation of the department's rate setting methodology, and expanded training efforts have all contributed to improvements in Medicaid billings documentation. Additionally, DHSS has revised Medicaid regulations.

Quality assurance trains providers, measures consumer satisfaction, identifies questioned costs

The expansion and revision of the quality assurance process has been key in both controlling costs and in measuring consumer satisfaction with mental health services. The quality assurance team has, over the last two fiscal years, reviewed nearly every community mental health services provider funded by the State. The quality assurance unit has now summarized the results of these reviews and is able to identify specific standards and certain regions of the State in which compliance is low.

Quality assurance site reviews conducted during FY 99-00 included event audits that compared

Medicaid billing data with the clinical record to determine if the services reimbursed were provided. From these event audits, quality assurance has identified \$181,547 in claims that require additional review to determine whether they are actually reimbursable. The costs questioned by quality assurance are referred to DMA for further investigation and determination regarding actual overpayment amounts. DMA has delayed reviewing these questioned costs until questioned cost issues identified in previous reviews have been settled.

Outcome assessment committee develops comprehensive outcome measures

A previous audit recommendation said the department should develop meaningful outcome measures. Since that time, the agency has formed an assessment subcommittee that has developed an array of outcome measures far more comprehensive than those currently required by statute. These proposed measures include the areas of access to care, appropriateness and quality of care, consumer outcomes, and management structure.

A new subcommittee has now been formed to pilot the measures developed by the Assessment and Consumer Satisfaction Committees. The pilot project phase, targeted to begin before the end of December 2000, will not be complete for several months. Full implementation is expected during FY 02.

Overall improvements don't mitigate the need for comprehensive client data

While we recognize that DHSS has improved significantly in most of the areas of concern noted in the previous audit, client data collection remains an unresolved issue. We believe this data is essential for effective funding and programmatic decision-making related to community mental health centers. The department reportedly now has a data system capable of producing comprehensive client information, yet for various reasons, has been unable to collect data from providers.

DHSS has, over the last three years, attempted to work cooperatively with the providers that will not or cannot supply the data required to meet their grant conditions. The department has been reluctant to impose financial sanctions or take any action that may be viewed as punitive. Though a cooperative relationship is optimal, this method has enjoyed little success over the last three years. With the restructuring of Division of Mental Health and Developmental Disability (DMHDD's) information systems section, the division has an opportunity to focus more attention on this lingering problem. Accordingly, we strongly encourage DMHDD to take prompt action to resolve outstanding data issues.

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Mental Health Clinical Records Review

Overview of the review process

DMHDD Quality Assurance staff conduct on-site reviews that include "process" and "performance" oriented measures. The process review assesses whether or not the rules (Medicaid regulations, standards, and accepted clinical practice expectations) are being followed. The performance review assesses whether or not the provider provided the services they were paid (Medicaid and grand funds) to provide.

First, the clinical records review (process review) provides an evaluation of the clinical process measured through documentation found in each consumer's clinical record (randomly selected) to determine that the need for treatment/services provided has been established (medical necessity - see appendix VII). For example: a professional assessment conducted by a qualified individual for the purposes of identifying mental health problems should occur at the point of intake/admission. Treatment should be planned based on the findings of the assessment (a direct relationship between treatment goals and identified problems). Clinical notes should reflect that services are those called for in the treatment plan, and a treatment review supervised by a qualified professional should occur at appropriate intervals to ensure appropriate treatment outcomes are forthcoming. Both qualified staff and the consumer (or parent/legal guardian for children) should be involved throughout this process.

This stage of the clinical record review was condensed to 16 standards that represent the most important factors related to necessity and quality of services (appendix VII). There are many additional written standards that providers are expected to employ in day-to-day practice. However, beginning in FY99 it was decided that the basic "medical necessity" related standards would be the primary target of clinical record reviews until such time that mental health providers are consistently working to a higher standard.

Second, an "event audit" is conducted. This is the part of the clinical record review that compares 1) consumer specific documentation demonstrating that a Medicaid reimbursable service was provided with 2) provider's consumer specific billing data provided by DMA (progress notes are compared to billing data). The Medicaid reimbursement provided would be considered an "overpayment" if any of the following conditions apply:

1. No clinical note present in the consumer's record for the reimbursed service (for the payment under review).
2. There may be a clinical note present in the record (for the payment under review) but it fails to describe the provision of a Medicaid reimbursable service (either no active reimbursable treatment is described or the description is of a different service than was reimbursed).
3. The consumer was not eligible to receive the service that was reimbursed.
4. The need for the reimbursed service is not identified in a professional assessment conducted by a qualified individual.
5. The service reimbursed is not prescribed in a treatment plan with professional oversight.

FY99 reviewed group

Findings are reported only on those mental health agencies that underwent a clinical record review during FY99. Those agencies are as follows:

Juneau Alliance for the Mentally Ill	Bristol Bay MHC
Juneau CMHC	Central Peninsula MHC
Juneau Youth Services	Kenai Community Care Ctr.
Reach, Inc. (Juneau)	Providence-Kodiak Island MHC
Sitka CMHC	KNA CMHC (Aniak)
Wrangell MHS	Life Quest (Wasilla)
North Slope Borough (Barrow)	SELS (Wasilla)
Railbelt (Nenana)	Seward Life Action Council
Tok Area MHC	Sound Alternatives (Cordova)
Yukon-Koyukuk (Galena)	South Peninsula CMHC

Medical Necessity Standards - results (see medical necessity standards in appendix VII)

Table 1 FY99 provider performance meeting medical necessity standards (statewide average)

Case type	Met Standard %
Children	80%
Adult	73%

Table 2 Comparison of provider performance meeting medical necessity standards across three years (statewide averages)

	FY97	FY98	FY99
Children cases	84%	86%	80%
Adult cases	75%	84%	73%

Note: The decrease in compliance with standards for FY99 shown in table 2 is a result of reviews that, for the first time, focus on solely medical necessity related standards and did not include other standards as in previous years.

ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION

Master List

Updated: February 23, 2001

ORGANIZATION	FNAME	LNAME	E-MAIL	PHONE	FAX	ADDRESS	CITY
ACMHTSA	Amy	Daugherty	amydaugherty@gci.net			327 W. 11th Street, Suite 2	Juneau
Alaska Children's Services	Jim	Maley	akchild@ak.net	346-2101	346-2748	4600 Abbott Road	Anchorage
Alternatives Community Mental Health	David	Newell	dnewell@alternativesmentalhlth.org	274-8281	274-4055	1675 C Street, Suite 117	Anchorage
Anchorage Center for Families	Steven	Barrett	sbarrett@acfonline.org	276-4994	276-6930	3745 Community Park Loop	Anchorage
Assets, Inc.	Diana	Strzok	diana_strzok@assetsinc.org	279-6617	274-0636	2330 Nichols Street	Anchorage
Bethel Community Services	Nadine	Griffin	mailbox@bcs-alaska.org	543-1763	543-3033	P.O. Box 2188	Bethel
Bristol Bay Area Health Corporation	Frank	Addrisi	faddrisi@bbahc.alaska.ihs.gov	842-1230	842-5174	P.O. Box 1517	Dillingham
Bristol Bay Area Health Corporation	Joan	Riblich	jriblich@bbahc.alaska.ihs.gov	800-510-1230	842-5174	P.O. Box 1517	Dillingham
Central Peninsula Counseling Services	James	Shill	james@cpccservices.org	283-7501	283-9006	506 Lake Street	Kenai
COHO Mental Health Services Division	Lloyd	Gathman	coho@aptalaska.net	826-3662	826-2917	P.O. Box 806	Craig
COHO Mental Health Services Division	Douglas	Veit	coho@aptalaska.net	826-3662	826-2917	P.O. Box 806	Craig
Community Connections	Bess	Clark	ccnbc@netmail.att.net	225-7825	225-1541	P.O. Box 9586	Ketchikan
Copper River Mental Health Center	Edward	Krause	ed@copperriverma.org	822-5241	822-5247	Drawer H	Copper Center
DMHDD/AMHB	Kathy	Craft	kathryn_craft@health.state.ak.us	541-5045	541-5046	751 Old Richardson Hwy., Suite 123	Fairbanks
Eastern Aleutians Tribes Behavioral Health Center	Chris	Devlin	lcdvlin@pobox.alaska.net	277-1440	277-1446	1600 Street A, Suite 104	Anchorage
Eastern Aleutians Tribes Behavioral Health Center	Ron	Gallagher	rong@gci.net	277-1440	277-1446	1600 Street A, Suite 104	Anchorage
Fairbanks Community Mental Health Center	Wayne	McCollum	Waynem@fcmhc.org	452-1575	452-2173	122 First Avenue, #5	Fairbanks
Fairbanks Community Mental Health Center	Suzanne	Price	suzannep@fcmhc.org	452-1575	452-2173	122 First Avenue, #5	Fairbanks
Family Centered Services of Alaska, Inc.	Pete	Braveman	Pbraveman@mosquitonet.com	474-0890	451-8945	620 5th Avenue, 2nd Floor	Fairbanks
Four Rivers Counseling Service	Israel	Nelson	israel@mcgrathalaska.net	524-5241	524-3519	P.O. Box 229	McGrath
Gateway Center for Human Services	Ron	Adler	rona@city.ketchikan.ak.us	225-4135	247-4135	3050 Fifth Avenue	Ketchikan
Juneau Alliance for the Mentally Ill	Brenda	Knapp	bknapp@jami.org	463-3303	463-6858	P.O. Box 22090	Juneau
Juneau Youth Services, Inc.	Chuck	Bennett	chuckb@jys.org	789-9103	789-8443	P.O. Box 32839	Juneau
Juneau Youth Services, Inc.	Steve	Krall	stevek@jys.org	789-9103	789-8443	P.O. Box 32839	Juneau
KNA Community Counseling Center	Mike	Bricker	knaccc@arctic.net	675-4445	675-4456	P.O. Box 155	Aniak
Kodiak Island Borough Mental Health Center	Welby	Jensen	welbyjensen@provak.org	481-2400	481-2419	717 E. Renzanof	Kodiak
Life Quest	Bill	Hogan	bhogan@lifequest.org	376-2411	352-3222	230 East Paulson, Suite 68	Wasilla
Lynn Canal Counseling Center	Johanna	Younger	canal@wytbear.com	766-2177	766-2977	P.O. Box 90	Haines
Manilaq Counseling Services	Carol	Engler		442-7400	442-7306	P.O. Box 43	Kotzebue

Membership

Senior Mental Health Stakeholders

ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION
Master List
 Updated: February 23, 2001

ORGANIZATION	FNAME	LNAME	E-MAIL	PHONE	FAX	ADDRESS	CITY
Mental Health Association in Alaska	Janet	McGillivray	MHAA@alaska.net	563-0880	563-0881	4045 Lake Otis Parkway, Suite 209	Anchorage
N.S.B. Community Counseling Center	Darrell	Kooley	dkooley@co.north-slope.ak.us	852-0366	852-0315	P.O. Box 69	Barrow
NAMI Alaska	Beth	Lacrosse	blacrosse@go.com.	225-8552	225-8552	P.O. Box 8552	Ketchikan
Norton Sound Comm. Mental Health Center	Jane	Franks	franks@nshcorp.org	443-3204	443-2970	P.O. Box 966	Nome
Parents, Inc.	Faye	Nieto	nieto@parentsinc.org	337-7671	337-7678	4743 E Northern Lights Blvd.	Anchorage
Petersburg Mental Health Services, Inc.	Susan	Ohmer	ollie@alaska.net	772-3332	772-2122	P.O. Box 556	Petersburg
Railbelt MH and Addictions Program	Tracy	Wiggins	rmha@mtaonline.net	832-5557	932-5564	P.O. Box 159	Nenana
SEARCH - Behavioral Health Service Division	Patrick	Hefley	palh@search.org	966-2451	966-8707	222 Tongass, Building 212	Sitka
Seaview Community Services	Melissa	Stone	mstone@seward.net	224-5257	224-7081	P.O. Box 1045	Seward
Sitka Mental Health Clinic, Inc.	Camielle	Call-Tarbel	camielle@pcu.net	747-8994	747-6801	1310 A Sawmill Creek Road	Sitka
Sound Alternatives	Charles	Wainwright		424-8300	424-8615	P.O. Box 160	Cordova
South Peninsula Community Health Center	Kemper	Breeding	kabdotty@xyz.net	235-7701	235-2290	3928 Ben Walters Lane	Homer
Southcentral Behavioral Health Services	Mark	Nelles	mark@chugachmiut.org	265-4912	265-4928	670 Fireweed Lane	Anchorage
Southcentral Foundation Behavioral Health Services	Fred	Kopacz	fkopacz@ak.net	265-4932	265-5925	4501 Diplomacy Drive	Anchorage
Southcentral Counseling Center	Ken	Taylor	khtaylor@alaska.net	563-1000	563-2045	4020 Folker Street	Anchorage
Southcentral Foundation Behavioral Health Services	Tim	Chu	Tchu@citci.com	265-4932	265-5925	4501 Diplomacy Drive	Anchorage
T.C.C. Mental Health & Alcohol Program	Mark	Snipes	msnipes@tanachiefs.org	452-8251	459-3950	122 First Avenue, Suite 60	Fairbanks
The ARC of Anchorage	Collene	Dragomir	cbrady-dragomir@arc-anchorage.org	277-6677	272-2161	2211 Arca Drive	Anchorage
Tok Area Counseling Center	Jonathan	Lundy	tok_c1@aptalaska.net	883-5106	883-5108	P.O. Box 398	Tok
Valdez Counseling Center	Peggy	Flascher	nolai...@hotmail.com	835-2838	835-5927	P.O. Box 1050	Valdez
Wrangell Mental Health Services, Inc.	Mark	Walker		874-2373	874-2576	P.O. Box 1615	Wrangell
YK Health Corporation CMHC	Sandra	Mironov	sandra_mironov@ykhc.org	543-6100	543-6159	P.O. Box 528	Bethel
Yukon Flats CARE Center	Stephen	Pollitt	spollitt@salg.org	662-2587	662-3333	P.O. Box 33	Ft. Yukon
Yukon/Koyukuk MH and Alcohol Program	Maureen	Suttman	maureensuttman@hotmail.com	656-1617	656-1581	P.O. Box 17	Galena
DMHDD	Leonard	Abel	leonard_abel@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
Parents, Inc.	Sanja	Bolling	sanja@parentsinc.org	337-7671	337-7678	4743 E Northern Lights Blvd.	Anchorage
DMHDD	Karl	Brimner	karl_brimner@health.state.ak.us	465-2668	465-3371	P.O. Box 110601	Juneau
A.P.I	Randall	Burns	randall_burns@health.state.ak.us	269-7251	269-7106	2900 Providence Drive	Anchorage
DHSS/Commissioner's Office	Diane	DiSanto	diane_disanto@health.state.ak.us	561-1000	269-7800	Box 24040	Anchorage

Membership
 Other Mental Health Stakeholders

ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION
Master List
 Updated: February 23, 2001

ORGANIZATION	FNAME	LNAME	E-MAIL	PHONE	FAX	ADDRESS	CITY
Disability Law Center	Cindy	Drinkwater	akpa@dlcak.org	565-1000	565-1002	3330 Arctic Blvd #103	Anchorage
DMHDD	Karen	Forrest	karen_forrest@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
DFYS	Joanne	Gibbens	joanne_gibbens@health.state.ak.us	465-3397	465-3191	P.O. Box 110630	Juneau
DMHDD	Anne	Henry	anne_henry@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
DMHDD	Yvonne	Jacobson	yvonne_jacobson@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
AMHTA	Jeff	Jessøe	jeff_jessøe@mhta.revenue.state.ak.us	269-7966	269-7960	550 West 7th Ave	Anchorage
DMA Program Officer	Teri	Keklak	teri_keklak@health.state.ak.us	561-2171		4501 Business Park Blvd., Suite 24	Anchorage
DMA Director	Bob	Labbe	bob_labbe@health.state.ak.us	465-2204	465-3355	P.O. Box 110660	Juneau
AMHB Member	Beth	Lacrosøe	Blacrosøe@go.com	225-8552	247-7744	P.O. Box 8552	Ketchikan
DHSS Deputy Commissioner	Jay	Livey	jay_livey@health.state.ak.us	465-3068	465-3030	P.O. Box 110601	Juneau
AMHB Executive Director	Walter	Majoros	wmajoros@pobox.alaska.net	465-3079	465-3071	431 N. Frenklin St. # 200	Juneau
AMHTA	Mary E.	Rider	me_rider@mhta.revenue.state.ak.us	269-7966	269-7960	550 7th Ave. #1820	Anchorage
	Doug	Smith	dougs@gci.net				
DFYS Director	Theresa	Tanoury	theresa_tanoury@health.state.ak.us	465-3397	465-3191	P.O. Box 110630	Juneau
DMHDD	Den	Walgman	den_walgman@health.state.ak.us	269-3623	269-3600	701 E Tudor Rd. Ste 260	Anchorage
Consumer	Scot	Wheat	One_t_Wheat@hotmail.com			P.O. Box 110660	
DMA	Dave	Williams	dave_williams@health.state.ak.us		465-3355	P.O. Box 110660	Juneau

ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION

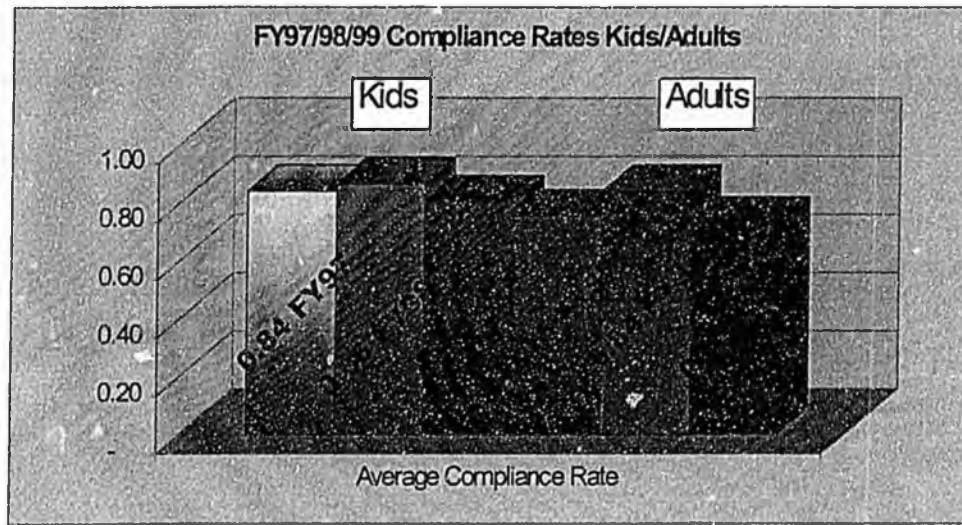
Master List

Updated: February 23, 2001

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Membership
Other Mental Health Stakeholders

The following chart is a graphical representation of data illustrated in Table 2.



The above graph indicates that providers are not meeting medical necessity standards at the same rate they met the larger group of standards (in which medical necessity standards were imbedded) in previous years. It is believed that a focused review targeting the medical necessity standards (appendix VII) will bring about greater awareness and subsequent system wide improvement in this area. Table 3 illustrates the degree to which each provider met the medical necessity standards.

Table 3

FY99 individual provider performance meeting medical necessity standards (combined adult and children cases)

Provider	Met Standards %	Provider	Met Standards %
Juneau Alliance for the Mentally Ill	69	Bristol Bay MHC	48
Juneau CMHC	44	Central Peninsula MHC	68
Juneau Youth Services	61	Kenai Community Care Ctr.	81
Reach, Inc. (Juneau)	60	Providence-Kodiak Island MHC	33
Sitka CMHC	74	KNA CMHC (Aniak)	23
Wrangell MHS	71	Life Quest (Wasilla)	56
North Slope Borough (Barrow)	11	SELS (Wasilla)	42
Railbelt (Nenana)	45	Seward Life Action Council	50
Tok Area MHC	58	Sound Alternatives (Cordova)	80
Yukon-Koyukuk (Galena)	25	South Peninsula CMHC	59
Copper River NA	53	State wide Average	77

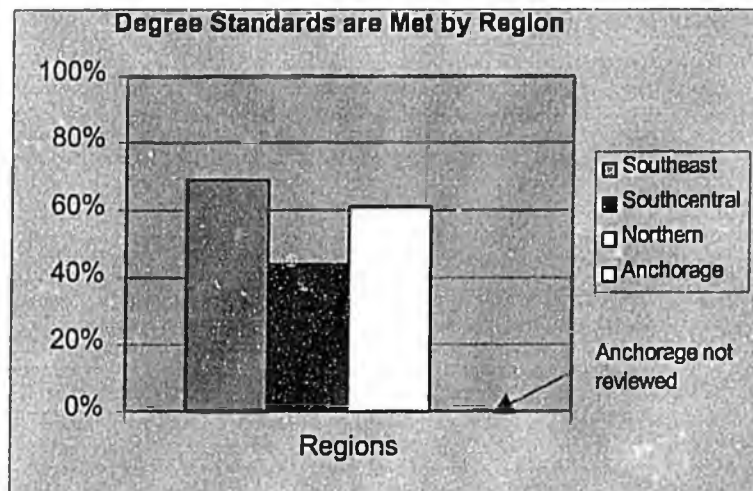
Table 4

FY99 regional performance meeting medical necessity standards
(combined adult and children cases)

Region	Met Standards
Southeast	69%
Southcentral	44%
Northern	61%
Anchorage	not reviewed
State wide average	77%

Note: Anchorage region providers were not reviewed during FY99

The following is a graphical representation of table 4:



FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB 174
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: Mental Health Information & Records BRU: Institutions & Administration
 Component: Mental Health/DD Admin
 Sponsor: RLS by Request of Leg Budget & Audit
 Requester: H(HES) Component Number: 310

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Section 2 of this bill requires Community Mental Health Centers receiving State mental health grant funds to report confidential information to the Division about State-funded consumers' demographics, service and cost of service, and to notify the Division in the case of a missing, injured or deceased State-funded consumer. These data reporting requirements are being included in the FY02 Request for Mental Health Grant Proposals.

This statutory change bears no direct cost implication for the Division.

Prepared by: Sarah Brinkley, Administrative Manager Phone 465-3167
 Division: DMHDD Date/Time 3/17/01 3:13 PM
 Approved by: Elmer A. Lindstrom, Special Assistant Date 3/17/01 3:13 PM
 Agency: Department of Health & Social Services

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