

Leg. Finance-House & Senate Finance Comte Files (1991-1992) 785

HB438

HOUSE COMMITTEE REPORT

(11)

Date Referred: March 6, 1992

FURTHER REFERRALS:

Date of Committee Action: 4/28/92

The FINANCE Committee considered:

HB 438

HOUSE BILL NO. 438

MEDICAID FOR CERTAIN DISABLED CHILDREN

"An Act relating to Medicaid eligibility for home and community-based services of children who are eligible to be institutionalized; and providing for an effective date."

RECOMMENDATIONS:

be replaced with CS HB 438 (FIN) the same title a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: HOUSE FINANCE letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

3 fiscal impact HFC

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<u>Mike Navarre</u> NAVARRE	<input checked="" type="checkbox"/>	<u>Geo. Jackson</u> JACKSON		X	
<u>M. M. Kardon</u> Kardon Boyer		<u>Tamara Barnes</u> BARNES		X	
<u>Tan Brown</u> BROWN	<input checked="" type="checkbox"/>	<u>Paul M. Sharp</u> SHARP		X	
<u>Phillips</u> Phillips	<input checked="" type="checkbox"/>	<u>Ronald J. Larson</u> LARSON		X	
<u>EP MacLean</u> MacLean	X				

Mike Navarre EP MacLean

Intent Language for CSHB 438

It is the intent of the Legislature to support the Governor's decision to direct the Department of Health & Social Services to proceed without delay to gain federal approval of Medicaid waivers and options to provide home and community-based services to the aged, physically disabled adults, and developmentally disabled adults and children, including children with special medical needs.

Further, the Legislature believes that Alaska has a growing population needing an institutional level of care that would, if not for the home and community-based alternatives available under Medicaid waivers and options, require additional investment in construction and operation of additional health care facilities.

In regard to the Medicaid waivers and options for developmentally disabled children, including children with special medical needs, the Legislature further requests the Department of Health & Social Services to listen to and incorporate the concerns of families across the state. Specifically, the Department should:

1. Allow the Division of Mental Health & Developmental Disabilities to play a key role in the service design and policy of Medicaid waivers, along with the Division of Medical Assistance.
2. Allow parents, advocates and professionals to be involved with the development of the criteria for the definition of "at risk of institutionalization."

Finally, if the Department of Health & Social Services, Division of Medical Assistance fails to gain approval for the children's Medicaid waiver, it is the intent of the legislature that the department notify the Legislature without delay so that the Legislature can proceed with implementing the Medicaid option, the effective date of which is dependent upon approval of the Medicaid waiver for children with disabilities and special medical needs.

7-LS1821NP
Lauterbach
4/24/92

CS FOR HOUSE BILL NO. 438 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVES ELLIS, Koponen, Boyer, Gruenberg, Ulmer, B.Davis, Carney, Bruckman, Donley, Brown, Parnell, Finkelstein

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to Medicaid eligibility of persons who are eligible to be institutionalized
2 but who are not in institutions; relating to Medicaid waivers; reordering the priorities
3 assigned to groups of persons served under the Medicaid program; and providing for an
4 effective date."

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

6 * Section 1. AS 47.07.020(b) is amended to read:

7 (b) In addition to the persons specified in (a) of this section, the following optional
8 groups of persons for whom the state may claim federal financial participation are eligible for
9 medical assistance:

10 (1) persons eligible for but not receiving assistance under any plan of the state
11 approved under 42 U.S.C. 601 - 615 (Title IV-A, Social Security Act, Aid to Families with
12 Dependent Children) or 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental
13 Security Income);

14 (2) persons in a general hospital, skilled nursing facility or intermediate care

1 facility, who, if they left the facility, would be eligible for assistance under one of the federal
2 programs specified in (1) of this subsection;

3 (3) persons under age 21 who are under supervision of the department, for whom
4 maintenance is being paid in whole or in part from public funds, and who are in foster homes
5 or private child-care institutions;

6 (4) aged, blind, or disabled persons, who, because they do not meet income and
7 resources requirements, do not receive supplemental security income under 42 U.S.C. 1381 -
8 1383c (Title XVI, Social Security Act), and who do not receive a mandatory state supplement,
9 but who are eligible, or would be eligible if they were not in a skilled nursing facility or
10 intermediate care facility to receive an optional state supplementary payment;

11 (5) persons under age 21 who are in an institution designated as an intermediate
12 care facility for the mentally retarded and who are financially eligible as determined by the
13 standards of the federal aid to families with dependent children program;

14 (6) persons in a medical or intermediate care facility whose income while in the
15 facility does not exceed 300 percent of the supplemental security income benefit rate under 42
16 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) but who would not be eligible for an
17 optional state supplementary payment if they left the hospital or other facility;

18 (7) persons under age 21 who are receiving active treatment in a psychiatric
19 hospital and who are financially eligible as determined by the standards of 42 U.S.C. 601 - 615
20 (Title IV-A, Social Security Act, Aid to Families with Dependent Children);

21 (8) persons under age 21 and not covered under (a) of this section, who would
22 be eligible for benefits under the federal aid to families with dependent children program, except
23 that they have the care and support of both their natural and adoptive parents;

24 (9) pregnant women not covered under (a) of this section and who meet the
25 income and resource requirements of the federal aid to families with dependent children program;

26 (10) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title XIX,
27 Social Security Act, Medical Assistance) to be individuals with respect to whom a
28 supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title XVI, Social
29 Security Act) because they meet all of the following criteria:

30 (A) they are 18 years of age or younger and qualify as disabled
31 individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);

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(B) the department has determined that

(i) they require a level of care provided in a hospital, nursing facility, or intermediate care facility for the mentally retarded;

(ii) it is appropriate to provide their care outside of an institution; and

(iii) the estimated amount that would be spent for medical assistance for their individual care outside an institution is not greater than the estimated amount that would otherwise be expended individually for medical assistance within an appropriate institution;

(C) if they were in a medical institution, they would be eligible for medical assistance under other provisions of this chapter; and

(D) home and community-based services under a waiver approved by the federal government are not available to them under this chapter [REPEALED].

* Sec. 2. AS 47.07.030 is amended by adding a new subsection to read:

(c) Notwithstanding (b) of this section, the department may offer a service for which the department has received a waiver from the federal government if the department was authorized, directed, or requested to apply for the waiver by law or by a concurrent or joint resolution of the legislature.

* Sec. 3. AS 47.07.035 is amended to read:

Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the department finds that the cost of medical assistance for all persons eligible under this chapter will exceed the amount allocated in the state budget for that assistance for the fiscal year, the department shall eliminate coverage for optional medical services and optionally eligible groups of individuals in the following order:

- (1) clinical social workers' services;
- (2) psychologists' services;
- (3) chiropractic services;
- (4) adult dental services;
- (5) emergency hospital services;
- (6) treatment of speech, hearing, and language disorders;
- (7) optometrists' services and eyeglasses;

- 1 (8) occupational therapy;
- 2 (9) mammography screening;
- 3 (10) prosthetic devices;
- 4 (11) medical supplies and equipment;
- 5 (12) clinic services;
- 6 (13) physical therapy;
- 7 (14) personal care services in a recipient's home;
- 8 (15) prescribed drugs;
- 9 (16) long-term care noninstitutional services;
- 10 (17) inpatient psychiatric facility services;
- 11 (18) intermediate care facility services for the mentally retarded;
- 12 (19) intermediate care facility services;
- 13 (20) individuals described in AS 47.07.020(b)(10);
- 14 (21) individuals under age 21 who are not eligible for benefits under the federal
- 15 aid to families with dependent children program because they are not deprived of one or more
- 16 of their natural or adoptive parents;
- 17 (22) [(21)] skilled nursing facility services for persons under age 21;
- 18 (23) [(22)] aged, blind, and disabled individuals who, because they do not meet
- 19 the income requirements, do not receive supplemental security income under Title XVI of the
- 20 Social Security Act, but who are eligible, or would be eligible if they were not in a skilled
- 21 nursing facility or intermediate care facility, to receive an optional state supplementary payment;
- 22 (24) [(23)] individuals in a hospital, skilled nursing facility, or intermediate care
- 23 facility whose income while in the facility does not exceed 300 percent of the supplemental
- 24 security income benefit rate under Title XVI of the Social Security Act, but who, because of
- 25 income, are not eligible for the optional state supplementary payment;
- 26 (25) [(24)] individuals under age 21 under supervision of the department, for
- 27 whom maintenance is being paid in whole or in part from public money and who are in foster
- 28 homes or private child-care institutions.

29 * Sec. 4. DEPARTMENT TO SEEK WAIVER. The Department of Health and Social Services shall

30 seek approval of a waiver for home and community-based services under 42 U.S.C. 1396n for persons

31 who are Medicaid eligible and who would otherwise require a level of care provided in a hospital,

1 nursing facility, or intermediate care facility for the mentally retarded, in the absence of home and
2 community-based services.

3 * Sec. 5. (a) Sections 1 and 3 of this Act take effect two years after the effective date of a waiver
4 approved by the federal government under which the state Medicaid program will be able to cover home
5 and community-based services for Medicaid-eligible persons under the age of 19 who are at risk of
6 institutionalization.

7 (b) The Department of Health and Social Services shall notify the revisor of statutes as to the
8 effective date of the waiver referred to in (a) of this section.

9 * Sec. 6. Sections 2 and 4 of this Act take effect immediately under AS 01.10.070(c).

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. CS for House Bill 438 (Fin)

Revision Date: 4/28/92

Department Affected: Health and Social Services

Title: An Act relating to Medicaid eligibility of persons who are eligible to be institutionalized ...

BRU: Medical Assistance

Component: Medicaid Non-Facility

Sponsor: Representative Ellis

Requestor: House Finance

COMPONENT SERIAL NO. [] [] [] []

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	92.1	189.1	297.6
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	92.1	189.1	297.6
CAPITAL	0	0	0	0	0	0
REVENUE AND SOURCE:	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUNDS	0	0	0	46.1	94.6	148.8
SPECIAL FUNDS	0	0	0	46.0	94.5	148.8
OTHER SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	92.1	189.1	297.6

POSITIONS:

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

Rate of current year impact:

ANALYSIS: (Attach a separate page if necessary.)
Prices estimated 6 percent annual inflation. The cost of operating waivers are currently considered in legislative budget documents. The waiver costs shown in the attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: Co-Chair Eileen MacLean
Co-Chair Mike Navarre
House Finance Committee
Phone: 465-4833
465-3779
Date: 4/28/92

Approved by Commissioner: _____
Date: _____

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO. CS for House Bill 438 (Fin)

Revision Date: 4/28/92 Department Affected: Health and Social Services
 Title: An Act relating to Medicaid eligibility of BRU: Medical Assistance
persons who are eligible to be institutionalized ... Component: PFD Hold Harmless

Sponsor: Representative Ellis

Requestor: House Finance COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	2.9	5.8	9.2
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	2.9	5.8	9.2

CAPITAL	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)

GENERAL FUNDS	0	0	0	2.9	5.8	9.2
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	2.9	5.8	9.2

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 impact:

ANALYSIS: (Attach a separate page if necessary.) Includes estimated 6 percent annual inflation. The cost of operating walvers are currently considered in legislative budget documents. The walver costs shown in attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: Co-Chair Eileen MacLean Phone: 465-4833
Co-Chair Mike Navarre Phone: 465-3779
 Division: House Finance Committee Date: 4/28/92

Approved by Commissioner: _____

Agency: _____ Date: _____

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO. CS for House Bill 438 (Fin)

Revision Date: 4/28/92

Department Affected: Health and Social Services

Title: An Act relating to Medical eligibility of

BRU: Medical Assistance Administration

Persons who are eligible to be institutionalized ...

Component: Office of Hearing and Appeals

Sponsor: Representative Eills

Requestor: House Finance

COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	84.0	89.0	94.3
TRAVEL	0	0	0	2.1	2.3	2.4
CONTRACTUAL	0	0	0	7.7	8.2	8.7
SUPPLIES	0	0	0	0.7	0.8	0.8
EQUIPMENT	0	0	0	7.3	0.6	0.7
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	101.8	100.9	106.9
CAPITAL	0	0	0	0	0	0
VENUE AND SOURCE:	0	0	0	0	0	0

ENDING (Thousands of Dollars)

GENERAL FUNDS	0	0	0	50.9	50.5	53.5
OTHER FUNDS	0	0	0	50.9	50.4	53.4
OTHER SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	101.8	100.9	106.9

POSITIONS:

FULL-TIME	0	0	0	1	1	1
PART-TIME	0	0	0	0	0	0
PROBATIONARY:	0	0	0	0	0	0

Statement of current year impact:

ANALYSIS: (Attach a separate page if necessary.)
 Costs estimated at 6 percent annual inflation. There is a one-time cost of \$7.1 in FY 96 (3.6 GF). The cost of rating waivers are currently considered in legislative budget documents. The waiver costs shown in the attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: /Co-Chair Eileen MacLean Phone: 465-4833
Co-Chair Mike Navarre Phone: 465-3770
 on: House Finance Committee Date: 4/28/92

Approved by Commissioner: _____

Copy: _____ Date: _____

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

NOTES TO FISCAL NOTE FOR HCS HB 432 (FIN)

HCS HB 438 (Fin) directs the Department of Health and Social Services to seek Medicaid home and community-based waivers and to implement the TEFRA option 2 years after the waiver for children becomes effective. Both the waiver and the option would extend Medicaid coverage to some people not currently eligible for Medicaid.

The cost of seeking and operating Medicaid waivers is not included in this fiscal note. HB 504 currently includes funding for the Division of Medicaid Assistance to seek waivers under the listings of Medical Assistance - Medicaid State Programs, and Medical Assistance Administration - Certification and Licensing and Claims Processing. If funding for waivers is not included in the operating budget, the cost of implementing HCS HB 438 (Fin) will be substantially greater than estimated by this fiscal note. The attached budget amendment summary page shows the additional funding required in FY 93 to seek waivers. Table 1 shows the cost of services under waivers for children and the TEFRA option.

Medical Assistance -- Medicaid Non-Facility, PFD Hold Harmless

We assume that all individuals eligible for the TEFRA option will be receive waiver services except that, under the TEFRA option, we assume an additional growth factor in TEFRA recipients of 2 percent per year due to contested level of care determinations lost on appeal. While it is not the intention of the Division to lower the criteria for eligibility to institutional care, it is probable that some appeals will be lost. The experience of other states with appeals varies widely; the cost of the TEFRA option could be greater depending on Alaska's actual experiences with appeals.

The resulting difference in the cost of services with a TEFRA option is in the TEFRA subtotal of Table 1. Medicaid Non-Facility component is estimated to be 97 percent of this amount. The Permanent Fund Dividend Hold Harmless component is assumed to account for 3 percent of the cost of services.

Medical Assistance Administration -- Office of Hearings and Appeals

The Division estimates that one additional hearing officer will be required beginning in FY 96, to handle the increase in hearings and appeals associated with the TEFRA option.

Additional background information on this fiscal note is available upon request from the Division of Medical Assistance.

	Medical State Programs					Claims Processing				Certification and Licensing					Program Totals		
	OAC	DM100	OTHER	TOTAL	SGF	FED	OTHER	TOTAL	SGF	FED	TOTAL	SGF	FED	TOTAL	SGF	FED	
100 PERSONAL SERVICES	10750	10750															
% of Year	64.0	62.7		1275	0.0	0.0		27.0		13.8	13.0		75%	25%	25%		
	64.0	62.7		1275	0.0	0.0	27.0	27.0	13.8	13.0	47.1	13.8	10.5	71.4	35.7	35.7	
200 TRAVEL																	
In-state, @ \$100 per trip	2.4	2.4		4.0	2.4	2.4	1.0	1.0	0.0	0.8	2.4	0.8	0.8	4.0	2.0	2.0	
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0	2.0	1.0	1.0	2.0	0.0	0.0	2.0	1.0	1.0	
Wolverine Development Conference	10.0	10.0		20.0	10.0	10.0											
MMIS - Training Costs							14.0	14.0	3.5	10.5							
MMIS - Acceptance Testing							10.0	10.0	2.5	7.5							
Total	14.4	14.4		28.8	14.4	14.4	3.0	24.0	7.0	19.0	4.4	0.8	0.8	0.0	3.0	3.0	
300 CONFIDENTIAL																	
Communications	1.0	1.0		3.0	1.0	1.0	0.9	0.9	0.5	0.4	2.8	0.7	0.5	4.0	2.0	2.0	
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1	
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.2	0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	
MMIS - New Categories of Service							105.0	105.0	46.8	146.3							
MMIS - Change or Add Edits							21.0	21.0	5.3	15.8							
MMIS - New Reports							57.2	57.2	14.3	42.9							
Transition Funding			200.0	200.0	200.0	0.0								200.0	200.0	0.0	
Other	2.3	2.3		4.6	2.3	2.3	0.2	0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	
Total	4.6	4.6	200.0	209.2	204.0	4.0	1.3	273.2	274.5	69.0	205.5	3.4	0.9	0.7	5.0	2.5	
400 SUPPLIES	0.0	0.0		1.2	0.0	0.0	0.3	0.3	0.2	0.2	0.5	0.2	0.2	0.9	0.4	0.5	
500 EQUIPMENT																	
Micro computer, monitor, MIC	0.0	3.5		3.5	1.0	1.0	3.5	3.5	1.8	1.8	3.5	3.5	3.5	10.5	5.3	5.3	
Software	0.5	1.0		2.1	1.1	1.1	1.0	1.0	0.8	0.8	1.8	1.8	1.8	4.8	2.4	2.4	
Desk and Chair	0.0	0.0		0.0	0.5	0.5	1.0	1.0	0.5	0.5	1.0	1.0	1.0	3.0	1.5	1.5	
Total	0.5	4.5		4.5	3.3	3.3	0.1	0.1	3.1	3.1	6.1	6.1	6.1	18.3	9.2	9.2	
TOTAL	84.0	80.3	200.0	373.2	200.0	80.0	30.9	297.2	330.1	93.8	242.3	61.5	21.8	18.3	101.6	50.8	

Position Summary	Title	Range	Start Date
Medical State Programs			
OAC	Health Program Spec. II	19J	7/1/82
DM100	Health Program Spec. II	19A	7/1/82
Claims Processing			
	Health Program Spec. I	17A	1/1/83
Certification and Licensing			
	Health Program Spec. I	17A	4/1/83
	Accounting Technician I	12A	4/1/83
	Health Program Spec. II	19A	10/1/82

C5 ADDITIONAL
EXPLANATION FORM

AGENCY Health & Social Services
 BRU Medical Assistance Administration
 COMPONENT Claims Processing 243

FY 93

Page 4 of 4
 Revised Date: 2/24/92

TABLE 1
 ESTIMATED COST OF SERVICE FOR CHILDREN UNDER HCS HB438 (FIN)
 ADJUSTED FOR INFLATION
 (ADMINISTRATIVE COST NOT INCLUDED)
 FY 93 - FY 98

Inflation Factor @ 6%	1.00	1.06	1.12	1.19	1.26	1.34	1.00	1.06	1.12	1.19	1.26	1.34
CHILDREN'S WAIVERS							STATE GENERAL FUNDS					
	FY 93	FY 94	TOTAL COSTS				FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children (at end of year)	0	52	96	108	122	137						
Medicaid Facility												
Institutional Care Offset	0	(450,283)	(1,358,468)	(1,945,914)	(2,320,503)	(2,767,199)	0	(231,896)	(699,611)	(1,002,146)	(1,195,059)	(1,425,104)
Medicaid Nonfacility												
Home & Community-Based Svcs Cost	0	1,008,646	3,043,009	4,358,904	5,197,993	6,198,607	0	519,453	1,567,149	2,244,836	2,676,967	3,192,283
Other Program Cost	0	578,297	1,744,676	2,499,131	2,980,214	3,553,905	0	297,823	898,508	1,287,052	1,534,810	1,830,261
Other Medicaid Offset	0	(10,713)	(56,457)	(80,870)	(96,438)	(115,002)	0	(9,637)	(29,075)	(41,648)	(49,666)	(58,276)
Subtotal	0	1,568,230	4,731,228	6,777,165	8,081,769	9,637,509	0	807,638	2,436,583	3,490,240	4,162,111	4,963,317
TOTAL MEDICAID	0	1,117,947	3,372,760	4,831,251	5,761,266	6,870,310	0	575,743	1,736,971	2,488,094	2,967,052	3,538,210
DPA	0	0	0	0	0	0	0	0	0	0	0	0
DMHDD	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)
TOTAL	0	904,340	2,728,325	3,908,142	4,660,459	5,557,597	0	362,136	1,092,537	1,564,985	1,866,245	2,225,497
=====												
TEFRA OPTION	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children on Option	0	65	73	67	77	88						
Percent of Year TEFRA Offered	0	0	0	1	1	1						
Medicaid Nonfacility												
Home Based Services (@\$7649)	0	0	0	610,375	743,565	900,776	0	0	0	314,343	382,936	463,899
Other Medicaid Services @41966*50/65	0	0	0	2,576,005	3,138,112	3,801,598	0	0	0	1,326,642	1,616,126	1,957,823
Medicaid Subtotal	0	0	0	3,186,380	3,881,677	4,702,374	0	0	0	1,640,985	1,999,063	2,421,723
Duplicated Waiver Expenditures												
Home Based Services (7649/waiver\$)	0	0	0	592,155	706,145	842,078	0	0	0	304,960	363,665	433,670
Other Medicaid Services	0	0	0	2,499,131	2,980,214	3,553,905	0	0	0	1,287,052	1,534,810	1,830,261
Waiver Subtotal	0	0	0	3,091,286	3,686,359	4,395,983	0	0	0	1,592,012	1,898,475	2,263,931
Spending on TEFRA Option Less Waiver Expenditures												
Home Based Services	0	0	0	10,220	37,420	58,698	0	0	0	9,383	19,271	30,229
Other Medicaid Services	0	0	0	76,874	157,898	247,694	0	0	0	39,590	81,318	127,562
TEFRA Subtotal	0	0	0	95,094	195,318	306,391	0	0	0	48,973	100,589	157,791
=====												
TOTAL SERVICE COST -- WAIVER AND OPTION	0	904,340	2,728,325	4,003,236	4,855,777	5,863,988	0	362,136	1,092,537	1,613,958	1,966,834	2,383,288

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

FISCAL NOT No. 1
 Bill Version: CSHB 438(HES)
 (H) Publish Date: 3-6-92
 BILL NO. _____

Revision Date: 2/15/92 Department Affected: Health and Social Service
 Title: An Act relating to Medicaid eligibility of BRU: Community DD Grants
persons who are eligible to be institutionalized ... Component: _____
 Sponsor: Representative Ellis
 Requestor: House HESS COMPONENT SERIAL NO.

0	3	0	9
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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	0	(191.4)	(516.2)	(697.6)	(787.7)	(882.8)
MISCELLANEOUS						
TOTAL OPERATING	0	(191.4)	(516.2)	(697.6)	(787.7)	(882.8)
CAPITAL	0	0	0	0	0	0
REVENUE FUND SOURCE:	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUNDS	0	(191.4)	(516.2)	(697.6)	(787.7)	(882.8)
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	(191.4)	(516.2)	(697.6)	(787.7)	(882.8)

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY:						

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary.)

See Attached

Prepared by: Margaret R. Lowe Phone: 3370
 Division: Mental Health and Developmental Disabilities Date: March 3, 1992
 Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health and Social Services Date: March 4, 1992

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

Notes to Fiscal Note for CSHB 438 (HES)

CSHB 438 directs the Department of Health and Social Services to seek home and community-based waivers and to implement the TEFRA (or Katie Beckett) option 180 days after the implementation of waivers. Both the waivers and the option would extend regular Medicaid coverage to some people not currently eligible for Medicaid. The waivers would also pay for some services not previously covered by Medicaid, but currently provided by the Division of Mental Health and Developmental Disabilities.

This fiscal note estimates the impact of shifting the cost of these services to the Medicaid budget, resulting in a decrement to the DMHDD budget, for children who require a level of care provided by a hospital, nursing facility, or intermediate care facility for the mentally retarded.

The following assumptions were used in costing the waiver:

The waiver is assumed to become effective on July 1, 1993.

New Medicaid services, mainly respite, habilitation, and environmental modifications, average \$22,780 per child per year, and are included in the Division of Medical Assistance fiscal note.

The Grants and Claims line of the DMHDD fiscal note is reduced by 40 percent of the total of \$22,780 multiplied by the number of children placed on the waiver each year. The remaining 60 percent is left in the DMHDD budget to cover 1) increased technical assistance which will be necessary as a result of service providers enrolling in the Medicaid program, and 2) services for people currently on the DMHDD waiting list.

The DMHDD's fiscal note further assumes that ten percent of waiver clients are not moved from the option onto the waiver as quickly as the waiver plans to accommodate clients. This lag in refinancing may be due to lack of Medicaid-enrolled providers in certain areas, personal choice in selecting non-Medicaid providers, and other reasons relating a specific individual's care plan development.

The Personal Services line of the DMHDD fiscal note does not include funding for additional staff. Increased staff due to the waiver and option are included in the DMA fiscal note, and are transferred to DMHDD through an RSA. These positions include one full time Health Program Specialist II starting in FY 93 to handle initial waiver application and, later, program coordination and one temporary Health Program Specialist II, starting in FY 94 and continuing through FY 95, to handle the increased caseload of clients due to the option being implemented concurrently with the waiver.

COMMITTEE COPY

FISCAL NOTE

No. 3

Bill Version: CSHB 438 (HES)

(H) Publish Date: 3-6-92

STATE OF ALASKA
1992 LEGISLATIVE SESSION

Revision Date: March 4, 1992

Department Affected: Health & Social Services

Title: An Act Relating to Medicaid

BRU: Public Assistance Administration

Eligibility For Children

Component: Eligibility Determination

Sponsor: Ellis

Requestor: _____

COMPONENT SERIAL NO.

0	2	3	6
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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	22.1	22.1	26.5	30.0	35.4
TRAVEL	0	.4	.5	.6	.7	.8
CONTRACTUAL	0	3.0	3.2	3.4	3.7	4.0
SUPPLIES	0	.7	1.0	1.3	1.6	2.0
EQUIPMENT	0	4.0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	30.2	26.8	31.8	36.0	42.2

CAPITAL	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)

GENERAL FUND	0	15.1	13.4	15.9	18.0	21.1
FEDERAL FUNDS	0	15.1	13.4	15.9	18.0	21.1
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	30.2	26.8	31.8	36.0	42.2

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	.5	.5	.6	.7	.8
TEMPORARY	0	0	0	0	0	0

Estimate of current year impact: 0

ANALYSIS: (Attach a separate page if necessary.) CSHB 438 increases the number of children in Alaska for whom the Division of Public Assistance determines Medicaid eligibility. See the attached Addendum for an analysis of the impact of this change.

Prepared By: Jan L. Hansen, Director Phone: 465-3347

Division: Division of Public Assistance Date: March 4, 1992

Approved by Commissioner: Theodore A. Mala, MD, MPH

Agency: Department of Health & Social Services Date: 4/1/92

CSHB 438(HES)
Fiscal Note Addendum
Page 2

Division of Public Assistance
Public Assistance Admin. BRU

CSHB 438 will allow a certain number of children to be found Medicaid eligible for home and community based services under a waiver granted by the federal government. The CHOICE Project estimates that one-half of these children will be newly eligible for Medicaid coverage.

The Division of Public Assistance is responsible for determining eligibility and maintaining ongoing Medicaid cases for Medicaid applicants and recipients. The Division will therefore accrue additional administrative costs for personal and supportive services for this new caseload.

It is estimated that one full-time Eligibility Technician will be required for application processing and ongoing case maintenance work for every 100 cases. Based on FY 93 expenditure levels, the average administrative cost for one Eligibility Technician is \$44,270.

It is assumed that the Medicaid waiver will not become effective until FY 94. Additional administrative costs for FY 94 through FY 98 are roughly based on the number of children who will be found newly eligible for Medicaid under this waiver.

The estimated number of newly eligible children for FY 94 through FY 98 was provided by the CHOICE Project as follows:

Fiscal Year	Estimated Number of Newly Eligible Children per Fiscal Year	Cumulative Total of Newly Eligible Children
FY 93	0	0
FY 94	50	50
FY 95	6	56
FY 96	7	63
FY 97	8	71
FY 98	9	80

FISCAL NOTE

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO. Committee Substitute for House Bill 438

Revision Date: 2/15/92
 Title: An Act relating to Medicaid eligibility of persons who are eligible to be institutionalized ...
 Sponsor: Representative Ellis
 Requestor: House HESS

Department Affected: Health and Social Services
 BRU: Medical Assistance and Med. Assistance Admin.
 Component: Medicaid Facility, Medicaid Nonfacility, PFD Hold Harmless, Medicaid State Program, etc.

COMPONENT SERIAL NO.

0	2	2	9
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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	161.7	494.2	523.9	480.6	509.4	540.0
TRAVEL	48.0	35.8	38.0	35.0	37.1	39.3
CONTRACTUAL	284.1	32.5	34.5	31.1	33.0	34.9
SUPPLIES	1.7	5.1	5.4	5.0	5.3	5.6
EQUIPMENT	30.4	21.9	4.5	4.2	4.4	4.7
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0.0	1688.4	4117.7	5261.9	6274.8	7482.7
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	525.9	2277.9	4724.0	5817.8	6864.0	8107.2
CAPITAL	0	0	0	0	0	0
REVENUE FUND SOURCE:	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUNDS	188.6	1164.3	2423.7	2987.8	3526.1	4165.9
FEDERAL FUNDS	337.3	1113.6	2300.3	2830.0	3337.9	3941.3
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	525.9	2277.9	4724.0	5817.8	6864.0	8107.2

POSITIONS:

FULL-TIME	5	7	7	7	7	7
PART-TIME	0	0	0	0	0	0
TEMPORARY:	0	1	1	0	0	0

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary.)
 Includes estimated 6 percent annual inflation. Includes \$329.5 (110.5 GF) in one-time costs in FY 93 and \$11.1 (5.6 GF) in one-time costs in FY 94. See attached analysis for additional information.

Prepared by: Jon Sherwood Phone: 465-3123
 Division: Division of Medical Assistance Date: March 3, 1992
 Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health and Social Services Date: 4 March 92

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

Notes to Fiscal Note for CSHB 438

CSHB 438 directs the Department of Health and Social Services to seek home and community-based waivers and to implement the TEFRA (or Katie Beckett) option 180 days after the implementation of waivers. Both the waivers and the option would extend regular Medicaid coverage to some people not currently eligible for Medicaid. The waivers would also pay for some new services, not previously covered by Medicaid.

This fiscal note estimates the cost of implementing the TEFRA option and home and community-based waivers directed at the same population, children who require a level of care provided by a hospital, nursing facility, or intermediate care facility for the mentally retarded.

The fiscal note for CSHB 438 for the Medical Assistance and Medical Assistance Administration BRU includes the following components: Medicaid Facility, Medicaid Non-Facility, PFD Hold Harmless, Medicaid State Programs, Claims Processing, Certification and Licensing, Office of Hearings and Appeals.

Determining Service Costs

Table 1 shows the direct cost of services under the waiver and the option. Table 1 includes both Medicaid and Permanent Fund Dividend Hold Harmless costs. The cost of the waiver is calculated in the top half of Table 1 as follows:

The waiver is assumed to become effective on July 1, 1993.

The cost of the waiver for FY 94 through FY 96 are based on the first three years cost estimated in the Project CHOICE 1992 Report to the Alaska Legislature (see page 59), with adjustments as noted below.

The cost of the waiver for the remaining two years are based on FY 96 costs assuming 12.5 percent annual growth in the caseload.

It is assumed that once the TEFRA option becomes available and people have a choice between using the waiver or the option, the waiver growth will be decreased by 10 percent from what was projected in the Project CHOICE report.

The DMHDD budget is assumed to be reduced by 40 percent of the amount of DMHDD funding for home and community-based services that would be replaced by Medicaid state and federal funding.

The cost of the TEFRA option is calculated in the bottom half of Table 1 as follows:

The total cost of the TEFRA option is calculated assuming that no waivers were available. This cost is totaled as Medicaid subtotal under the Medicaid Non-Facility portion of the table. (This subtotal would be the cost of services under the TEFRA option if the no home and community-based waiver for children was not implemented.)

Duplicated waiver expenditures are costs that would be incurred purchasing services for TEFRA clients under a waiver.

Spending on TEFRA option less waiver expenditures represents the cost of services under the TEFRA option with the waiver implemented.

It is assumed that, in FY 94, 100 clients would qualify for the institutional level of care but choose to remain in the community. Of these, it is assumed that 35 are already Medicaid eligible and living in the community and another 15 are Medicaid eligible and living in institutions. This assumption is based on a review of DMHDD clients. Because some clients are already Medicaid eligible outside of an institution, they would not need the TEFRA option to qualify for Medicaid. (These clients would use the waiver to pay for special waiver services not available under the option.) For this reason, the number of clients served under the TEFRA option is smaller than the number of clients served by a waiver.

The annual growth in TEFRA option clients is assumed to be 12.5 percent.

Home-based services already offered by Medicaid are assumed to cost \$7,649 annually; other Medicaid services are assumed to cost \$41,966 annually.

It is assumed that all individuals moving out of institutions will move onto the waiver. These individuals are assumed to require the full range of services available through a waiver.

Finally, the last line of Table 1 shows the combined cost of services under both the waiver and the option.

Service and Administrative Costs of Waiver and Option

Table 2 shows the Medical Assistance BRU costs of the home and community-based waiver. Here the costs shown in Table 1 for Medicaid are broken into Medicaid Non-Facility costs and PFD Hold Harmless costs. It is assumed that 3 percent of service expenditures for those receiving services under TEFRA eligibility would be PFD Hold Harmless. The remaining 97 percent is assumed to be Medicaid Non-Facility.

The Medicaid State Program component includes one staff position in DMHDD to be funded by Medicaid. This Health Program Specialist II will participate in developing waivers for children with developmentally disabilities, will help service providers enroll in Medicaid, develop providers in underserved areas, develop program and service standards and regulations, and help develop integrated service delivery systems. Later, the position will be responsible for program coordination as providers and state agencies adjust to changes in federal or state policy or procedures and will provide on-going program monitoring, technical assistance, and training. All costs in Table 2 are shown in FY 93 dollars.

Table 3 shows the Medical Assistance Administration BRU costs of the home and community-based waiver for children. To operate waivers, the Division will be required to add two additional Health Program Specialists I to its Claims Processing component. One staff, added half-way through FY 93 would work to develop MMIS reports, add categories of service, make changes and additions to edits, and develop provider training. As the waiver is implemented, that position will be responsible for the submission of annual HCFA 372 reports and making additional changes to the MMIS. The position will also respond to the increased demand for surveillance and utilization review. The other position, added at the beginning of FY 94, would work in the area of third party liability. The position would perform cost/benefit analysis, make premium payment arrangements, and undertake pay and chase. In addition, there would be FY 93 start-up costs associated with making changes to the MMIS to produce new reports and to accommodate waiver services and categories of eligibility.

The Certification and Licensing component in Table 3 shows the addition of three new positions. These positions are associated with an authorization unit, which would be established to determine eligibility for waivers (and also the TEFRA option), ensure that an adequate plan of care is developed for each client, and perform on-going management of the waiver caseload. Obtaining and keeping waivers requires compliance with a complicated federal formula that limits both expenditures and the number of people served by a waiver.

One Health Program Specialist II would be added in the second quarter of FY 93 to establish and later supervise the authorization unit. The supervisor will track changes in federal policy, assist in the development of state regulations and policy, monitor relations with care providers, identify the need for and prepare waiver amendments, and identify and implement other corrective actions needed to remain in compliance with federal regulations and waiver requirements.

One Health Program Specialist I would be added in the fourth quarter of FY 93 to review client assessments to determine if the client meets a level of care standard to qualify for waiver or

institutional care. This position will review and approve plans of care and any changes to those plans of care. The position will also work with clients' case managers and state agency staff to develop providers for clients where none are available in the client's community.

One Accounting Technician I will be added in the fourth quarter of FY 93 to track and forecast waiver expenditures to remain in compliance with federally-imposed waiver expenditure limits. This position will also assist in the development of any waiver amendments involving expenditures and the federal cost neutrality formula. Failure to comply with federally imposed expenditures limitations, either through inadequate tracking or forecasting, will result in the federal government disallowing waiver expenditures, which results in these expenditures becoming 100% SGF. All costs in Table 3 are shown in FY 93 dollars.

Table 4 shows the Medical Assistance and Medical Assistance Administration costs of implementing the TEFRA option. It should be noted that this table assumes the prior implementation of the waiver for children. If the TEFRA option is implemented without the waiver, the Division of Medical Assistance would still need to establish the authorization unit, make changes to the MMIS and respond to increased need for surveillance and utilization review and third party liability review.

It is assumed that 3 percent of service expenditures for those receiving services under TEFRA eligibility would be PFD Hold Harmless. The remaining 97 percent is assumed to be Medicaid Non-Facility expenditures.

Table 4 also shows the addition of one temporary Health Program Specialist II in the Medicaid State Program component. Because the Division of Medical Assistance cannot regulate the rate at which people are added to the TEFRA option, unlike waivers, the Division anticipated a very high volume of applicants in the first two years. Evaluation of these clients by the authorization unit will require extensive consultation with developmental disability specialists in DMHDD. For this reason, the Medicaid State Program component includes funding for a two-year temporary position in DMHDD to work on the short-term increase in the volume of case evaluations resulting from adding the TEFRA option, starting at the beginning of FY 94 and working through FY 95.

The Office of Hearings and Appeals component shows the addition of one permanent Public Assistance Program Officer in the Office of Hearings and Appeals. The Division anticipates that many clients (or their families) who do not meet the institutional standard of care required to be eligible for the TEFRA option will appeal this determination. One additional hearing officer would be required to handle this increase in volume. All costs in Table 4 are shown in FY 93 dollars.

Cost Summary

Table 5 summarizes the expenditures shown in Tables 2-4. Table 6 adjusts the FY 93 dollars in Table 5 to reflect anticipated inflation. Because growth in clients has already been factored into the cost estimates and utilization is constrained by cost neutrality limits imposed by the federal government, we have assumed that inflation is limited to average annual price increases of 6 percent.

CSHB NO. 438
Position Paper

For an Act entitled: "An Act relating to Medicaid eligibility of 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; and providing for an effective date."

This bill adds as an optional eligibility group those disabled persons ages 18 and younger who reside at home and who would be Medicaid-eligible if they were residing in medical institutions, and places this group in the priority order of groups served by the Alaska Medicaid program. The bill also directs DHSS to seek approval of a waiver to offer home and community-based services, restates the Department's authority to offer home and community-based services in the Medicaid statute, and links the above eligibility group to the availability or unavailability of waiver services.

BACKGROUND

The main intent of this legislation is to correct a perceived inequity in current State policy which allows disabled children who reside in medical institutions to qualify for Medicaid based on their own incomes, separate from their parents' incomes, while not allowing disabled children who live at home the same benefit. The effect of this policy is that families across all income levels are faced with the dilemma of trying to pay the high medical bills of their disabled children themselves, living at a low income level in order to qualify for Medicaid, or giving up their children so that the children can become Medicaid-eligible.

States can remedy this situation for some families 1) by adopting the TEFRA ("Katie Beckett") option, which amends a state's Medicaid plan to include these disabled children in the group of people entitled to Medicaid, or 2) by obtaining a home and community-based waiver that includes provisions for determining a child's Medicaid eligibility based on his or her own income (a TEFRA, or "Katie Beckett" waiver). Waivers also can offer these children special services that are not allowed under the regular Medicaid coverage available with the TEFRA option.

Currently, 48 states have some sort of home and community-based waiver. Some states offer waiver services only to the elderly and physically disabled, other states offer waiver

Services only to the developmentally disabled, including medically fragile children, and many states serve both populations with several waivers.

The federal Medicaid office does not have a current count of how many of these waivers include children. A National Governor's Association analysis of 1989 waiver data reported that 28 states had regular waivers serving children and 20 had model waivers serving children. (Model waivers are limited to 200 clients.) According to the federal Medicaid office, waiving the deeming of parental income is very common for waivers that include children in the populations served.

In contrast, only 18 states currently offer disabled children Medicaid coverage through the TEFRA option. Of these 18 states, 15 states also offer home and community-based services for children through waivers.

One basic difference between the TEFRA waiver and the TEFRA option is that the waiver limits the number of people that can receive waiver services, whereas the number served under the option is open-ended, as long as the client meets an institutional level of care standard. The waiver limitation is imposed by the federal government, primarily for cost containment reasons. This cap on the number of people served is a negotiated item in a waiver application and is built on historical utilization records and growth trends for each population.

To qualify for either the waiver or the option, federal regulations stipulate that clients must need a level of care that would be provided in a medical institution. Also, under either the waiver or the option, a state must demonstrate that it is safe and cost effective to care for the child at home. The cost effectiveness standard for the option is even more restrictive than for the waiver.¹

In Alaska, the Department of Health and Social Services estimates that 100 children will meet the institutional level of care that is necessary to qualify for either the option or the waiver. Of these 100 children, the Department estimates that 40 percent would need a hospital or nursing facility level of care, and 60 percent would need a level of care provided in an intermediate care facility for the mentally

¹ Failure to monitor and control the cost of home care for each client could result in the state losing substantial amounts of federal Medicaid dollars.

retarded. About 35 of the children currently are living in facilities, and the rest are living with their families or are in foster care situations.²

Because Alaska, like most states, uses a very high level of need to determine its institutional standard for long term care, it is important to point out that some disabled children in Alaska may not qualify for Medicaid through either the waiver or option. For example, a child with mild cystic fibrosis which causes frequent respiratory infections, requiring medications, oxygen and constant custodial care as well as regular visits to the doctor and occasional episodes of hospitalization, would probably not require 24-hour care provided in an institution. This child thus would not meet the institutional standard in Alaska, and would not be eligible for the TEFRA option or waiver. A determination about a particular individual can only be made after a waiver authorization unit has been created in Alaska for this purpose.

POLICY IMPLICATIONS

By adopting the TEFRA option or implementing a TEFRA waiver, Alaska takes its Medicaid program in a new direction, covering a class of citizens it has never covered before. Medicaid was created for and has traditionally served the low income aged, disabled, and families with children, generally people who could not reasonably be expected to provide for their own health care coverage. The TEFRA option and waiver would extend Medicaid eligibility to disabled children from families of all income levels, not just poor families, because the only criteria for inclusion would be the level of care needed, not financial need.

Federal regulations do require that insurance coverage not be supplanted by Medicaid funding, and those TEFRA families with private insurance would be expected to maintain their policies. In many cases, however, families with disabled children find themselves in difficult situations because of the increasing failure of the insurance industry to cover expensive clients. Many families find their existing coverage inadequate for children with special needs or have had their disabled children dropped entirely from their health insurance policies. Once dropped, many families find no new coverage

² These figures are based on information from the 1991 "Perspectives" report by the Governor's Council for the Handicapped and Gifted and on data from the Division of Mental Health and Developmental Disabilities.

available due to preexisting condition exclusions.

The Department recognizes the plight of disabled Alaskans with high medical expenses, but would proceed with caution in shifting the financial responsibility from the private to the public sector. Unfortunately, disabled children who meet an institutional level of care are only one group in a host of people who could benefit from financial assistance with their health care costs. The Department recommends that the Health Resources and Access Task Force consider the TEFRA option and the financial plight of families with disabled children in its review of health care financing resources and recommendations concerning the health insurance industry.

CSHB 438

The Department supports CSHB 438 in concept. Specific sections of the bill, however, raise issues that need further discussion.

CSHB 438, section 1 (D), links the implementation of the TEFRA option and waiver together, by making the TEFRA option available only to those children for whom home and community-based TEFRA waiver services (and thus also regular Medicaid coverage) are unavailable. This unavailability would occur as a result of two factors. The first is the federal cap on the number of people served under a waiver, which was mentioned above. The second would be how quickly children could be placed on the waiver as compared to the option.

Regarding the first concern, the Department intends to apply for a cap high enough to cover all disabled children in need of institutional care who would benefit from waiver services. If accepted by the federal government, and if clients could be placed on the waiver quickly, this would make the availability of Medicaid coverage via the TEFRA option unnecessary until future years, when the growth of the target population may surpass the number able to be covered under the waiver.

The second concern deals with administrative workload and effort. The effective date of Medicaid coverage under the TEFRA option in CSHB 438, section 5, would be 180 days after the home and community-based waivers are implemented. In contrast, the Division of Medical Assistance's Project CHOICE report outlines a two-year, phased-in approach for the planned startup of waivers serving all populations, to ensure that a smooth transition of service provision takes place across all divisions within DHSS. The Department will make every effort to bring disabled children onto their waiver as quickly as possible, but concentrating on one waiver may well affect the

startup dates of the waivers for other, perhaps equally needy, populations.

The fiscal note for CSHB 438 reflects more funding for staff than was identified in the Project CHOICE report. This is because implementing the TEFRA option at generally the same time as waiver implementation will require additional personnel to complete the functional assessment and care plan development that is necessary for each client under the waiver or the option.

It should be noted that entitling disabled children to regular Medicaid coverage before the waivers are fully operational will have a fiscal impact on the Department's budget beyond that of waivers. This is because services funded by Division of Mental Health and Developmental Disabilities, mainly respite, habilitation, and environmental modifications, will continue to be 100% state-funded, rather than becoming Medicaid services which are 50% reimbursed by the federal government.

The refinancing of these very important services for disabled children is a primary goal of the Department, and substantially reduces the cost of waivers as a whole. The Department intends that this refinancing be directed to cover the disabled children who become newly Medicaid eligible as a result of the TEFRA option or waiver.

DEPARTMENT POSITION

- The Department supports the TEFRA option language in sections 1 and 3, as it is consistent with the Department's position stated in the Project CHOICE report to the legislature on waivers and options.
- The Department prefers a different effective date in section 5, which implements TEFRA option coverage 180 days after the waivers are implemented. The Department's preference is to postpone the effective date of implementation of the TEFRA option until the home and community-based waivers are fully operational and some experience is gained in funding these services. The Project CHOICE report to the legislature states that the TEFRA option would involve greater expense for the state, greater uncertainty about that expense, and fewer means for the State to control those expenditures. Therefore, the Department recommends making the TEFRA option effective after waivers are fully implemented, if the Department finds that the TEFRA option is still needed to reach disabled children in need of medical coverage.

CSHB 438

Page 6

- The Department of Health and Social Services is neutral on section 2 of CSHB 438, which reaffirms the funding of home and community-based care by Medicaid; section 4, which directs the Department apply for waivers; and section 6, which makes sections 2 and 4 effective immediately. The Department already has the authority to apply for waiver services and, at the direction of the Governor, is beginning the waiver application process. The Department expects to receive approval for waivers serving all populations needing an institutional level of care within the next two years.

Recommended: Kimberly B. Busch Date: 5-2-92

Kimberly B. Busch
Director
Division of Medical Assistance

Approved:

Theodore A. Mada Date: 4 - June 92
Theodore A. Mada MD. MPH
Commissioner
Department of Health and Social Services

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ALASKA STATE HOUSE



CHAIR
RULES COMMITTEE

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SPECIAL COMMITTEE ON INTERNATIONAL
TRADE & TOURISM

LEGISLATIVE COUNCIL

REPRESENTATIVE JOHNNY ELLIS

CSHB 438 SPONSOR STATEMENT

WHAT SERVICES DOES CSHB 438 — THE BRIANNA HURLEY BILL — OFFER?

The Katie Beckett option allows a child to be Medicaid eligible at home by treating the parents' income in the same way it would be handled if the child were in an institution. The option makes *all* kids under age 19 who qualify for an institutional level of care Medicaid eligible for basic hospital doctor care/health services, hospice for kids, case management — everything in normal EPSTD coverage. Seventeen states have the TEFRA Option, 28 states have regular waivers that serve kids and six have both as of Sept. 1, 1989.

DOES THIS BILL HAVE ANY MEANS OF COST CONTAINMENT?

Yes. It only applies to kids under the age of 19 who meet the requirement for an institutional level of care *and* their care is more cost-effective if provided at home. There are very few children who meet that requirement.

WHO IS ELIGIBLE FOR THE SERVICES PROVIDED BY THE BRIANNA HURLEY BILL?

- Is under the age of 19 and would be eligible for Medicaid in an institution
- Requires or is at risk of needing an "institutional" level of care
- The care is appropriately provided outside the institution
- The cost of providing care is no more than the cost of institutional care
- Home and community based services are not available to this person under a waiver

WHAT GROUPS OF CHILDREN DOES THE BRIANNA HURLEY BILL COVER?

About 100 children would be eligible for the Brianna Hurley option as of June 1990:

- 20 children in Hope Cottages, one of Alaska's two ICF-MR's
- 5 children in hospitals
- 11 children in foster care
- 9 children in nursing homes
- Estimated 55 children at home (paid through private insurance from parents or Medicaid)

CONCLUSION

Please consider adopting both the Katie Beckett Bill — HB 438 — and at the same time support the Department's decision to apply for Medicaid waivers. As the bill is written, if the waivers are granted but the state's waiver population is greater than that approved by the federal government, this option would kick in to provide services to those families.



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CSHB 438 SECTIONAL ANALYSIS

HB 438 Amends Alaska Statutes 47.07 — Medical Assistance for Needy Persons

SECTION 1

AS 47.07.020 (b) is amended by adding a new section (10) describing the kind of person to be eligible for the Medicaid option. (A) and (B) defines people under the age of 19 who are eligible for assistance if in a hospital, nursing facility or ICF-MR — whose care would cost less if that person were receiving care at home, and (C) and (D) says that if that person were eligible for Medicaid in the institution then that person should remain eligible if that person left the facility — disregarding the income and resources of that person's parents, guardian or other caretakers.

SECTION 2

AS 47.07.030 is amended by adding a new section (c) that makes clear in the Statutes that the Department of H&SS can offer services under a waiver. The bill drafters thought this might be necessary to have in statute.

SECTION 3

AS 47.07.035 is amended to add the new Medicaid option to the list of prioritized Medicaid options the state can offer. It lists the new option as number 20 on the priority list. I worked with the bill drafters to place it as number 20 because that is where the services end and the groups of people begin. Last year there was an unwritten policy that new options listed should be the first to go on the priority list, and putting this at number 20 follows that policy to the extent that this is placed as the first GROUP of people.

SECTION 4

This section recognizes that the state shall seek approval of a waiver from the federal government to provide home and community based services for persons who are Medicaid eligible.

SECTION 5

Sections 1 and 3 of this Act take effect on the 180th day after the effective date of the Medicaid plan amendments approved by the federal government, under which the state would implement waivers of the type applied for under section 4 of this Act.

I did this so that waivers could be in place before the option kicks in. For cost reasons, I wanted the option to kick in only if there are not enough waiver slots for all the kids who need Medicaid services. The Department is applying for 25 waiver slots in the first year, so the option kicks in for children identified by the Department (approx. 90 to 100 minus 25 waiver slots) who qualify for an institutional level of care.



CSHB 438 is supported by...

Alaska State Medical Association

Alaska State Infant Learning Program

Action for Alaska's Children

Alaska Women's Lobby

Alaska Coalition of Parents Educating for the Disabled & Medically Complex (Alaska COPE)

Alaska Dietetic Association

...and numerous families and parents

TABLE 1
ESTIMATED COST OF SERVICE FOR CHILDREN UNDER CSI 18438
(ADMINISTRATIVE COST NOT INCLUDED)
FY 93 - FY 98

CHILDREN'S WAIVERS	TOTAL COSTS						STATE GENERAL FUNDS					
	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children (at end of year)	0	45	90	101	114	128						
Medicaid Facility												
Institutional Care Offset	0	(403,555)	(1,088,129)	(1,470,444)	(1,654,250)	(1,861,031)	0	(207,831)	(560,386)	(757,279)	(851,939)	(958,431)
Medicaid Nonfacility												
Home & Community-Based Svcs Cost	0	903,976	2,437,440	3,293,838	3,705,568	4,168,764	0	465,547	1,255,282	1,696,327	1,908,367	2,146,913
Other Program Cost	0	518,285	1,397,480	1,888,487	2,124,547	2,390,116	0	266,917	719,702	972,571	1,094,142	1,230,910
Other Medicaid Offset	0	(16,771)	(45,222)	(61,110)	(68,749)	(77,343)	0	(8,637)	(23,289)	(31,472)	(35,406)	(39,832)
Subtotal	0	1,405,489	3,789,699	5,121,214	5,761,366	6,481,537	0	723,827	1,951,695	2,637,425	2,967,104	3,337,991
TOTAL MEDICAID	0	1,001,934	2,701,570	3,650,770	4,107,116	4,620,506	0	515,996	1,391,308	1,880,147	2,115,165	2,379,560
DPA	0	0	0	0	0	0	0	0	0	0	0	0
DMHDD	0	(191,440)	(516,190)	(697,554)	(784,748)	(882,842)	0	(191,440)	(516,190)	(697,554)	(784,748)	(882,842)
TOTAL	0	810,494	2,185,380	2,953,216	3,322,368	3,737,664	0	324,556	875,118	1,182,593	1,330,417	1,496,719
=====												
TEFRA OPTION	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children on Option	0	65 (1/2 Year)	73	82	93	104						
Medicaid Nonfacility												
Home Based Services (@\$7649)	0	248,593	559,333	629,250	707,906	796,394	0	128,025	288,057	324,064	364,572	410,143
Other Medicaid Services @41966*50/65	0	1,049,150	2,360,588	2,655,661	2,987,619	3,361,071	0	540,312	1,215,703	1,367,665	1,538,624	1,730,952
Medicaid Subtotal	0	1,297,743	2,919,921	3,284,911	3,695,525	4,157,465	0	668,337	1,503,759	1,691,729	1,903,195	2,141,095
Duplicated Waiver Expenditures												
Home Based Services (7649/waiver\$)	0	188,930	509,423	688,410	774,461	871,269	0	97,299	262,353	354,531	398,848	448,703
Other Medicaid Services	0	518,285	1,397,480	1,888,487	2,124,547	2,390,116	0	266,917	719,702	972,571	1,094,142	1,230,910
Waiver Subtotal	0	707,215	1,906,904	2,576,897	2,899,009	3,261,385	0	364,216	982,055	1,327,102	1,492,989	1,679,613
Spending on TEFRA Option Less Waiver Expenditures												
Home Based Services	0	59,662	49,910	(59,160)	(66,555)	(74,875)	0	30,726	25,704	(30,468)	(34,276)	(38,560)
Other Medicaid Services	0	530,865	963,107	767,174	863,071	970,955	0	273,396	496,000	395,095	444,482	500,042
TEFRA Subtotal	0	590,528	1,013,017	708,014	796,516	896,080	0	304,122	521,704	364,627	410,206	461,481
=====												
TOTAL SERVICE COST -- WAIVER AND OPTION	0	1,401,021	3,198,397	3,661,230	4,118,884	4,633,744	0	628,678	1,396,822	1,547,220	1,740,622	1,958,200

TABLE 2

Notes to Fiscal Note for CS110430
 Children's Waiver Cost -- Medical Assistance & PFDIII
 FY 93

Combined Medicaid and PFDIII -- Facility 0.0
 Combined Medicaid and PFDIII -- Nonfacility 0.0

	Medicaid Facility			Medicaid Nonfacility			PFD Hold Harmless			Medicaid State Program				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD HPSII 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year																
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	62.7	62.7	31.4	31.4	62.7	31.4	31.4
200 Travel																
In-state, @ \$000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	2.4	1.2	1.2
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	2.0	1.0	1.0
Waiver Development Conference	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	5.0	5.0	10.0	5.0	5.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.4	14.4	7.2	7.2	14.4	7.2	7.2
300 Contractual																
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.9	0.9	1.8	0.9	0.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	2.3	1.2	1.2
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.6	4.6	2.3	2.3	4.6	2.3	2.3
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.3	0.3
500 Equipment																
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	3.5	1.8	1.8	3.5	1.8	1.8
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.6	0.8	0.8	1.6	0.8	0.8
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.9	0.5	0.5	0.9	0.5	0.5
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0	6.0	3.0	3.0	6.0	3.0	3.0
700 Grants and Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	88.3	88.3	44.2	44.2	88.3	44.2	44.2

Position Summary	Title	Range	Start Date
DMIIDD	Health Program Specialist II	19A	7/1/92

TABLE 2
Notes to Fiscal Note for CS11B438
Children's Waiver Cost -- Medical Assistance & PFDIII
FY 94

	Combined Medicaid and PFDIII -- Facility (403.6)			Combined Medicaid and PFDIII -- Nonfacility 1,405.5			PFD Hold Harmless			Medical State Program				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	TOTAL	SGF	FF	DMHDD HPSII 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year																
100 Personal Services	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	62.7 ==	62.7 ==	31.4 ==	31.4 ==	62.7 ==	31.4 ==	31.4 ==
200 Travel																
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	2.4	1.2	1.2
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	2.0	1.0	1.0
Waiver Development Conference	0.0			0.0			0.0			10.0	10.0	5.0	5.0	10.0	5.0	5.0
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	14.4 ==	14.4 ==	7.2 ==	7.2 ==	14.4 ==	7.2 ==	7.2 ==
300 Contractual																
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.9	0.9	1.0	0.9	0.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	2.3	1.2	1.2
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	4.6 ==	4.6 ==	2.3 ==	2.3 ==	4.6 ==	2.3 ==	2.3 ==
400 Supplies	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.6 ==	0.6 ==	0.3 ==	0.3 ==	0.6 ==	0.3 ==	0.3 ==
500 Equipment																
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.5 ==	0.5 ==	0.3 ==	0.3 ==	0.5 ==	0.3 ==	0.3 ==
700 Grants and Claims	(391.5) ==	(195.7) ==	(195.7) ==	1,363.3 ==	601.7 ==	601.7 ==	30.1 ==	30.1 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	1,001.9 ==	516.0 ==	485.9 ==
TOTAL OPERATING	(391.5) =====	(195.7) =====	(195.7) =====	1,363.3 =====	601.7 =====	601.7 =====	30.1 =====	30.1 =====	0.0 =====	62.0 =====	62.0 =====	41.4 =====	41.4 =====	1,004.7 =====	557.4 =====	527.3 =====

Position Summary

DMIIDD

Title
Health Program Specialist II

Range Start Date
19A 7/1/92

TABLE 2

Notes to Fiscal Note for CSIB430
 Children's Waiver Cost -- Medical Assistance & PFDIII
 FY 95

Combined Medicaid and PFDIII -- Facility (1,000.1)
 Combined Medicaid and PFDIII -- Nonfacility 3,709.7

	Medicaid Facility			Medicaid Nonfacility			PFD Hold Harmless			Medicaid State Program				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	TOTAL	SGF	FF	DMHDD HPSII 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year																
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	62.7	62.7	31.4	31.4	62.7	31.4	31.4
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
200 Travel																
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	2.4	1.2	1.2
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	2.0	1.0	1.0
Waiver Development Conference	0.0			0.0			0.0			10.0	10.0	5.0	5.0	10.0	5.0	5.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.4	14.4	7.2	7.2	14.4	7.2	7.2
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual																
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.9	0.9	1.8	0.9	0.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	2.3	1.2	1.2
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.6	4.6	2.3	2.3	4.6	2.3	2.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.3	0.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment																
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
700 Grants and Claims	(1,055.5)	(527.7)	(527.7)	3,070.0	1,030.0	1,030.0	01.0	01.0	0.0	0.0	0.0	0.0	0.0	2,701.8	1,391.3	1,310.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	(1,055.5)	(527.7)	(527.7)	3,870.0	1,030.0	1,030.0	01.0	01.0	0.0	02.8	02.8	41.4	41.4	2,704.4	1,432.7	1,351.7
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary

DMHDD

Title: Health Program Specialist II
 Range: 19A
 Start Date: 7/1/92

TABLE 2

Notes to Fiscal Note for CS110430
 Children's Waiver Cost -- Medicaid Assistance & PFDIII
 FY 96

Combined Medicaid and PFDIII -- Facility (1,470.4)
 Combined Medicaid and PFDIII -- Nonfacility 5,121.2

	Medicaid Facility			Medicaid Nonfacility			PFD Hold Harmless			Medicaid State Program				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	TOTAL	SGF	FF	DMHDD HPSII 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year																
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	62.7	62.7	31.4	31.4	62.7	31.4	31.4
200 Travel																
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	2.4	1.2	1.2
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	2.0	1.0	1.0
Waiver Development Conference	0.0			0.0			0.0			10.0	10.0	5.0	5.0	10.0	5.0	5.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.4	14.4	7.2	7.2	14.4	7.2	7.2
300 Contractual																
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.9	0.9	1.8	0.9	0.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	2.3	1.2	1.2
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.6	4.6	2.3	2.3	4.6	2.3	2.3
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.3	0.3
500 Equipment																
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
700 Grants and Claims	(1,420.3)	(713.1)	(713.1)	4,967.0	2,403.0	2,403.0	109.5	109.5	0.0	0.0	0.0	0.0	0.0	3,650.8	1,800.2	1,770.6
TOTAL OPERATING	(1,420.3)	(713.1)	(713.1)	4,967.0	2,403.0	2,403.0	109.5	109.5	0.0	82.8	82.8	41.4	41.4	3,733.6	1,921.6	1,812.1

Position Summary

DMHDD	Title	Range	Start Date
	Health Program Specialist II	19A	7/1/92

TABLE 2
 Notes to Fiscal Note for CS110430
 Children's Waiver Cost -- Medical Assistance & PFDIII
 FY 97

Combined Medicaid and PFDIII -- Facility (1,654.3)
 Combined Medicaid and PFDIII -- Nonfacility 5,761.4

	Medicaid Facility			Medicaid Non-Facility			PFD Hold Harmless			Medicaid State Program				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	TOTAL	SGF	FF	DMHDD HPSII 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year																
100 Personal Services	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	62.7 ==	62.7 ==	31.4 ==	31.4 ==	62.7 ==	31.4 ==	31.4 ==
200 Travel																
In-state, @ \$000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	2.4	1.2	1.2
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	2.0	1.0	1.0
Waiver Development Conference	0.0			0.0			0.0			0.0	0.0	5.0	5.0	10.0	5.0	5.0
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	14.4 ==	14.4 ==	7.2 ==	7.2 ==	14.4 ==	7.2 ==	7.2 ==
300 Contractual																
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.9	0.9	1.8	0.9	0.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	2.3	1.2	1.2
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	4.6 ==	4.6 ==	2.3 ==	2.3 ==	4.6 ==	2.3 ==	2.3 ==
400 Supplies	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.6 ==	0.6 ==	0.3 ==	0.3 ==	0.6 ==	0.3 ==	0.3 ==
500 Equipment																
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.5 ==	0.5 ==	0.3 ==	0.3 ==	0.5 ==	0.3 ==	0.3 ==
700 Grants and Claims	(1,604.7) ==	(002.3) ==	(002.3) ==	5,500.0 ==	2,794.3 ==	2,794.3 ==	123.2 ==	123.2 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	4,107.1 ==	2,115.2 ==	1,991.9 ==
TOTAL OPERATING	(1,604.7) =====	(002.3) =====	(002.3) =====	5,500.6 =====	2,794.3 =====	2,794.3 =====	123.2 =====	123.2 =====	0.0 =====	82.8 =====	82.8 =====	41.4 =====	41.4 =====	4,109.9 =====	2,156.6 =====	2,033.4 =====

Position Summary

DMHDD	Title	Range	Start Date
	Health Program Specialist II	19A	7/1/92

TABLE 2
Notes to Fiscal Note for CSIB430
Children's Waiver Cost -- Medical Assistance & PFDIII
FY 90

Combined Medicaid and PFDIII -- Facility (1,061.0)
Combined Medicaid and PFDIII -- Nonfacility 6,401.5

	Medicaid Facility			Medicaid Nonfacility			PFD I fold Harmless			Medicaid State Program				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	TOTAL	SGF	FF	DMHDD HPSII 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year																
100 Personal Services	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	62.7 ==	62.7 ==	31.4 ==	31.4 ==	62.7 ==	31.4 ==	31.4 ==
200 Travel																
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	2.4	1.2	1.2
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	2.0	1.0	1.0
Waiver Development Conference	0.0			0.0			0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	14.4 ==	14.4 ==	7.2 ==	7.2 ==	14.4 ==	7.2 ==	7.2 ==
300 Contractual																
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.0	0.9	0.9	1.0	0.9	0.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	2.3	1.2	1.2
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	4.6 ==	4.6 ==	2.3 ==	2.3 ==	4.6 ==	2.3 ==	2.3 ==
400 Supplies	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.6 ==	0.6 ==	0.3 ==	0.3 ==	0.6 ==	0.3 ==	0.3 ==
500 Equipment																
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.5 ==	0.5 ==	0.3 ==	0.3 ==	0.5 ==	0.3 ==	0.3 ==
700 Grants and Claims	(1,005.2) ==	(902.6) ==	(902.6) ==	0,207.1 ==	3,143.5 ==	3,143.5 ==	130.6 ==	130.6 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	0.0 ==	4,820.5 ==	2,379.6 ==	2,240.9 ==
TOTAL OPERATING	(1,005.2) =====	(902.6) =====	(902.6) =====	0,207.1 =====	3,143.5 =====	3,143.5 =====	130.6 =====	130.6 =====	0.0 =====	62.0 =====	62.0 =====	41.4 =====	41.4 =====	4,703.3 =====	2,421.0 =====	2,202.4 =====

Position Summary

DMI100	Title	Range	Start Date
	Health Program Specialist II	19A	7/1/92

TABLE 3

Notes to Fiscal Note for CSI ID 438
 Children's Waiver Cost -- Medical Assistance Administration
 FY 93

% of Year	Claims Processing					Certification and Licensing						Program Totals			
	DMA HPS I 50%	DMA HPS I 0%	OTHER	TOTAL	SGF	FF	DMA HSP II 75%	DMA HPS I 25%	DMA AT 25%	TOTAL	SGF	FF	TOTAL	SGF	FF
100 Personal Services	27.6			27.6	13.8	13.8	47.1	13.8	10.5	71.4	35.7	35.7	98.9	49.5	49.5
	==			==	==	==	==	==	==	==	==	==	==	==	==
200 Travel															
In-state, @ \$800 per trip	1.6			1.6	0.8	0.8	2.4	0.8	0.8	4.0	2.0	2.0	5.6	2.8	2.8
Out-of-state, @ \$2,000 per trip	2.0			2.0	1.0	1.0	2.0	0.0	0.0	2.0	1.0	1.0	4.0	2.0	2.0
MMIS--Training Costs			14.0	14.0	3.5	10.5							14.0	3.5	10.5
MMIS--Accuplance Testing			10.0	10.0	2.5	7.5							10.0	2.5	7.5
TOTAL	3.6		24.0	27.6	7.0	19.0	4.4	0.8	0.8	6.0	3.0	3.0	33.6	10.8	22.8
	==		==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual															
Communications	0.9			0.9	0.5	0.5	2.8	0.7	0.5	4.0	2.0	2.0	4.9	2.4	2.4
Printing and Advertising	0.1			0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.2	0.1	0.1
Repairs and Maintenance	0.1			0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.2	0.1	0.1
Office Space Rental	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.2			0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	0.5	0.3	0.3
MMIS--New Categories of Service			195.0	195.0	48.8	146.3							195.0	48.8	146.3
MMIS--Change or Add Edits			21.0	21.0	5.3	15.8							21.0	5.3	15.8
MMIS--New Reports			57.2	57.2	14.3	42.9							57.2	14.3	42.9
Other	0.2			0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	0.5	0.3	0.3
TOTAL	1.3		273.2	274.5	69.0	205.6	3.4	0.9	0.7	5.0	2.5	2.5	279.5	71.4	208.0
	==		==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.3			0.3	0.2	0.2	0.5	0.2	0.2	0.8	0.4	0.4	1.1	0.5	0.5
	==			==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment															
Micro computer, monitor, NIC	3.5			3.5	1.8	1.8	3.5	3.5	3.5	10.5	5.3	5.3	14.0	7.0	7.0
Software	1.6			1.6	0.8	0.8	1.6	1.6	1.6	4.8	2.4	2.4	6.4	3.2	3.2
Desk and Chair	1.0			1.0	0.5	0.5	1.0	1.0	1.0	3.0	1.5	1.5	4.0	2.0	2.0
TOTAL	6.1			6.1	3.1	3.1	6.1	6.1	6.1	18.3	9.2	9.2	24.4	12.2	12.2
	==			==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	38.9		297.2	336.1	93.7	242.3	61.4	21.7	18.2	101.4	50.7	50.7	437.4	144.4	293.0
	====		====	====	====	====	====	====	====	====	====	====	====	====	====

Position Summary	Title	Range	Start Date
Claims Processing	Health Program Spec. I	17A	1/1/93
	Health Program Spec. I	17A	7/1/93
Certification and Licensing	Health Program Spec. I	17A	4/1/93
	Accounting Technician I	12A	4/1/93
	Health Program Spec. II	19A	10/1/92

TABLE 3

Notes to Fiscal Note for CSHB 430
 Children's Walvor Cost -- Medical Assistance Administration
 FY 94

% of Year	Claims Processing					Certification and Licensing					Program Totals				
	DMA HPS I 100%	DMA HPS I 100%	OTHER	TOTAL	SGF	FF	DMA HSPII 100%	DMA HPSI 100%	DMA AT 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
100 Personnel Services	55.1	55.1		110.2	55.1	55.1	62.7	55.1	42.1	160.0	80.0	80.0	270.2	135.1	135.1
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
200 Travel															
In-state, @ \$000 per trip	1.6	1.6		3.2	1.6	1.6	2.4	0.8	0.8	4.0	2.0	2.0	7.2	3.6	3.6
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0	0.0	0.0	2.0	1.0	1.0	6.0	3.0	3.0
MMIS--Training Costs				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Acceptance Testing				0.0	0.0	0.0							0.0	0.0	0.0
TOTAL	3.6	3.6	0.0	7.2	3.6	3.6	4.4	0.8	0.8	6.0	3.0	3.0	13.2	6.6	6.6
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual															
Communications	1.8	1.8		3.6	1.8	1.8	2.8	2.8	1.8	7.4	3.7	3.7	11.0	5.5	5.5
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
MMIS--New Categories of Service				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Change or Add Edits				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--New Reports				0.0	0.0	0.0							0.0	0.0	0.0
Other	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
TOTAL	2.6	2.6	0.0	5.2	2.6	2.6	3.6	3.6	2.6	9.8	4.9	4.9	15.0	7.5	7.5
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.6	0.6		1.2	0.6	0.6	0.6	0.6	0.6	1.8	0.9	0.9	3.0	1.5	1.5
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment															
Micro computer, monitor, NIC		3.5		3.5	1.8	1.8				0.0	0.0	0.0	3.5	1.8	1.8
Software	0.5	1.6		2.1	1.1	1.1	0.5	0.5	0.5	1.5	0.8	0.8	3.6	1.8	1.8
Desk and Chair		1.0		1.0	0.5	0.5				0.0	0.0	0.0	1.0	0.5	0.5
TOTAL	0.5	6.1		6.6	3.3	3.3	0.5	0.5	0.5	1.5	0.8	0.8	8.1	4.1	4.1
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	62.4	68.0	0.0	130.4	65.2	65.2	71.8	60.6	46.6	179.1	89.5	89.5	309.5	154.8	154.8
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary	Title	Range	Start Date
Claims Processing	Health Program Spec. I	17A	1/1/93
	Health Program Spec. I	17A	7/1/93
Certification and Licensing	Health Program Spec. I	17A	4/1/93
	Accounting Technician I	12A	4/1/93
	Health Program Spec. II	19A	10/1/92

TABLE 3

Notes to Fiscal Note for CSHB 430
 Children's Walvor Cost -- Medical Assistance Administration
 FY 95

% of Year	Claims Processing					Certification and Licensing						Program Totals			
	DMA HPS I 100%	DMA HPS I 100%	OTHER	TOTAL	SGF	FF	DMA HSPH 100%	DMA HPSI 100%	DMA AT 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
100 Personal Services	55.1	55.1		110.2	55.1	55.1	62.7	55.1	42.1	160.0	80.0	80.0	270.2	135.1	135.1
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
200 Travel															
In-state, @ \$800 per trip	1.6	1.6		3.2	1.6	1.6	2.4	0.8	0.8	4.0	2.0	2.0	7.2	3.6	3.6
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0	0.0	0.0	2.0	1.0	1.0	6.0	3.0	3.0
MMIS--Training Costs				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Acceptance Testing				0.0	0.0	0.0							0.0	0.0	0.0
TOTAL	3.6	3.6	0.0	7.2	3.6	3.6	4.4	0.8	0.8	6.0	3.0	3.0	13.2	6.6	6.6
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual															
Communications	1.8	1.8		3.6	1.8	1.8	2.8	2.8	1.8	7.4	3.7	3.7	11.0	5.5	5.5
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
MMIS--New Categories of Service				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Change or Add Edits				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--New Reports				0.0	0.0	0.0							0.0	0.0	0.0
Other	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
TOTAL	2.6	2.6	0.0	5.2	2.6	2.6	3.6	3.6	2.6	9.8	4.9	4.9	15.0	7.5	7.5
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.6	0.6		1.2	0.6	0.6	0.6	0.6	0.6	1.8	0.9	0.9	3.0	1.5	1.5
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment															
Micro computer, monitor, NIC				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
Software	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
Desk and Chair				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	62.4	62.4	0.0	124.8	62.4	62.4	71.8	60.6	46.6	179.1	89.5	89.5	303.9	152.0	152.0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary	Title	Range	Start Date
Claims Processing	Health Program Spec. I	17A	1/1/93
	Health Program Spec. I	17A	7/1/93
Certification and Licensing	Health Program Spec. I	17A	4/1/93
	Accounting Technician I	12A	4/1/93
	Health Program Spec. II	19A	10/1/92

TABLE 3

Notes to Fiscal Note for CSIB 430
 Children's Waiver Cost -- Medical Assistance Administration
 FY 96

PAGE 4

% of Year	Claims Processing						Certification and Licensing						Program Totals		
	DMA HPSI 100%	DMA HPSI 100%	OTHER	TOTAL	SGF	FF	DMA HSPH 100%	DMA HPSI 100%	DMA AT 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
100 Personal Services	55.1	55.1		110.2	55.1	55.1	62.7	55.1	42.1	160.0	80.0	80.0	270.2	135.1	135.1
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
200 Travel															
In-state, @ \$800 per trip	1.6	1.6		3.2	1.6	1.6	2.4	0.8	0.8	4.0	2.0	2.0	7.2	3.6	3.6
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0	0.0	0.0	2.0	1.0	1.0	6.0	3.0	3.0
MMIS--Training Costs				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Acceptance Testing				0.0	0.0	0.0							0.0	0.0	0.0
TOTAL	3.6	3.6	0.0	7.2	3.6	3.6	4.4	0.8	0.8	6.0	3.0	3.0	13.2	6.6	6.6
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual															
Communications	1.8	1.8		3.6	1.8	1.8	2.8	2.8	1.8	7.4	3.7	3.7	11.0	5.5	5.5
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
MMIS--New Categories of Service				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Change or Add Edits				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--New Reports				0.0	0.0	0.0							0.0	0.0	0.0
Other	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
TOTAL	2.6	2.6	0.0	5.2	2.6	2.6	3.6	3.6	2.6	9.8	4.9	4.9	15.0	7.5	7.5
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.6	0.6		1.2	0.6	0.6	0.6	0.6	0.6	1.8	0.9	0.9	3.0	1.5	1.5
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment															
Micro computer, monitor, NIC				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
Software	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
Desk and Chair				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	62.4	62.4	0.0	124.8	62.4	62.4	71.8	60.6	46.6	179.1	89.5	89.5	303.9	152.0	152.0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary

Title	Range	Start Date
Health Program Spec. I	17A	1/1/93
Health Program Spec. I	17A	7/1/93
Health Program Spec. I	17A	4/1/93
Accounting Technician I	12A	4/1/93
Health Program Spec. II	19A	10/1/92

TABLE 3

Notes to Fiscal Note for CSIB 438
 Children's Waiver Cost -- Medical Assistance Administration
 FY 97

% of Year	Claims Processing					Certification and Licensing					Program Totals				
	DMA HPS I 100%	DMA HPS I 100%	OTHER	TOTAL	SGF	FF	DMA HSP II 100%	DMA HPS I 100%	DMA AT 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
100 Personal Services	55.1	55.1		110.2	55.1	55.1	62.7	55.1	42.1	160.0	80.0	80.0	270.2	135.1	135.1
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
200 Travel															
In-state, @ \$800 per trip	1.6	1.6		3.2	1.6	1.6	2.4	0.8	0.8	4.0	2.0	2.0	7.2	3.6	3.6
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0	0.0	0.0	2.0	1.0	1.0	6.0	3.0	3.0
MMIS--Training Costs				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Accompanance Testing				0.0	0.0	0.0							0.0	0.0	0.0
TOTAL	3.6	3.6	0.0	7.2	3.6	3.6	4.4	0.8	0.8	6.0	3.0	3.0	13.2	6.6	6.6
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual															
Communications	1.8	1.8		3.6	1.8	1.8	2.8	2.8	1.8	7.4	3.7	3.7	11.0	5.5	5.5
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
MMIS--New Categories of Service				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Change or Add Edits				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--New Reports				0.0	0.0	0.0							0.0	0.0	0.0
Other	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
TOTAL	2.6	2.6	0.0	5.2	2.6	2.6	3.6	3.6	2.6	9.8	4.9	4.9	15.0	7.5	7.5
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.6	0.6		1.2	0.6	0.6	0.6	0.6	0.6	1.8	0.9	0.9	3.0	1.5	1.5
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment															
Micro computer, monitor, NIC				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
Software	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
Desk and Chair				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	62.4	62.4	0.0	124.8	62.4	62.4	71.8	60.6	46.6	179.1	89.5	89.5	303.9	152.0	152.0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary

Title	Range	Start Date
Health Program Spec. I	17A	1/1/93
Health Program Spec. I	17A	7/1/93
Health Program Spec. I	17A	4/1/93
Accounting Technician I	12A	4/1/93
Health Program Spec. II	19A	10/1/92

TABLE 3

Notes to Fiscal Note for CSHB 438

Children's Waiver Cost -- Medical Assistance Administration

FY 98

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% of Year	Claims Processing						Certification and Licensing						Program Totals		
	DMA IIPSI 100%	DMA IIPSI 100%	OTHER	TOTAL	SGF	FF	DMA IIPSI 100%	DMA IIPSI 100%	DMA AT 100%	TOTAL	SGF	FF	TOTAL	SGF	FF
100 Personal Services	55.1	55.1		110.2	55.1	55.1	62.7	55.1	42.1	160.0	80.0	80.0	270.2	135.1	135.1
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
200 Travel															
In-state, @ \$800 per trip	1.6	1.6		3.2	1.6	1.6	2.4	0.8	0.8	4.0	2.0	2.0	7.2	3.6	3.6
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0	0.0	0.0	2.0	1.0	1.0	6.0	3.0	3.0
MMIS--Training Costs				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Acceptance Testing				0.0	0.0	0.0							0.0	0.0	0.0
TOTAL	3.6	3.6	0.0	7.2	3.6	3.6	4.4	0.8	0.8	6.0	3.0	3.0	13.2	6.6	6.6
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual															
Communications	1.8	1.8		3.6	1.8	1.8	2.8	2.8	1.8	7.4	3.7	3.7	11.0	5.5	5.5
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3	0.3
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
MMIS--New Categories of Service				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--Change or Add Edits				0.0	0.0	0.0							0.0	0.0	0.0
MMIS--New Reports				0.0	0.0	0.0							0.0	0.0	0.0
Other	0.3	0.3		0.6	0.3	0.3	0.3	0.3	0.3	0.9	0.5	0.5	1.5	0.8	0.8
TOTAL	2.6	2.6	0.0	5.2	2.6	2.6	3.6	3.6	2.6	9.8	4.9	4.9	15.0	7.5	7.5
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.6	0.6		1.2	0.6	0.6	0.6	0.6	0.6	1.8	0.9	0.9	3.0	1.5	1.5
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment															
Micro computer, monitor, NIC				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
Software	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
Desk and Chair				0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.5	0.5		1.0	0.5	0.5	0.5	0.5	0.5	1.5	0.8	0.8	2.5	1.3	1.3
	==	==		==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	62.4	62.4	0.0	124.8	62.4	62.4	71.8	60.6	46.6	179.1	89.5	89.5	303.9	152.0	152.0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary

Title	Range	Start Date
Health Program Spec. I	17A	1/1/93
Health Program Spec. I	17A	7/1/93
Health Program Spec. I	17A	4/1/93
Accounting Technician I	12A	4/1/93
Health Program Spec. II	19A	10/1/92

TABLE 4
Notes to Fiscal Note for CSIIB 430
TEFRA Option Costs
FY 93

Medicaid and PFDIII Service Dollars:	00			Medicaid Nonfacility			PFD Hold Harmless			Medicaid State Program				Hearings and Appeals				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD (HPSII)	TOTAL	SGF	FF	DMA	TOTAL	SGF	FF	TOTAL	SGF	FF			
% of Year							0%													
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
200 Travel																				
In-state, @ \$000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
300 Contractual																				
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
500 Equipment																				
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
700 Grants and Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				

Position Summary	Title	Range	Start Date
Medicaid State Programs DMIIDD	Health Program Spec. II	19A	10/1/93
Office of Hearings and Appeals	Public Asst. Program Officer	21A	7/1/93

TABLE 4
Notes to Fiscal Note for CSID 430
TEFRA Option Costs
FY 94

Medicaid and PFD III Service Dollars:	590.9			PFD Hold Harmless			Medicaid State Program				Hearings and Appeals				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD	TOTAL	SGF	FF	DMA	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year							HPSII 100%				100%						
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	62.7	62.7	31.4	31.4	70.5	70.5	35.3	35.3	133.3	66.6	66.6
200 Travel																	
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	0.8	0.8	0.4	0.4	3.2	1.6	1.6
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	1.0	1.0	0.5	0.5	3.0	1.5	1.5
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	4.4	4.4	2.2	2.2	1.8	1.8	0.9	0.9	6.2	3.1	3.1
300 Contractual																	
Communications	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.9	0.9	4.0	4.0	2.0	2.0	5.0	2.9	2.9
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	1.7	0.9	0.9	1.7	0.9	0.9
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.3	0.2	0.2	0.6	0.3	0.3
Other	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	0.3	0.3	0.2	0.2	2.6	1.3	1.3
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	4.6	4.6	2.3	2.3	6.5	6.5	3.3	3.3	11.1	5.6	5.6
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.6	0.3	0.3	1.2	0.6	0.6
500 Equipment																	
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	3.5	3.5	1.8	1.8	3.5	3.5	1.8	1.8	7.0	3.5	3.5
Software	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.6	0.8	0.8	1.6	1.6	0.8	0.8	3.2	1.6	1.6
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.9	0.5	0.5	1.0	1.0	0.5	0.5	1.9	1.0	1.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	6.0	6.0	3.0	3.0	6.1	6.1	3.1	3.1	12.1	6.1	6.1
700 Grants and Claims	573.2	206.6	206.6	17.7	17.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	590.9	304.3	206.6
TOTAL OPERATING	573.2	206.6	206.6	17.7	17.7	0.0	70.3	70.3	39.2	39.2	85.5	85.5	42.8	42.8	754.8	386.3	368.5

Position Summary	Title	Range	Start Date
Medicaid State Programs DMIIDD	Health Program Spec. II	19A	10/1/93
Office of Hearing and Appeals	Public Assl. Program Officer	21A	7/1/93

TABLE 4
Notes to Fiscal Note for CSIB 430
TEFRA Option Costs
FY 95

	Medicaid and PFDIII Service Dollars: 963.1			PFD Hold Harmless			Medicaid State Program				Hearings and Appeals				Program Totals			
	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD	TOTAL	SGF	FF	DMA	TOTAL	SGF	FF	TOTAL	SGF	FF	
% of Year							100%					100%						
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	62.7	62.7	31.4	31.4	70.5	70.5	35.3	35.3	133.3	66.6	66.6	
200 Travel																		
In-state, @ \$000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	1.2	1.2	0.0	0.0	0.4	0.4	3.2	1.6	1.6	
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	1.0	1.0	1.0	1.0	0.5	0.5	3.0	1.5	1.5	
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	4.4	4.4	2.2	2.2	1.8	1.8	0.9	0.9	6.2	3.1	3.1	
300 Contractual																		
Communications	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.9	0.9	4.0	4.0	2.0	2.0	5.8	2.9	2.9	
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	1.7	0.9	0.9	1.7	0.9	0.9	
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.3	0.2	0.2	0.8	0.3	0.3	
Other	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	1.2	1.2	0.3	0.3	0.2	0.2	2.6	1.3	1.3	
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	4.6	4.6	2.3	2.3	6.5	6.5	3.3	3.3	11.1	5.6	5.6	
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.6	0.3	0.3	1.2	0.6	0.6	
500 Equipment																		
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.5	0.3	0.3	1.0	0.5	0.5	
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.5	0.3	0.3	1.0	0.5	0.5	
700 Grants and Claims	934.2	467.1	467.1	20.9	20.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	963.1	496.0	467.1	
TOTAL OPERATING	934.2	467.1	467.1	20.9	20.9	0.0	72.0	72.0	36.4	36.4	79.9	79.9	40.0	40.0	1,115.9	572.4	543.5	

Position Summary	Title	Range	Start Date
Medicaid State Programs DMIIDD	Health Program Spec. II	19A	10/1/93
Office of Hearing and Appeals	Public Asst. Program Officer	21A	7/1/93

TABLE 4
Notes to Fiscal Note for CSIB 430
TEFRA Option Costs
FY 96

	767.2			PFDI Hold Harmless			Medicaid State Program				Hearings and Appeals				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD	TOTAL	SGF	FF	DMA	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year							HPSII 0%				100%						
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.5	70.5	35.3	35.3
200 Travel																	
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4	0.8	0.4	0.4	0.4
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	1.0	0.5	0.5	0.5
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.9	1.8	0.9	0.9	0.9
300 Contractual																	
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	2.0	2.0	4.0	2.0	2.0
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	1.7	0.9	0.9	1.7	0.9	0.9
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.5	6.5	3.3	3.3	6.5	3.3	3.3
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8	0.3	0.3	0.8	0.3	0.3
500 Equipment																	
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
700 Grants and Claims	744.2	372.1	372.1	23.0	23.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	744.2	372.1	372.1	23.0	23.0	0.0	0.0	0.0	0.0	0.0	79.9	79.9	40.0	40.0	847.1	435.1	412.1

Position Summary	Title	Range	Start Date
Medicaid State Programs DMIIDD	Health Program Spec. II	19A	10/1/93
Office of Hearing and Appeals	Public Asst. Program Officer	21A	7/1/93

TABLE 4
Notes to Fiscal Note for CSI ID 430
TEFRA Option Costs
FY 97

	Medicaid and PFDIII Service Dollars: 863.1			PFD Hold Harmless			Medicaid State Program				Hearings and Appeals				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD	TOTAL	SGF	FF	DMA	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year							0%				100%						
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.5	70.5	35.3	35.3	70.5	35.3	35.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
200 Travel																	
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8	0.4	0.4	0.8	0.4	0.4
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.5	0.5	1.0	0.5	0.5
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.9	0.9	1.8	0.9	0.9
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
300 Contractual																	
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	2.0	2.0	4.0	2.0	2.0
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	1.7	0.9	0.9	1.7	0.9	0.9
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.5	6.5	3.3	3.3	6.5	3.3	3.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.3	0.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
500 Equipment																	
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
700 Grants and Claims	037.2	410.6	410.6	25.9	25.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	803.1	444.5	418.6
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
TOTAL OPERATING	037.2	410.6	410.6	25.0	25.9	0.0	0.0	0.0	0.0	0.0	79.9	79.9	40.0	40.0	943.0	484.5	458.6
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

Position Summary	Title	Range	Start Date
Medicaid State Programs DMIIDD	Health Program Spec. II	19A	10/1/93
Office of Hearing and Appeals	Public Asst. Program Officer	21A	7/1/93

TABLE 4
Notes to Fiscal Note for CSIB 430
TEFRA Option Costs
FY 90

	Medicaid and PFDIII Service Dollars: 971.0			PFD Hold Harmless			Medicaid State Program				Hearings and Appeals				Program Totals		
	TOTAL	SGF	FF	TOTAL	SGF	FF	DMIIDD	TOTAL	SGF	FF	DMA	TOTAL	SGF	FF	TOTAL	SGF	FF
% of Year							0%				100%						
100 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.5	70.5	35.3	35.3	70.5	35.3	35.3
200 Travel																	
In-state, @ \$800 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8	0.4	0.4	0.8	0.4	0.4
Out-of-state, @ \$2,000 per trip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.5	0.5	1.0	0.5	0.5
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.9	0.9	1.8	0.9	0.9
300 Contractual																	
Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	2.0	2.0	4.0	2.0	2.0
Printing and Advertising	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Repairs and Maintenance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Office Space Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	1.7	0.9	0.9	1.7	0.9	0.9
Equipment Rental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.2	0.3	0.2	0.2
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.5	6.5	3.3	3.3	6.5	3.3	3.3
400 Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.3	0.3	0.6	0.3	0.3
500 Equipment																	
Micro computer, monitor, NIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Software	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
Desk and Chair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.3	0.3	0.5	0.3	0.3
700 Grants and Claims	941.9	470.9	470.9	29.1	29.1	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	971.0	500.1	470.9
TOTAL OPERATING	941.9	470.9	470.9	29.1	29.1	0.0	0.0	0.0	0.0	0.0	79.9	79.9	40.0	40.0	1,050.9	540.0	510.9

Position Summary	Title	Range	Start Date
Medicaid State Programs DMIIDD	Health Program Spec. II	19A	10/1/93
Office of Hearing and Appeals	Public Asst. Program Officer	21A	7/1/93

TABLE 5
Notes to Fiscal Note for CSHB 438
Combined Summary -- Children's Waiver and TEFRA Option
Division of Medical Assistance
In FY 93 Dollars

Expenditures/Revenues: (Thousands of Dollars)						
Operating	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Personal Services	161.7	466.2	466.2	403.5	403.5	403.5
Travel	48.0	33.8	33.8	29.4	29.4	29.4
Contractual	284.1	30.7	30.7	26.1	26.1	26.1
Supplies	1.7	4.8	4.8	4.2	4.2	4.2
Equipment	30.4	20.7	4.0	3.5	3.5	3.5
Land & Structures						
Grants, Claims	0.0	1,592.8	3,664.7	4,418.0	4,970.2	5,591.5
Miscellaneous						
Total Operating	525.8	2,149.0	4,204.2	4,884.7	5,436.9	6,058.2
	=====	=====	=====	=====	=====	=====
Capital	0.0	0.0	0.0	0.0	0.0	0.0
Funding (Thousands of Dollars)						
General Funds	188.6	1,098.4	2,157.1	2,508.6	2,793.0	3,113.0
Federal Funds	337.2	1,050.6	2,047.2	2,376.1	2,643.9	2,945.2
Other Fund Source						
Total	525.8	2,149.0	4,204.2	4,884.7	5,436.9	6,058.2
	=====	=====	=====	=====	=====	=====
Positions:						
Full Time	5	7	7	7	7	7
Part-Time						
Temporary	0	1	1	0	0	0

Note: Due to rounding, totals may not add.

TABLE 6
Notes to Fiscal Note for CSHB 438
Combined Summary -- Children's Waiver and TEFRA Option

Adjusted for Annual Inflation of:	6%					
Inflation Factor	1.00	1.06	1.12	1.19	1.26	1.34
Expenditures/Revenues: (Thousands of Dollars)						
Operating	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Personal Services	161.7	494.2	523.9	480.6	509.4	540.0
Travel	48.0	35.8	38.0	35.0	37.1	39.3
Contractual	284.1	32.5	34.5	31.1	33.0	34.9
Supplies	1.7	5.1	5.4	5.0	5.3	5.6
Equipment	30.4	21.9	4.5	4.2	4.4	4.7
Land & Structures						
Grants, Claims	0.0	1,688.4	4,117.7	5,261.9	6,274.8	7,482.7
Miscellaneous						
Total Operating	525.9	2,277.9	4,724.0	5,817.8	6,864.0	8,107.2
	=====	=====	=====	=====	=====	=====
Capital	0.0	0.0	0.0	0.0	0.0	0.0
Funding (Thousands of Dollars)						
General Funds	188.6	1,164.3	2,423.7	2,987.8	3,526.1	4,165.9
Federal Funds	337.3	1,113.6	2,300.3	2,830.0	3,337.9	3,941.3
Other Fund Source						
Total	525.9	2,277.9	4,724.0	5,817.8	6,864.0	8,107.2
	=====	=====	=====	=====	=====	=====
Positions:						
Full Time	5	7	7	7	7	7
Part-Time						
Temporary:	0	1	1	0	0	0

ADN 1/7/92

Medicaid reform

Start with a waiver, but do more

In photographs, Brianna Hurley looks like any healthy, happy 18-month old. The picture that ran in Monday's Daily News showed her sitting on her mother's lap. Her pink sweat shirt had white ponies on it, and her straight brown hair was swept back with a matching pink barrette. She shared the couch with her father and a doll.

But the photograph doesn't tell you the whole story. Yes, Brianna is as sweet looking as they come. And it's obvious her parents, Elaine and Douglas Hurley, love her. But their daughter can't hug her doll, or even sit upright on the couch by herself. Born with cerebral palsy and epilepsy, brain damaged from viral encephalitis, felled by a stroke, Brianna can't walk or talk, and may not ever.

Elaine and Douglas Hurley's life is like that photograph: It turned out different than it looked. It's not just that their daughter was born with the problems she has; they have found the personal strength to deal with that. But their financial resources — their jobs, insurance and savings — proved wholly inadequate in the face of \$60,000-a-year medical bills.

There's something wrong with a system that pays for institutional care but won't help a family that wants to care for its loved one at home. There's something wrong with a system that takes two people with good work histories and tells them they can't work.

Had they put their daughter in an institution, Medicaid would have paid for her care without restricting the Hurleys' income. But the couple wants to take care of their daughter, at home, themselves. So they've had to quit their jobs, deplete their savings and sell off household goods to meet Medicaid's income limitations.

There's something wrong with a system that pays for institutional care but won't help a family that wants to care for its loved one at home. There's something wrong with a system that takes two people with good work histories and tells them they can't work.

The state of Alaska can help the Hurleys and families like them by applying for an option — used by other states — that would let Medicaid waive the income limits for families who want to care for disabled members outside of an institution.

But while that's a quick fix — and a necessary one — there is more wrong here than simply Medicaid.

There's something wrong with an insurance company that can reduce coverage just when it's needed most, as happened to the Hurleys. There's something wrong with an insurance industry that can refuse to cover prior conditions or high-risk people. There's something wrong with a system that doesn't address catastrophic illnesses. And there's something very wrong with a system that leaves some 90,000 Alaskans with no insurance coverage at all.

The Alaska legislature can ask for a Medicaid waiver. But that's only a stopgap measure toward ensuring everyone the right to medical care. It's only a reminder of how desperately this country needs to reform its health care system.

Remember, the family in the photograph could be yours. If this could happen to the Hurleys, it could happen to you.



FRAN DURNER / Anchorage Daily News

Elaine and Douglas Hurley with 18-month-old daughter Brianna.

Caught

Medicaid rules push

middle-class family toward poverty

in a Health Care Trap

By JAY BLUCHER
Daily News reporter

Douglas and Elaine Hurley had it all — a new marriage, good jobs, a promising future. The only thing that would have made their lives perfect, they thought, was a child.

But when their daughter, Brianna, was born with severe medical problems, the Hurleys were forced to surrender much of what they had so Medicaid would pay for her care.

Eighteen months ago, before Brianna's birth, the Hurleys were a two-income family earning more than \$40,000 a year. Douglas, 24, was working full time as a baker and commercial fisherman, and Elaine, 26, was holding down three part-time jobs as a secretary and bookkeeper. They had been married for just two years.

"We scrimped, saved and planned for this baby and thought we had what people think of as the American dream — money for a down payment on a house, college funds, savings accounts — if not attainable, then at least in sight," says Douglas.

Brianna was born with cerebral palsy and epilepsy. She also has severe brain damage caused by viral encephalitis contracted in the womb. The disease, often fatal, causes paralysis.

At 7 months old, Brianna also suffered a stroke.

Some doctors tell the Hurleys that Brianna might learn to walk

by age 6 or 7. Others, such as Dr. Jerome Mednick, a pediatric neurologist in San Francisco, say she will never walk or talk.

Now, when other children her age are toddling, Brianna has only recently been able to muster the muscle coordination to wave her right hand. She cannot support herself upright or crawl, and the entire left side of her body is impaired. She is like a limp rag doll, with the motor skills of a 2-month-old.

While the Hurleys accept Brianna's special needs, the cost of caring for her at home was unexpected.

"We thought to ourselves, 'OK, we'll deal with it; there's help available for families like us,'" says Elaine.

But little did they realize that their decision to care for Brianna at home would force them to cash in their lives for a welfare check.

Since birth, Brianna has required extensive medical attention ranging from emergency hospitalizations — as when her seizures caused a semi-comatose state for 30 days — to regular visits with pediatricians, neurologists, nutritionists and other specialists. As a disabled infant, she also receives regular occupational, physical and speech therapy services through the state's Infant Learning Program.

She's had every manner of diagnostic test, and these continue.

At a big price.

The specialized infant formula she needs to gain weight costs \$75 a case, and lasts only a week because Brianna still cannot eat solid foods. The medications needed to control her seizures cost \$700 per month. Her medical bills average \$4,000 a month. And in Brianna's future looms extensive orthopedic surgery and probably an expensive liver transplant. (The drugs that help control her seizure have damaged her liver.)

The Hurleys estimate Brianna's medical bills will cost \$60,000 annually for the next five years. More than \$20,000 remains unpaid now.

At first, the couple had reasonably good medical insurance through Douglas' employer. It paid 80 percent of the family's medical costs. But after just three months in which Brianna's total medical costs topped \$60,000, Blue Cross of Washington and Alaska reduced its coverage to 50 percent.

Douglas' employer at the time, William Pargeter, who owns Harry's restaurant and owned the now-defunct Kayak Club, could have continued the higher coverage, but at greater cost.

Pargeter says he was acutely aware of the Hurleys' high medical expenses because the Kayak Club was in the midst of a bankruptcy reorganization at the time and he

Please see Page D-2, TRA!

TRAP: Medicaid rules embitter coup

Continued from Page D-1

was looking for a new health insurance plan for his employees.

"But this family's high medical costs made the insurance companies leery of accepting the whole group," he says. "In fact, one carrier flatly refused to carry us as long as Douglas was employed with us."

Rather than offering his employees a health plan that excluded the Hurleys, Pargeter instead opted for a less comprehensive Blue Cross plan for all.

Blue Cross officials would say only that the company opted for a less expensive health plan.

Other insurance companies wouldn't accept the family because Brianna's medical needs were "pre-existing."

The Hurleys soon owed thousands of dollars with no hope of ever repaying it on their existing incomes. Threatening phone calls from bill collectors now punctuate their days. Their credit ratings are ruined.

"We were taking food out of our own mouths in order to send \$10 here, \$20 there, for medical bills left unpaid by our insurance, but we were falling hopelessly behind," says Elaine.

The couple realized their only option was Medicaid, the federal health-care program administered by individual states to help the poor. But Medicaid has a strict income limit, and the Hurleys exceeded it.

This family of three, to qualify for Medicaid, would have to begin living on \$1,334 a month, before taxes. Or, as they were told by Medicaid officials, they would have to "spend down to 133 percent of the federal poverty level."

This meant Douglas had to quit his job in September and go on unemployment, which pays him \$760 a month. Elaine could bring in only \$574 a month to stay under Medicaid's limit, so she could accept only part-time work as a bookkeeper.

"I despise living this way, feeling like I'm on the dole looking for a handout, but it's the only way my daughter's medical bills can be paid," says Douglas.

"It's frustrating to be a capable and willing-to-work father who wants to be the provider for my family, and yet be forced by bureaucratic rules to not work," says Douglas.

Income wasn't the only thing they had to cut. The Hurleys were required by Medicaid rules to deplete their savings accounts, college funds for Brianna, certificates of deposit, individual retirement accounts, and to trim their possessions to one car of no more than \$1,500 value, household goods of \$500 value, and \$250 worth of baby furniture.

Every three months, state public assistance officials grill the family about new sources of income — inheritances, church donations or money from other family members.

"It makes me feel so demeaned, like

I despise living this way, feeling like I'm on the dole looking for a handout . . . It's frustrating to be a capable and willing-to-work father who wants to be the provider for my family, and yet be forced by bureaucratic rules to not work.

— Douglas Hurley

I have no worth, no self-esteem," says Douglas.

Since he's been unemployed, he's gotten several good job offers at considerably more salary.

"I've been reduced to turning down good jobs in order to care for my daughter," he says. "Now isn't that a perverse situation?"

Elaine is just as frustrated.

She worries that the couple may never be able to afford a home, have other children or excel in a career that could provide the security every family seeks.

They could do all that, however, if they did just one thing: Put Brianna in an institution or make her a ward of the state. Then Medicaid would pay for her care and release her parents from income limits.

Unacceptable, say the Hurleys.

"We want to be able to look at ourselves in the mirror and say that we did everything we possibly could to help her, no matter the sacrifice," says Elaine.

Equally distasteful is a third option — for the couple to legally separate. Elaine could accept public assistance as a single parent and Douglas would be free to return to work and pay child support.

"So the state would actually reward the breakup of a loving family," says Douglas sarcastically.

Chris Ashenbrenner, program officer for the state's medical assistance office, says the Hurleys are not alone.

"Because there's no nationwide health plan in this country, people such as the Hurleys are among the gap group, people caught in the middle-class health crisis," she says.

But she also says it's unfair to blame Medicaid.

"It's the whole health care mess in this country and insurance companies that are allowed to drop coverage when claims get too high or certain limits are reached."

David Maltman, executive director

of the Governor's Council for Handicapped and Gifted, says it happens to anyone.

He agrees that Alaska's current system needlessly impoverishes work families trying to care for a disabled child at home.

Responding to the problem, the council has examined the Medicaid system and recommended improvements to make home care more available to persons with disabilities.

In 1990, the legislature required a similar study by an independent commission known as Project Choice whose final report will be presented in January. Both the council and Project Choice recommend that the state apply for a waiver from federal Medicaid rules.

This would let Medicaid waive income limits for families like the Hurleys.

Alaska is one of only a handful of states that have not adopted a waiver program or something known as a "Katie Beckett option."

In 1981 Katie Beckett, a 3-year-old girl from Iowa who, like Brianna, suffered from viral encephalitis, was granted a federal waiver by President Ronald Reagan. He cited the case as an example of overregulation.

Since then, a majority of U.S. states have adopted either a waiver program or Katie Beckett options.

Medicaid's Ashenbrenner says Alaska has never applied for this particular waiver or option because the state already has an adequate welfare program, with the most generous eligibility standards in the country.

This rationale, however, does not consider people like the Hurleys: family caught in precisely the regulatory paradox that such waiver programs were intended to address.

The Hurleys see a waiver or Beckett option as their only relief from poverty sentence.

"Sometimes, you get the impression these Medicaid people think of it as their own money," says Elaine.

She glances lovingly at Brianna who responds with a curious look. When all the frustrations become too much, the Hurleys focus on what most dear.

They shower Brianna with attention. The tiniest of achievements, such as a simple wave of her hand, bring them renewed hope for her future.

"Her wonderful disposition through all of this really makes it easy on my heart, knowing that as difficult as it gets for us sometimes, her love remains unconditional," says Douglas.

He marvels at his daughter's reliance as she sleeps in his arms.

"She's so beautiful, so innocent. She has no idea any of this is happening, no idea that she's different or how difficult all of this has been for her parents," he says.

Brianna stirs. "Sshhh, little one. It's OK. Dad's here."

LIFESTYLES

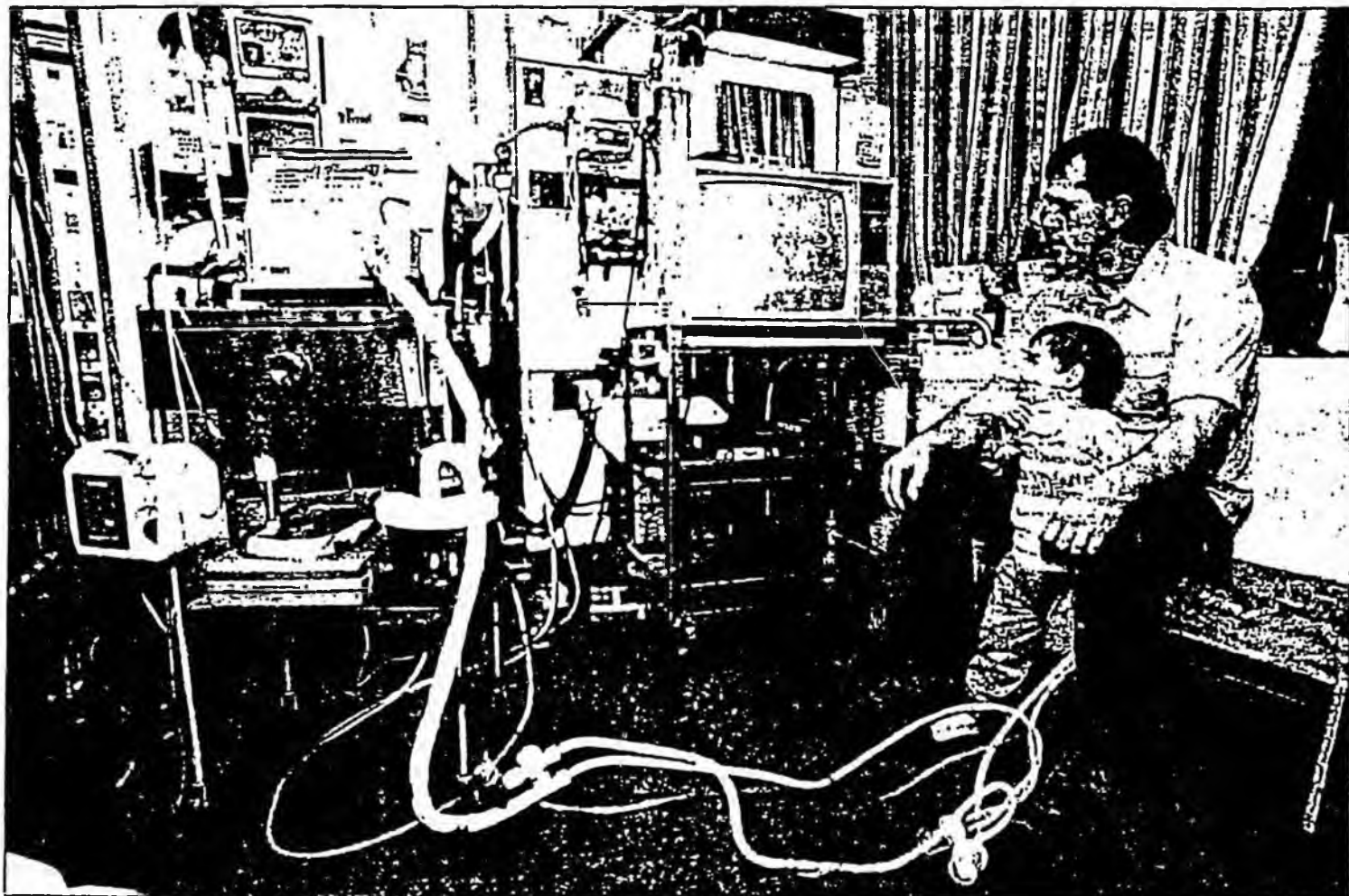
ANCHORAGE DAILY NEWS

SECTION F

BRINGING ZACHARY HOME



If all goes well, Zachary will be home by Christmas.



Zachary and his father, Larry McKenzie, watch 'Sesame Street' in Zachary's room in Providence Hospital's pediatrics intensive care unit.

JIM LAVRAKAS / ANCHORAGE DAILY NEWS PHOTO

HOME COMING: Youngster may celebrate Christmas outside hospital

Continued from Page F-1

open-heart surgery. Then, during the medevac flight, his stomach filled up with air and burst like a balloon.

Somehow little Zachary held on, though barely.

Larry McKenzie, a Kenai auto mechanic just managing to make ends meet, couldn't begin to afford an intensive-care baby. Some estranged fathers would have slugged the responsibility. McKenzie bought a plane ticket to Seattle.

Four months later, after extensive surgery and two visits from his dad, Zachary was back in Alaska. But his first year was a shaky one. He'd be home in Kenai for a week or two with his mother, Daughn Carpenter, then he'd catch pneumonia or some other bug and be medevaced to Anchorage. His mother could never relax. The last time it happened, he'd been home only 24 hours.

Since then, for the past three years, "home" has been a room in the pediatrics intensive care unit at Providence Hospital, a room decorated with stuffed toys, colorful posters and high-tech equipment.

Behind him trails a tangle of tubes and hoses. He must eat through a tube in his stomach. He must breathe through a tube in his throat. Because of a hearing impairment and a tracheotomy, Zachary cannot speak; when he cries, no sound comes out.

That first year, McKenzie drove up from Kenai every Friday night after work to spend the weekend with his son. In 1989, he gave up his job, home, relatives and friends on the Kenai Peninsula and moved to Anchorage to be closer. Eventually he received physical custody (they share legal custody), since Zachary's mother still lives in Kenai and has two other children of her own to raise.

Virtually every night since, McKenzie has spent at Providence, keeping Zachary company and tucking him in at bedtime. Around 9:30 p.m., he puts his boy in a clean diaper, lays him in his crib, closes the curtains and turns out the lights.

"Good night, Bud," he says softly, nose to nose. "See you tomorrow."

"He's pretty much here every single night," says Anita Schillef, a registered nurse on the unit. "We're talking about seven days a week. He's so devoted. It's a real joy to watch."

Lately, members of Zachary's extended hospital family have been keeping their fingers crossed for Zachary and his dad. If all goes



Zachary cries as nurse Shari Whitehorn and respiratory therapist Shella Van Cuyk clear his intensive care room of equipment and belongings. Zachary was moved to the pediatrics floor as a step toward his release.

the way they hope, this father-son relationship won't be confined to a hospital room much longer. A team consisting of Zachary's doctor, nurses, home health-care coordinators and others are working hard to bring Zachary home before Christmas.

McKenzie has been preparing for this day for more than a year. Last fall, he moved into a bigger, two-bedroom apartment and started getting Zachary's room ready. He built him a little pine bed and a matching toy chest. He hung curtains, pictures and a couple of nets to hold Zachary's bulging collection of stuffed creatures. A quilt made by Larry's mother is draped across the bed, and a supply of shiny toy trucks waits in a corner. A pair of miniature cowboy boots sits atop the dresser.

But McKenzie and the home health care team know from experience not to get too excited about all this until it happens.

"We started on this last year," Schillef said. "Our date was Jan. 1. Then it got moved to May 1. Then we went to July. It's just being continually set back."

The reason is a frustrating one for people who value quality-of-

life issues over financial ones. As hard as Zachary's advocates have been working to get him free, snags in the system have been working to keep him put.

Zachary's medical care has been costing well over \$1 million a year, his father says. Medical insurance pulled him through the first year; then, because he's disabled, Medicaid picked him up.

But now that it's time to go home, Medicaid won't follow. It would pay for Zachary to go into a nursing home, but not his own home.

Medicaid simply won't cover 24-hour nursing care outside an institution, and Zachary is a 24-hour job. This youngster is tethered to a ventilator that needs constant attention. There's no way McKenzie can do it alone. Nobody could.

Zachary and his dad must rely on a patchwork of services to make this work. Medicaid will cover medications, equipment and a limited amount of nursing care, and several agencies — Providence Home Health Care, the Division of Mental Health and Developmental Disabilities, the Anchorage School District and others — are piecing

ing ahead with homecoming plans. On Monday, Zachary moved from the intensive care unit to the regular pediatrics floor. The same day, his father moved into the room with him and took over his health care routine.

McKenzie feels confident in his ability to care for his son, and Zachary's nurses agree he's plenty competent. McKenzie has taken extensive courses on all the equipment it takes to keep his son alive. For the past year, he has been Zachary's primary caregiver during his evening visits — feeding him and giving him medications as well as his respiratory therapy. At the end of this trial run, Zachary's nurses believe the two will be more than ready to go home.

Zachary is stronger now than he's ever been. But he still has a long way to go.

His esophagus has been connected through surgery, but, as Dr. Dion Roberts says, "It's not a perfect piece of plumbing." To prevent scar tissue from closing it off, doctors have run a string through Zachary's body that goes in a hole in his stomach and comes out his nose. Should the esophagus start to squeeze shut, a device can be attached to the string and pulled through to stretch it out.

But the biggest obstacle Zachary faces is with his lungs. Both have been severely damaged by pneumonia, as well as aspirated stomach acids and saliva.

Nevertheless Roberts is hopeful for Zachary. It's conceivable that someday he could learn to swallow without gagging. And he could very well learn to breathe on his own. As long as he's growing, his lungs are, too, they could grow strong enough to compensate for some of the damage.

"He has a long, long road to rehabilitation," Roberts says. "It won't be weeks or months. It will be years."

Meanwhile, Zachary's nurses are trying to figure out what they're going to do once their charge really goes home for good.

"You're so happy he finally gets to go home and be with his dad and have the life of a child," one of his nurses, Anita Schillef, says. "But what's he going to do without all his moms?"

"We watched him learn how to crawl. We watched him learn how to walk. We watched him learn sign language. We watched him grow up."

"But no child deserves to grow up in a hospital. He's got a home and a loving father, the most devoted I've ever seen. He needs to go home."

"I'm getting kind of nervous about quitting work," McKenzie said. "How am I going to support myself? It will be hard. But I know I'm quitting for a cause. I know I have to do this." While all this is being sorted out, the home health team is plow-

CORRECTION

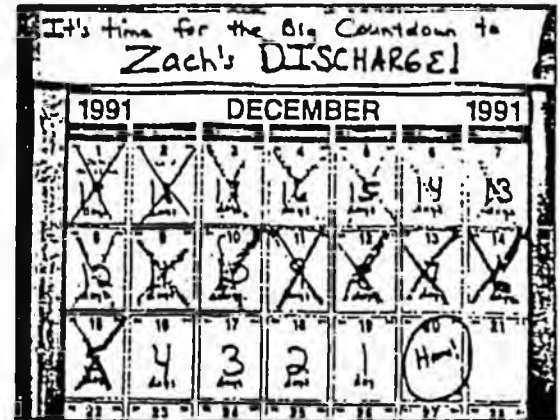
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TO ASSURE LEGIBILITY**

LIFESTYLES

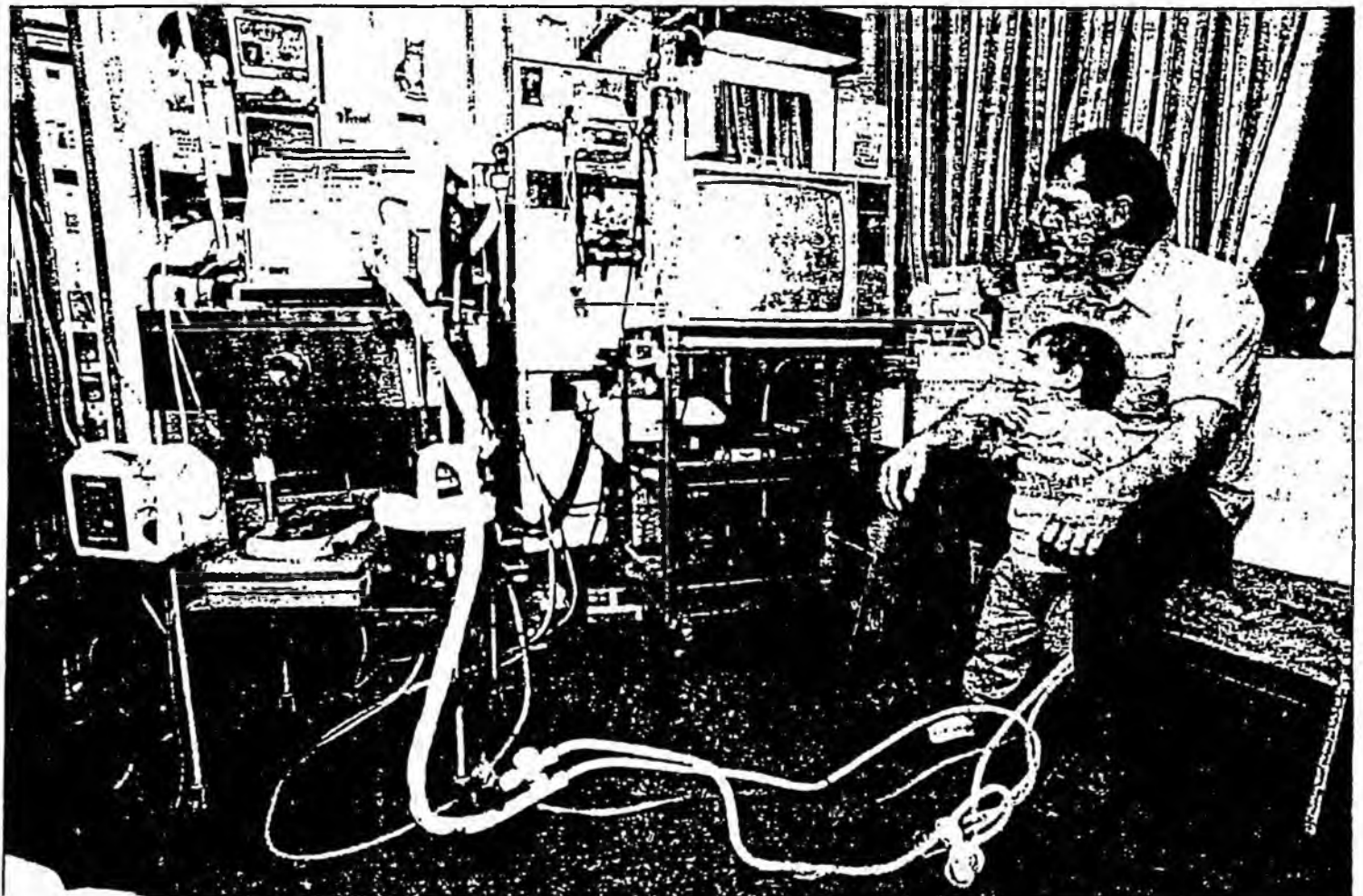
ANCHORAGE DAILY NEWS

SECTION F

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JIM LAVRAKAS / ANCHORAGE DAILY NEWS PHOTOS



Therapist Gale Andrus trains Zachary to eat normally

YOUNGSTER MAY FINALLY SPEND CHRISTMAS OUTSIDE HOSPITAL

By DEBRA McKINNEY

Daily News reporter

Life would have been far easier for Larry McKenzie had he just walked away. He and his wife had split up when she was two months pregnant, and hadn't seen each other since. He didn't even know the baby had been born until the hospital called him with insurance questions.

Zachary McKenzie arrived two months early on Dec. 29, 1987. Within hours of his birth, the 3-pound boy was moved to a Seattle hospital with problems so severe he wasn't expected to last the day.

The upper end of his esophagus led to a dead end, not his stomach, and the lower end detoured into his lungs. He couldn't swallow without choking. And acids and other stomach fluids threatened to flow into his lungs and drown him. On top of that was a heart problem for which he needed



Larry has become his son's primary caregiver during the evenings.

HOME COMING: Youngster may celebrate Christmas outside hospital

Continued from Page F-1

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Zachary cries as nurse Sheri Whitethorn and respiratory therapist Sholla Van Guyck clear his intensive care room of equipment and belongings. Zachary was moved to the pediatric floor as a step toward his release.

the way they hope, this father-son relationship won't be confined to a hospital room much longer. A team consisting of Zachary's doctor, nurses, home health-care coordinators and others are working hard to bring Zachary home before Christmas.

McKenzie has been preparing for this day for more than a year. Last fall, he moved into a bigger, two-bedroom apartment and started getting Zachary's room ready. He built him a little pine bed and a matching toy chest. He hung curtains, pictures and a couple of nets to hold Zachary's bulging collection of stuffed creatures. A quilt made by Larry's mother is draped across the bed, and a supply of shiny toy trucks waits in a corner. A pair of miniature cowboy boots sits atop the dresser.

But McKenzie and the home health care team know from experience not to get too excited about all this until it happens.

"We started on this last year," Schlieff said. "Our date was Jan. 1. Then it got moved to May 1. Then we went to July. It's just being continually set back."

The reason is a frustrating one for people who value quality-of-

life issues over financial ones. As hard as Zachary's advocates have been working to get him free, snags in the system have been working to keep him put.

Zachary's medical care has been costing well over \$1 million a year, his father says. Medical insurance pulled him through the first year; then, because he's disabled, Medicaid picked him up.

But now that it's time to go home, Medicaid won't follow. It would pay for Zachary to go into a nursing home, but not his own home.

Medicaid simply won't cover 24-hour nursing care outside an institution, and Zachary is a 24-hour job. This youngster is tethered to a ventilator that needs constant attention. There's no way McKenzie can do it alone. Nobody could.

Zachary and his dad must rely on a patchwork of services to make this work. Medicaid will cover medications, equipment and a limited amount of nursing care, and several agencies — Providence Home Health Care, the Division of Mental Health and Developmental Disabilities, the Anchorage School District and others — are pledg-

ing together a plan that should provide the necessary nursing, respite and transportation coverage, according to Marchelle Hanson, health care coordinator for the state Division of Mental Health and Developmental Disabilities.

The plan includes 24-hour nursing care assistance for the first couple of weeks, until Zachary and his dad can get settled into their new routine. After the transition period, nursing assistance would be tapered off to about 16 hours a day. If this works as well as everyone hopes, Zachary should be able to start preschool in January.

McKenzie had to quit his job at Grand Auto Supply to do this. He's not thrilled about going on welfare. But he'll do whatever it takes to be there for his boy. And once Zachary gets adjusted, he figures he can start job hunting again.

"I'm getting kind of nervous about quitting work," McKenzie said. "How am I going to support myself? It will be hard. But I know I'm quitting for a cause. I know I have to do this."

While all this is being sorted out, the home health team is plow-

ing ahead with homecoming plans. On Monday, Zachary moved from the intensive care unit to the regular pediatrics floor. The same day, his father moved into the room with him and took over his health care routine.

McKenzie feels confident in his ability to care for his son, and Zachary's nurses agree he's plenty competent. McKenzie has taken extensive courses on all the equipment it takes to keep his son alive. For the past year, he has been Zachary's primary caregiver during his evening visits — feeding him and giving him medications as well as his respiratory therapy. At the end of this trial run, Zachary's nurses believe the two will be more than ready to go home.

Zachary is stronger now than he's ever been. But he still has a long way to go.

His esophagus has been connected through surgery, but, as Dr. Dion Roberts says, "It's not a perfect piece of plumbing." To prevent scar tissue from closing it off, doctors have run a string through Zachary's body that goes in a hole in his stomach and comes out his nose. Should the esophagus start to squeeze shut, a device can be attached to the string and pulled through to stretch it out.

But the biggest obstacle Zachary faces is with his lungs. Both have been severely damaged by pneumonia, as well as aspirated stomach acids and saliva.

Nevertheless, Roberts is hopeful for Zachary. It's conceivable that someday he could learn to swallow without gagging. And he could very well learn to breathe on his own. As long as he's growing, his lungs are, too, they could grow strong enough to compensate for some of the damage.

"He has a long, long road to rehabilitation," Roberts says. "It won't be weeks or months. It will be years."

Meanwhile, Zachary's nurses are trying to figure out what they're going to do once their charge really goes home for good.

"You're so happy he finally gets to go home and be with his dad and have the life of a child," one of his nurses, Anita Schlieff, says. "But what's he going to do without all his moms?"

"We watched him learn how to crawl. We watched him learn how to walk. We watched him learn sign language. We watched him grow up."

"But no child deserves to grow up in a hospital. He's got a home and a loving father, the most devoted I've ever seen. He needs to go home."

HB438

SENATE FINANCE COMMITTEE REPORT

[Handwritten initials]

DATE: 5/6/92

FURTHER:

DATE TURNED INTO OFFICE: 5/11/92

The Finance Committee considered CS FOR HOUSE BILL NO. 438 (FINANCE)

"An Act relating to Medicaid eligibility of 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; and providing for an effective date."

and recommends:

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

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

adopts House Finance Letter of Intent

further referral to the _____

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

NEW FISCAL NOTES: Dept/Date

- zero fiscal notes _____
- fiscal notes _____
- appropriation--no fiscal note

PREVIOUS FISCAL NOTES: Dept/Date

- zero fiscal notes _____
- DHSS - Medicaid
- DHSS Medicare
- fiscal notes DHSS 2.9 (6/92)

DO PASS:

[Handwritten signatures]

1. do pass

Co-Chair: Signature/Recommendation

OTHER RECOMMENDATIONS:

at least - No Rec

Don't Study No Rec.

Co-Chair: Signature/Recommendation

STATE OF ALASKA
1992 LEGISLATIVE SESSION

REPORTED OUT OF
 5-11-92

No. 6

Bill Version: CSHB 438 (FIN)

(H) Publish Date: 4-29-92

BILL NO.

Revision Date: 4/28/92 Department Affected: Health and Social Services
 Title: An Act relating to Medicaid eligibility of BRU: Medical Assistance
persons who are eligible to be institutionalized ... Component: PFD Hold Harmless
 Sponsor: Representative Ellis
 Requestor: House Finance COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	2.9	5.8	9.2
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	2.9	5.8	9.2

CAPITAL	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)

GENERAL FUNDS	0	0	0	2.9	5.8	9.2
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	2.9	5.8	9.2

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 Impact:

ANALYSIS: (Attach a separate page if necessary.)
 includes estimated 6 percent annual inflation. The cost of operating waivers are currently considered in legislative budget documents. The waiver costs shown in attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: Co-Chair Eileen MacLean *Eileen MacLean* Phone: 465-4833
Co-Chair Mike Navarre *Mike Navarre* Phone: 465-3779
 Division: House Finance Committee Date: 4/29/92

Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

NOTES TO FISCAL NOTE FOR HCS HB 438² (FIN)

HCS HB 438 (Fin) directs the Department of Health and Social Services to seek Medicaid home and community-based waivers and to implement the TEFRA option 2 years after the waiver for children becomes effective. Both the waiver and the option would extend Medicaid coverage to some people not currently eligible for Medicaid.

The cost of seeking and operating Medicaid waivers is not included in this fiscal note. HB 504 currently includes funding for the Division of Medicaid Assistance to seek waivers under the listings of Medical Assistance - Medicaid State Programs, and Medical Assistance Administration - Certification and Licensing and Claims Processing. If funding for waivers is not included in the operating budget, the cost of implementing HCS HB 438 (Fin) will be substantially greater than estimated by this fiscal note. The attached budget amendment summary page shows the additional funding required in FY 93 to seek waivers. Table 1 shows the cost of services under waivers for children and the TEFRA option.

Medical Assistance -- Medicaid Non-Facility, PFD Hold Harmless

We assume that all individuals eligible for the TEFRA option will be receive waiver services except that, under the TEFRA option, we assume an additional growth factor in TEFRA recipients of 2 percent per year due to contested level of care determinations lost on appeal. While it is not the intention of the Division to lower the criteria for eligibility to institutional care, it is probable that some appeals will be lost. The experience of other states with appeals varies widely; the cost of the TEFRA option could be greater depending on Alaska's actual experiences with appeals.

The resulting difference in the cost of services with a TEFRA option is in the TEFRA subtotal of Table 1. Medicaid Non-Facility component is estimated to be 97 percent of this amount. The Permanent Fund Dividend Hold Harmless component is assumed to account for 3 percent of the cost of services.

Medical Assistance Administration -- Office of Hearings and Appeals

The Division estimates that one additional hearing officer will be required beginning in FY 96, to handle the increase in hearings and appeals associated with the TEFRA option.

Additional background information on this fiscal note is available upon request from the Division of Medical Assistance.

	Medical State Programs					Claims Processing				Certification and Licensing					Program Totals					
	OAC	DMHDD	OTHER	TOTAL	SGF	FED	OTHER	TOTAL	SGF	FED	TOTAL	SGF	FED	TOTAL	SGF	FED				
100 PERSONAL SERVICES	HPSII	HPSII					HPSI				HSPII	HPSI	AT							
% of Year	100%	100%				50%					75%	25%	25%							
	04.0	02.7		127.5	03.8	03.0	27.0	27.8	13.8	13.8	47.1	13.8	10.5	71.4	35.7	35.7	220.4	113.2	113.2	
	
200 TRAVEL																				
In-state, @ \$100 per trip	2.4	2.4		4.0	2.4	2.4	1.8	1.8	0.8	0.8	2.4	0.8	0.8	4.0	2.0	2.0	10.4	5.2	5.2	
Out-of-state, @ \$200 per trip	2.0	2.0		4.0	2.0	2.0	2.0	2.0	1.0	1.0	2.0	0.0	0.0	2.0	1.0	1.0	8.0	4.0	4.0	
Wkvr Development Conference	10.0	10.0		20.0	10.0	10.0											20.0	10.0	10.0	
MMIS -- Training Costs								14.0	14.0	3.5	10.5						14.0	3.5	10.5	
MMIS -- Acceptance Testing								10.0	10.0	2.5	7.5						10.0	2.5	7.5	
Total	14.4	14.4		20.0	14.4	14.4	3.8	24.0	27.8	7.8	10.8	4.4	0.8	0.8	6.0	3.0	3.0	62.4	25.2	37.2

300 CONTRACTUAL																				
Communications	1.0	1.0		3.0	1.8	1.0	0.9	0.0	0.5	0.4	2.8	0.7	0.5	4.0	2.0	2.0	8.5	4.2		
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.4	0.2		
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.4	0.3	0.2	
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Equipment Rental	0.3	0.3		0.0	0.3	0.3	0.2		0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	1.1	0.8	0.8
MMIS -- New Categories of Service								105.0	105.0	48.0	148.3						105.0	48.0	148.3	
MMIS -- Change or Add Edits								21.0	21.0	5.3	15.8						21.0	5.3	15.8	
MMIS -- New Reports								57.2	57.2	14.3	42.9						57.2	14.3	42.9	
Transition Funding			2000	2000	2000	0.0											2000	2000	0.0	
Other	2.3	2.3		4.0	2.3	2.3	0.2		0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	5.1	2.6	2.8
Total	4.6	4.0	2000	2092	204.8	4.0	1.3	273.2	274.5	69.0	205.5	3.4	0.9	0.7	5.0	2.5	2.5	48.7	27.1	21.8

400 SUPPLIES				1.2	0.0	0.0	0.3		0.3	0.2	0.2	0.5	0.2	0.2	0.9	0.4	0.5	2.4	1.2	1.3

500 EQUIPMENT																				
Micro computer, monitor, NIC	0.0	1.0		3.5	1.8	1.0	3.5		3.5	1.8	1.8	3.5	3.5	3.5	10.5	5.3	5.3	17.5	6.8	8.8
Software	0.5	1.0		2.1	1.1	1.1	1.0		1.8	0.8	0.8	1.8	1.8	1.8	4.8	2.4	2.4	8.5	4.3	4.3
Desk and Chair	0.0	0.0		0.0	0.5	0.5	1.0		1.0	0.5	0.5	1.0	1.0	1.0	3.0	1.5	1.5	4.0	2.5	2.5
Total	0.5	0.0		0.5	3.3	3.3	0.1		6.1	3.1	3.1	0.1	0.1	0.1	18.3	9.2	9.2	30.9	15.5	15.5

TOTAL	04.0	00.3	2000	373.2	200.6	80.0	38.8	297.2	330.1	03.8	242.3	61.5	21.8	18.3	101.8	50.8	50.8	810.8	431.2	370.1

Position Summary	Title	Range	Start Date
Medical State Programs			
OAC	Health Program Spec. II	10B	7/1/82
DMHDD	Health Program Spec. II	10A	7/1/82
Claims Processing	Health Program Spec. I	17A	1/1/83
Certification and Licensing	Health Program Spec. I	17A	4/1/83
	Accounting Technician I	12A	4/1/83
	Health Program Spec. II	10A	10/1/82

C5 ADDITIONAL EXPLANATION FORM

AGENCY Health & Social Services
 BRU Medical Assistance Administration
 COMPONENT Claims Processing 243

FY 93

Page 4 of 4
 Revised Date: 2/24/92

TABLE 1
 ESTIMATED COST OF SERVICE FOR CHILDREN UNDER HCS HB438 (FIN)
 ADJUSTED FOR INFLATION
 (ADMINISTRATIVE COST NOT INCLUDED)
 FY 93 - FY 98

Inflation Factor @ 6%	1.00	1.06	1.12	1.19	1.26	1.34	1.00	1.06	1.12	1.19	1.26	1.34
CHILDREN'S WAIVERS	TOTAL COSTS						STATE GENERAL FUNDS					
No. of Children (at end of year)	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
	0	52	96	108	122	137						
Medicaid Facility												
Institutional Care Offset	0	(450,283)	(1,358,468)	(1,945,914)	(2,320,503)	(2,767,199)	0	(231,896)	(699,611)	(1,002,146)	(1,195,059)	(1,425,108)
Medicaid Nonfacility												
Home & Community-Based Svcs Cost	0	1,008,648	3,043,009	4,358,904	5,197,993	6,198,607	0	519,453	1,567,149	2,244,836	2,676,967	3,192,103
Other Program Cost	0	578,297	1,744,676	2,499,131	2,980,214	3,553,905	0	297,823	898,508	1,287,052	1,534,810	1,830,261
Other Medicaid Offset	0	(18,713)	(58,457)	(80,870)	(96,438)	(115,002)	0	(9,637)	(29,075)	(41,648)	(49,666)	(59,226)
Subtotal	0	1,568,230	4,731,228	6,777,165	8,081,769	9,637,509	0	807,638	2,436,583	3,490,240	4,162,111	4,963,317
TOTAL MEDICAID	0	1,117,947	3,372,760	4,831,251	5,761,266	6,870,310	0	575,743	1,736,971	2,488,094	2,967,052	3,538,210
DPA	0	0	0	0	0	0	0	0	0	0	0	0
DMHDD	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)
TOTAL	0	904,340	2,728,325	3,908,142	4,660,459	5,557,597	0	362,136	1,092,537	1,564,985	1,866,245	2,225,497
=====												
TEFRA OPTION	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children on Option	0	65	73	67	77	88						
Percent of Year TEFRA offered	0	0	0	1	1	1						
Medicaid Nonfacility												
Home Based Services @\$7649	0	0	0	610,375	743,565	900,776	0	0	0	314,343	382,936	467,799
Other Medicaid Services @41966*50/65	0	0	0	2,576,005	3,138,112	3,801,598	0	0	0	1,326,642	1,616,128	1,963,233
Medicaid Subtotal	0	0	0	3,186,380	3,881,677	4,702,374	0	0	0	1,640,986	1,999,063	2,421,723
Duplicated Waiver Expenditures												
Home Based Services (7649/waiver\$)	0	0	0	592,155	706,145	842,078	0	0	0	304,960	363,665	433,670
Other Medicaid Services	0	0	0	2,499,131	2,980,214	3,553,905	0	0	0	1,287,052	1,534,810	1,830,261
Waiver Subtotal	0	0	0	3,091,286	3,686,359	4,395,983	0	0	0	1,592,012	1,898,475	2,263,931
Spending on TEFRA Option Less Waiver Expenditures												
Home Based Services	0	0	0	18,220	37,420	58,698	0	0	0	9,383	19,271	30,229
Other Medicaid Services	0	0	0	76,874	157,898	247,694	0	0	0	39,590	81,318	127,562
TEFRA Subtotal	0	0	0	95,094	195,318	306,391	0	0	0	48,973	100,589	157,791
=====												
TOTAL SERVICE COST -- WAIVER AND OPTION	0	904,340	2,728,325	4,003,236	4,855,777	5,863,988	0	362,136	1,092,537	1,613,958	1,966,834	2,383,284