

State of Alaska FY2007 Governor's Operating Budget

Department of Health and Social Services

Department of Health and Social Services

Mission

To promote and protect the health and well being of Alaskans.

Core Services

- Provide quality assisted living in a safe home environment.
- Provide an integrated behavioral health system.
- Promote stronger families, safer children.
- Manage health care coverage for Alaskans in need.
- Address juvenile crime by promoting accountability, public safety and skill development.
- Provide self-sufficiency and basic living expenses to Alaskans in need.
- Protect and promote the health of Alaskans.
- Promote independence of Alaska Seniors and people with physical and developmental disabilities.
- Provide quality administrative services in support of the Department's mission.

While the core services serve as the basis for the department's service delivery system the Department has three main guiding principles: self sufficiency for Alaskans, a strong safety net for those who cannot provide for themselves, and local access to care.

End Results	Strategies to Achieve Results
<p>A: Outcome Statement #1: Provide a safe environment for Alaska pioneers and veterans.</p> <p><u>Target #1:</u> Injury rate below half the national standard, which is two to six percent. <u>Measure #1:</u> Pioneers Home sentinel event injury rate.</p>	<p>A1: Provide sufficient staffing for safe environment in the homes.</p>
End Results	Strategies to Achieve Results
<p>B: Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.</p> <p><u>Target #1:</u> To reduce the number of kids in out of state (OOS) placement by 50 children annually over the next seven years. <u>Measure #1:</u> Change in percent of children reported in out of state care from Medicaid MMIS.</p> <p><u>Target #2:</u> To reduce the rate of suicides in Alaska by 10% by 2010. <u>Measure #2:</u> Alaska's suicide death rate compared to National rate.</p> <p><u>Target #3:</u> Reduce 30 day readmission rate for API by</p>	<p>B1: Provide enhancements to prevention and early intervention services.</p>

<p>10% on an annualized basis. <u>Measure #3:</u> # of API re-admissions as compared to hospital bed days divided by the number of months.</p>	
<p>End Results</p>	<p>Strategies to Achieve Results</p>
<p>C: Outcome Statement #3: Children are, first and foremost, protected from abuse or neglect.</p> <p><u>Target #1:</u> Reduce child abuse rate in Alaska. <u>Measure #1:</u> Percent change in rate of substantiated protective service reports in Alaska compared to last three years.</p> <p><u>Target #2:</u> Maintain rate of recurrence of maltreatment at 16% or less. <u>Measure #2:</u> Of all children for whom a substantiated or indicated report of child abuse and/or neglect was received during the first six months of the period under review, for what percentage was another substantiated or indicated report received within 6 months?</p> <p><u>Target #3:</u> Increase the rate of children reunified with their parents or caretakers within 12 months to 57.91% by September 2006. <u>Measure #3:</u> The number of children reunified with their parents or caretakers at the time of discharge from foster care, in less than twelve months from the time of the latest removal from home.</p>	<p>C1: Reduce caseloads of frontline workers.</p>
<p>End Results</p>	<p>Strategies to Achieve Results</p>
<p>D: Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.</p> <p><u>Target #1:</u> Decrease average response time from receiving a claim to paying a claim. <u>Measure #1:</u> Change in average number of days per annum from receipt of claims to payment of claims.</p> <p><u>Target #2:</u> Increase average number of claims submitted without error to promote timely and accurate payment. <u>Measure #2:</u> Change in average number of HCS Medicaid claims paid with no errors.</p> <p><u>Target #3:</u> Reduce the rate of Medicaid payment errors <u>Measure #3:</u> Improper payment estimates as provided to Center for Medicare and Medicaid Services</p>	<p>D1: Continue to develop new Medicaid Management Information System (MMIS).</p>
<p>End Results</p>	<p>Strategies to Achieve Results</p>
<p>E: Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.</p> <p><u>Target #1:</u> Reduce percentage of juveniles who re-offend</p>	<p>E1: Implement and review information from research-based assessment tools, and incorporate practices proven to reduce recidivism and criminal behavior among youth.</p>

<p>within a 24-month period following release from institutional treatment facilities to no more than 40% of the total. <u>Measure #1:</u> Percentage change in re-offense rate within a 24-month period following release from institutional treatment.</p> <p><u>Target #2:</u> Reduce percentage of juveniles who re-offend within a 24-month period following completion of formal court-ordered probation supervision to 20% of the total. <u>Measure #2:</u> Percentage change in re-offense rate within a 24-month period following completion of formal court-ordered probation supervision.</p> <p><u>Target #3:</u> Alaska's juvenile crime rate will be reduced by 5% over a two-year period. <u>Measure #3:</u> Percentage change of Alaska juvenile crime rate compared to the rate one and two years earlier.</p>	
<p style="text-align: center;">End Results</p>	<p style="text-align: center;">Strategies to Achieve Results</p>
<p>F: Outcome Statement #6: Low income families and individuals become economically self-sufficient.</p> <p><u>Target #1:</u> Increase self-sufficient individuals and families by 10%. <u>Measure #1:</u> Rate of change in self-sufficient families.</p>	<p>F1: Use TANF high performance bonus funds for families approaching 60-month time limit.</p>
<p style="text-align: center;">End Results</p>	<p style="text-align: center;">Strategies to Achieve Results</p>
<p>G: Outcome Statement #7: Healthy people in healthy communities</p> <p><u>Target #1:</u> 80% of all 2 year olds are fully immunized <u>Measure #1:</u> % of all Alaskan 2 year olds fully immunized</p> <p><u>Target #2:</u> Reduce post-neonatal death rate to 2.7 per 1,000 live births by 2010 <u>Measure #2:</u> Three year average post-neonatal mortality rate (Post-neonatal is defined as 28 days to 1 year)</p> <p><u>Target #3:</u> Decrease diabetes in Alaskans <u>Measure #3:</u> Prevalence of Diabetes among Adults (18+) in Alaska based upon three-year averages</p> <p><u>Target #4:</u> Decrease Alaska's adult obesity rate to less than 18% <u>Measure #4:</u> Obesity rate of Alaskans</p>	<p>G1: Strengthen public health in strategic areas.</p>
<p style="text-align: center;">End Results</p>	<p style="text-align: center;">Strategies to Achieve Results</p>
<p>H: Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live as independently as long as possible.</p> <p><u>Target #1:</u> Increase the number of DD waiver recipients receiving Supported Employment Services. <u>Measure #1:</u> % change of beneficiaries receiving</p>	<p>H1: Promote independent living and provide preadmission screening to nursing homes.</p>

supported employment services under Developmental Disabilities Waiver.	
End Results	Strategies to Achieve Results
<p>I: Outcome Statement #9: The efficient and effective delivery of administrative services.</p> <p><u>Target #1:</u> Increase by 5% the percentage of customers that report FMS is meeting their needs. <u>Measure #1:</u> Percentage of customer service survey respondents that report FMS is meeting their needs.</p> <p><u>Target #2:</u> Reduce the average response time for complaints/inquiries to 14 days. <u>Measure #2:</u> Department Complaint log response times.</p> <p><u>Target #3:</u> Number of days to Process Payments/Responses. <u>Measure #3:</u> Index timeliness and accuracy for: Purchase Requisitions; Operating Grant Awards; Processing Time for Payments; Capital Grant Awards; and Legislative inquiries.</p>	<p>I1: Implement results of Business Process Review.</p>

FY2007 Resources Allocated to Achieve Results							
FY2007 Department Budget: \$2,007,957,800	<p>Personnel:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Full time</td> <td style="text-align: right;">3,295</td> </tr> <tr> <td style="padding-left: 20px;">Part time</td> <td style="text-align: right;">105</td> </tr> <tr> <td style="padding-left: 20px;">Total</td> <td style="text-align: right; border-top: 1px solid black;">3,400</td> </tr> </table>	Full time	3,295	Part time	105	Total	3,400
Full time	3,295						
Part time	105						
Total	3,400						

Performance Measure Detail

A: Result - Outcome Statement #1: Provide a safe environment for Alaska pioneers and veterans.

Target #1: Injury rate below half the national standard, which is two to six percent.
Measure #1: Pioneers Home sentinel event injury rate.

Alaska Pioneer Home Sentinel Event Injury Rate

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2002	2.9%	.7%	0%	0.37%	.99%
2003	1.1%	0.04%	1.79%	1.5%	1.1%
2004	1.2%	0.44%	0.49%	1%	0.78%
2005	2.5%	1.79%	2.1%	2.0%	2.09%
2006	0.6%	0 0%	0 0%	0 0%	0 0%

The Sentinel Event injury rate reports the percentage of falls that resulted in a major injury. The rate is calculated by dividing the number of Sentinel events to Pioneer Homes residents by the total number of falls reported for the same quarter.

Analysis of results and challenges: Despite remarkable advances in almost every field of medicine, the age-old problem of health-care errors continues to haunt health care professionals. When such errors lead to sentinel events, those with "serious and undesirable occurrences," the problem is even more disturbing. The

event is called sentinel because it sends a signal or warning that requires immediate attention. One in three people age 65 and older, and 50 percent of those 80 and older fall each year. The National Safety Council lists falls in older adults as five times more likely to lead to hospitalization than other injuries. One estimate suggests that direct medical costs for fall-related injuries will rise to \$32.4 billion by 2020. Falls can have devastating outcomes, including decreased mobility, function, independence, and in some cases, death. The elderly, who represent 12 percent of the population, account for 75 percent of deaths from falls.

The average age in the Pioneer Homes is 84.5. Since this puts our residents in the highest risk category, they are more likely to suffer a major injury from a fall and experience significant morbidity thereafter.

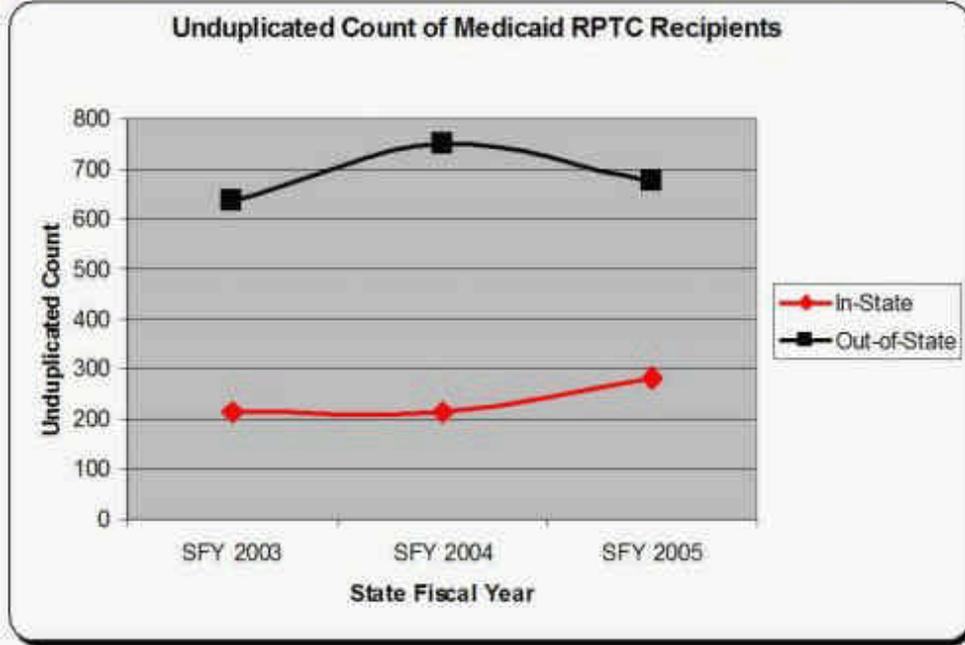
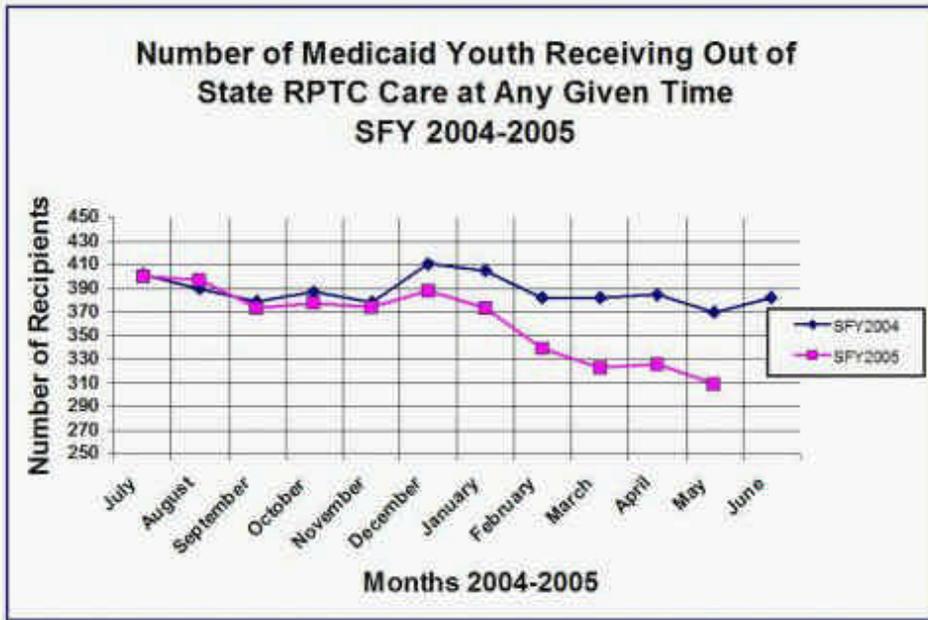
The Division will respond to sentinel events with root cause analysis investigations and corrective action plans to address underlying causes.

A1: Strategy - Provide sufficient staffing for safe environment in the homes.

B: Result - Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.

Target #1: To reduce the number of kids in out of state (OOS) placement by 50 children annually over the next seven years.

Measure #1: Change in percent of children reported in out of state care from Medicaid MMIS.



Unduplicated Counts of Out-of-State Medicaid RPTC Recipients

Year	Out of State Placements
2003	637
2004	749
2005	698

Analysis of results and challenges: The DBH Policy & Planning section has successfully worked in aligning planning processes with the Alaska Mental Health Trust Authority (AMHTA) and planning boards, creating a Master Planning Document, an Expansion of Services and Facilities that includes a timeline by fiscal year, and supported multiple workgroups that address capacity building for the Alaska system of care. These work groups are on the DBH website for public review and comment. To visit these workgroups online go to: <https://dbhssweb.state.ak.us/sites/SSA/default.aspx>

The data for this performance measure is being reported in two different ways to describe a more complete picture of children receiving OOS RPTC care. The first means of reporting includes an unduplicated count of children receiving OOS RPTC services during a state fiscal year. The second report is an unduplicated number of children by month which provides the number of children receiving OOS RPTC services at any given time.

Chart 1: At Any Given Time

The comparison data represents the unduplicated number of children in out-of-state care at any given time for SFY 2004 and SFY 2005. As lower levels of care are developed, the newly hired care coordinators ramp up diversion activities, and the Anchorage and Fairbanks provider groups continue to bring the kids home, the reductions under this data view will be more pronounced.

As we await Medicaid claims payments to process for the final months of SFY 2005, the Division is anticipating a decrease in the number of children receiving OOS RPTC services from efforts related to the Bring the Kids Home Initiative. To highlight a few successes, the Anchorage Provider group has brought home 74 children as of the middle of June 2005. The Fairbanks Provider group has successfully brought back 29 children during the same time period.

Chart 2: Unduplicated Counts

For the past five years there has been a steady increase in the number of children receiving OOS RPTC services. The BTKH Initiative was officially initiated during SFY 2004. The preliminary data is beginning to indicate positive change. Between SFY 2004 and 2005 there is a 7% reduction in the number of children receiving OOS RPTC care.

This reduction was achieved by successful diversion activities on the part of the Division. This would include the hiring of three utilization review staff as well as implementing policy changes in the RPTC placement criteria. The reduction from SFY 2004 to SFY 2005 was also achieved through collaborative efforts with the Division of Behavioral Health, the Anchorage Providers Group and the Fairbanks Provider Group. Together these efforts have successfully brought back 103 children to Alaska. These reductions reinforce the importance of the work around this Initiative.

Target #2: To reduce the rate of suicides in Alaska by 10% by 2010.

Measure #2: Alaska's suicide death rate compared to National rate.

Rate of Suicides 1998 - 2002*

Year	Alaska Rate	US Rate	Lives Lost	YTD Total
2002	20.9	10.6	131	162.5
2001	16.5	10.7	103	130.2
2000	21.1	10.4	135	166.5
1999	17.2	10.5	95	122.7
1998	22.7	11.1	131	164.8

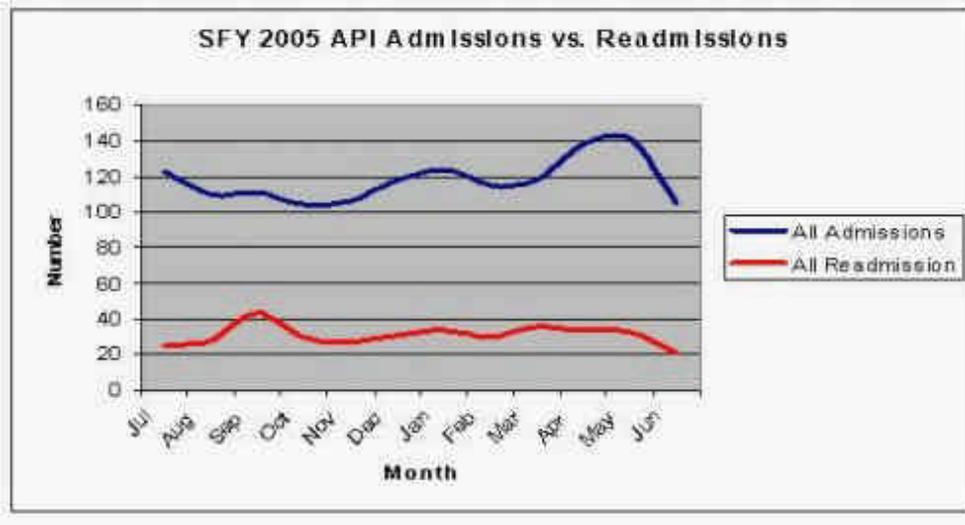
* Rate is number per 100,000 and accounts for changes in the population size.

* 2003 population data is not available yet.

Analysis of results and challenges: Alaska averages about 125 suicides per year and has a suicide rate double the National suicide rate. The Healthy Alaskans 2010 target is to reduce Alaska's rate to 10%.

Target #3: Reduce 30 day readmission rate for API by 10% on an annualized basis.

Measure #3: # of API re-admissions as compared to hospital bed days divided by the number of months.



Analysis of results and challenges: Percent of admissions to the facility that occurred within 30 days of a previous discharge of the same client from the same facility. For example, a rate of 8.0 means that 8% of all admissions were readmissions.

This measure not only is an indication of successful outcomes for API, but also of the mental health community system. The ultimate goal is to have Alaska's rate fall below 10%.

B1: Strategy - Provide enhancements to prevention and early intervention services.

C: Result - Outcome Statement #3: Children are, first and foremost, protected from abuse or neglect.

Target #1: Reduce child abuse rate in Alaska.

Measure #1: Percent change in rate of substantiated protective service reports in Alaska compared to last three years.

Protective Service Reports

Fiscal Year	Rate	% Change
FY 1999	27.3	0
FY 2000	29.4	7.7%
FY 2001	32.2	9.5%
FY 2002	27.6	-14.3%
FY 2003	23.0	-16.7%
FY 2004	22.3	-3.0%
FY 2005	11.0*	0

With the implementation of ORCA, new methods of measurement in compliance with federal standards have been used. As a result, FY 2005 data is not comparable to FY 1999 through FY 2004. The FY 2005 measure represents an unduplicated number of children with substantiated abuse or neglect per 1,000 children in the population. Population equals the number of children under the age of 18 years as of July 1, 2004, as estimated by the Department of Labor. Data reported prior to FY 2005 can be duplicative.

Analysis of results and challenges: Since 2003, the OCS has been operating under a program improvement plan (PIP) developed in response to findings of the Federal Child and Family Services Review (CFSR). A major focus of the PIP has been to improve the safety of children including reducing repeat child abuse and neglect, reducing the recurrence of maltreatment, reducing the incidence of maltreatment by out-of-home care providers, establishing sufficient staffing levels to meet national caseload standards, and increasing services to families. The number of substantiated protective service reports is one measurement that will indicate improvement in these areas.

OCS has transitioned from the old "PROBER" data system to the new ORCA data system. As a result, the method of measuring these reports has changed, and data definitions between the two systems are not comparable. New measurements are in compliance with federal requirements and count protective services reports and investigations by case. This is a change from the Report of Harm measurement used in FY 1999 through FY 2004 which counts by child. Measures listed below will begin to establish a new base line for protective service reports measurements.

SFY 2005 Protective Services Reports

Received 9,576
 OCS Jurisdiction 6,944
 Investigated 3,493
 Substantiated 1,310
 Other Finding 2,183

"Received" includes 1) referrals where no maltreatment is found, 2) that are not under OCS's jurisdiction, 3) those still in the screening process.

"OCS Jurisdiction" includes reported allegations of harm that could lead to an OCS investigation -- those assigned for an OCS investigation; those referred to dual track, a tribe, or the military; and those that cannot be assigned because there is not enough information to identify or locate the child and/or family. Multiple referrals for the same incident are counted as one referral.

"Investigated" counts the number of completed investigations, but excludes responses provided by dual track, a tribe, or the military.

"Substantiated" counts the number of investigations in which at least one allegation of harm was substantiated.

"Other Finding" includes investigations where no allegation was substantiated as well as those without finding. Investigations without findings include, for example, a report that does not include enough information to locate the child/family.

Target #2: Maintain rate of recurrence of maltreatment at 16% or less.

Measure #2: Of all children for whom a substantiated or indicated report of child abuse and/or neglect was received during the first six months of the period under review, for what percentage was another substantiated or indicated report received within 6 months?

Repeat Maltreatment by Federal FY (from CFSR/PIP reporting)

Fiscal Year	Alaska Rate	National Standard
FFY 2000	23.6%	6.1%
FFY 2001	25.4%	6.1%
FFY 2002	22.6%	6.1%
FFY 2003	17.6%	6.1%
FFY 2004	17.3%	6.1%

FFY04 information includes only April 2003-March 2004.

The OCS is unable to update this measure for 2005. Data is expected to be available March, 2006. ORCA code and data for this measure is currently being tested.

Analysis of results and challenges: Repeat Maltreatment by Federal Fiscal Year

OCS exceeded its initial target of 22% or less by December 2004 and continues to implement strategies to reduce the rate even further setting a new target at 16%.

An important goal for OCS during the past year has been to reduce safety and risk factors for children by improving assessments. A statewide computerized safety and risk assessment system has been developed to provide structure to decision making at the most critical stages in a child protection case. Further improvements in the assessment process will be implemented during the next year with technical assistance

from the National Resource Center for Child Protection Services.

Policies, procedures, and definitions for in-home cases have been clarified. Standards for in-home casework have been developed and casework on in-home cases has been implemented statewide. Team Decision Making (TDM) has been implemented in the Anchorage Region. Community-based family preservation service contracts have been redesigned to focus on services to families that prevent removal and to decrease the repeat maltreatment rate.

Target #3: Increase the rate of children reunified with their parents or caretakers within 12 months to 57.91% by September 2006.

Measure #3: The number of children reunified with their parents or caretakers at the time of discharge from foster care, in less than twelve months from the time of the latest removal from home.

Rate of Reunification

Fiscal Year	Alaska Rate	National Standard
FFY 2001	62.4%	76.2%
FFY 2002	53.3%	76.2%
FFY 2003	59.3%	76.2%
FFY 2003	55.6%	76.2%
FFY 2004	54.7%	76.2%

2003 at 55.6% represents January - December 2003
 2004 at 54.7% represents April 2003 - March 2004

Data source: Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) files. The change in time period reported corresponds to AFCARS submissions produced from ORCA.

NOTE: With the transition from the OCS PROBER data system to the new ORCA data system, data definitions, policies, and collection procedures have changed. The data extraction methodology used for this measure has also changed. While the underlying federal methodology for computing this measure remains the same, measures computed from different systems should not be considered comparable.

Analysis of results and challenges: This measure represents the length of time to achieve reunification: Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percent were reunified in less than twelve months from the time of the latest removal from home?

In August 2005 a new baseline of 56.7% was established for this measure. The newly approved federal PIP goal is 57.91% within one year.

OCS has taken the following steps to address reunification issues within the past year:

- Administrative case review policies and procedures have been reviewed and revised to ensure that reunification efforts are being made and to ensure that reunification assessments are being completed;
- The Supervisory review process has been improved to address the frequency of supervisory meetings with workers and the quality of casework and appropriateness of the case plan and services.
- Requirements for private providers that provide Family Preservation and Time-Limited Family Reunification services have been more clearly delineated regarding the type of services OCS will require to help families meet their case plan goals towards reunification; and
- Alaska has participated in the Casey Family Program's Breakthrough Series collaborative on Supporting Kinship Care. In this series, child welfare agencies and tribes share a commitment to improving the way we identify, partner with and support kinship caregivers

During the next year OCS will continue work to:

- Increase the use of reunification assessments through SDM, and continue training workers on these assessments;
- Continue to fund Time-Limited Family Reunification programs and develop process for evaluating efficacy of these programs;
- Increase access and availability of services in parents' home communities, especially substance abuse treatment and follow-up services;

- Further develop a Kinship Care Program; and
- Collaborate with tribal partners to develop safety net services in remote areas.

C1: Strategy - Reduce caseloads of frontline workers.

D: Result - Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.

Target #1: Decrease average response time from receiving a claim to paying a claim.

Measure #1: Change in average number of days per annum from receipt of claims to payment of claims.

Average Days Entry Date to Claims Paid Date

Fiscal Year	Claims	Avg Days
FY 2000	3,720,254	10.15
FY 2001	4,409,121	12.14
FY 2002	4,959,864	12.43
FY 2003	5,615,072	10.27
FY 2004	6,690,344	10.12
FY 2005	7,903,523	12.69
FY 2006	2,095,565	16.33

Note: Between FY01 and FY03 reports were based on six months of data. The FY04 and FY05 reports were based on annual data. The FY06 report uses year-to-date data from the September summary. Source: MARS MR-0-08-T.

Analysis of results and challenges: The average days-to-pay increased during the three months since the end of FY05, from 13 days to 16 days. When the first three months of FY06 are compared with the same period of FY05, we see an increase of 11% in the number of claims processed. This is a significant increase in volume, which means increased workloads for all those involved with the claims process. There is a likely relationship between more claims and longer overall processing time. The length of processing time would depend on the types of claims received and the edits those claims trigger.

One explanation for the overall annual volume increase relates to the program change within the personal care services area to require providers to bill single dates of service rather than span dates. Single dates of service vastly improve the ability to edit the claim over spanned dates billing (it takes the guess work out of determining when a service might have occurred).

The entry to adjudication time was longer in the first three months of FY06, but the time from approval to pay decreased slightly. Adjudication to approval took less than one day on the average. So the increase in time seems to have occurred primarily in the entry to adjudication period.

Additionally, the error distribution analysis report (MR-0-11-T) shows a better error rate for the first quarter of 06 compared to the same period of 05.

Target #2: Increase average number of claims submitted without error to promote timely and accurate payment.

Measure #2: Change in average number of HCS Medicaid claims paid with no errors.

% Claims Paid with No Errors

Fiscal Year	Claims Pd	% No Errors
FY 2000	3,076,978	71.75%
FY 2001	3,670,331	72.64%
FY 2002	4,202,677	74.43%
FY 2003	4,776,730	73.46%
FY 2004	5,106,692	76.33%
FY 2005	6,150,027	72.15%
FY 2006	1,614,369	73.60%

Chart Notes: Between FY00 and FY03 reports were based on six months of data. The FY04 and FY05 reports were based on annual data. The FY06 report is based on claims paid through September 2005. Source: MARS MR-0-11-T.

Analysis of results and challenges: The percent of claims paid without error increased from FY2005 to the first quarter of FY2006. The error-free percentage gained one and one-half points, from 72.15% in FY 2005 to 73.60% in the first quarter of FY 2006.

Target #3: Reduce the rate of Medicaid payment errors

Measure #3: Improper payment estimates as provided to Center for Medicare and Medicaid Services

Divisions Responsible for review	Files to be completed	Files completed Medical Review	Files completed processing review
Health Care Services	190	190	190
Behavioral Health Service	78	78	32
Senior and Disability Services	29	0	0
Buy-in claims	3	NA	3
Total Number of Claims	300	268	225

1. Process refers to the claims in the processing review as of 11/30/05
 2. "Buy-in" is referring to Medicare premiums that are paid by the Medicaid Program.

Status of PERM Pilot Project as of December, 2005.

Analysis of results and challenges: CMS has proposed changes to 42 CFR Part 402 related to Payment Error Rate Measurement (PERM). This will apply to Medicaid and the State Children's Health Insurance Program (SCHIP).

Background:

The PERM program was created in response to the Improper Payments Information Act of 2002 (Public Law 107-300) and the Government Performance and Results Act (CPRA). The Improper Payments Information Act (IPIA) requires each federal executive agency to review all of its programs and activities annually, identify those that may be susceptible to significant improper payments, estimate the annual amount of improper payments and submit those estimates annually to Congress. This proposal is limited to the evaluation of improper payments in the Medicaid and SCHIP programs.

Pilot Project:

The department was awarded a one-time federal grant to begin a pilot project that would select random claims from the Medicaid program's universe and use those selected claims to identify payment errors. The department agreed to review the sampled claims for any payment that should not have been made or that was made in an incorrect amount, including both overpayments and underpayments, under statutory, contractual, administrative or other legally applicable requirements.

Project Status:

Phase I, Notification and Record Collection - collection of 300 randomly selected claims samples and medical records from providers was begun in May of 2005 and completed in September, 2005.

Phase II, Initial Review - HCS staff began initial review of the claims samples for completeness and entering of demographic data into the Mequest database in July, 2005. This phase was completed in September, 2005.

Phase III, Claim Review - This phase, currently in process, covers Eligibility, Claims Processing, and a Comprehensive Medical Review and is scheduled to be completed by mid December.

Phase IV, Final Report - The final report will be prepared and submitted to the Center for Medicaid and Medicare Services by the end of January, 2006.

D1: Strategy - Continue to develop new Medicaid Management Information System (MMIS).

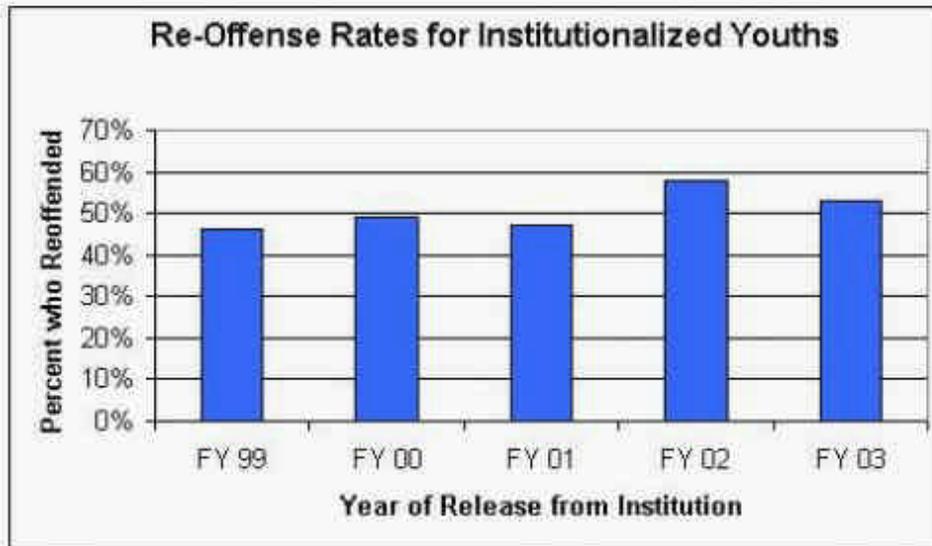
E: Result - Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.

Target #1: Reduce percentage of juveniles who re-offend within a 24-month period following release from institutional treatment facilities to no more than 40% of the total.

Measure #1: Percentage change in re-offense rate within a 24-month period following release from institutional treatment.

Facility	Number Released in FY03	Number of Re-offenders 24 Months After Release	Percentage Offenders
Johnson Youth Center	12	4	33%
McLaughlin Youth Facility	95	55	58%
Fairbanks Youth Facility	20	7	35%
Bethel Youth Facility	6	4	67%
Total	133	70	53%

Race	Number Released in FY03	Number of Re-offenders 24 Months After Release	Percentage Offenders
Caucasian	65	33	51%
African American	10	6	60%
Native Alaskan/American Indian	44	25	57%
Asian	1	0	0%
Pacific Islander	2	2	100%
Multiple Races	8	3	38%
Other	3	1	33%
Total	133	70	53%

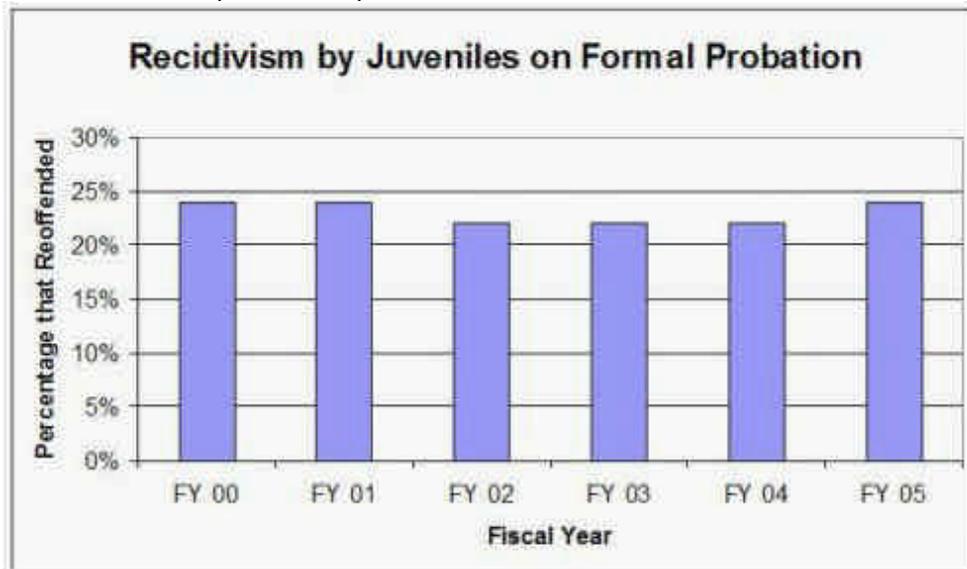


Note: Re-offenses by juveniles released from Alaska's treatment institutions are determined through analysis of entries in the Division of Juvenile Justice's database and the Alaska Public Safety Information Network. Re-offenses are defined as: any offenses resulting in a new juvenile institutional order, a new juvenile adjudication, or an adult conviction. Adjudications and convictions for traffic offenses, Fish & Game violations, violations of Minor in Possession/Consuming Alcohol and Driving While Intoxicated are excluded. Adjudication and convictions received outside Alaska are excluded from analysis.

Analysis of results and challenges: The percentage of youths who were released from Alaska's youth facilities in FY03 and who re-offended within a subsequent 24-month period was slightly reduced compared with last year's percentage. However, the small numbers of youth who are released each year from Alaska's four treatment facilities make it difficult to determine whether this decrease represents a significant or genuine trend. The Division will continue to review institutional treatment components and research-based practices as it seeks to improve its outcomes for youths leaving institutions.

Target #2: Reduce percentage of juveniles who re-offend within a 24-month period following completion of formal court-ordered probation supervision to 20% of the total.

Measure #2: Percentage change in re-offense rate within a 24-month period following completion of formal court-ordered probation supervision.

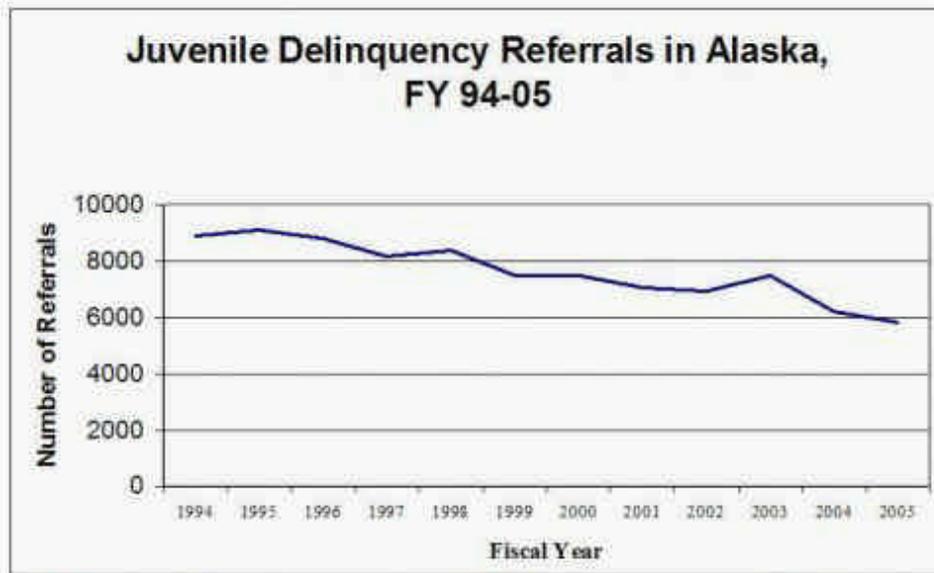


Analysis of results and challenges: The percentage of juveniles who re-offended in the 24-month period following closure of their formal probation episode has remained relatively constant over the past several years. In 2003, the number of youth on formal probation was significantly increased compared with the year before, reflecting an increase in overall referrals that year. However, the rate of reoffense remained consistent with previous years.

The Division intends to evaluate this measure in the coming year to determine whether limiting the term "re-offense" to those offenses resulting in a formal adjudication or conviction (as is done with the institutional population performance measure) provides a more accurate picture of re-offense activities than when all referrals to the Division are included in the analysis. Additionally, in FY06 DJJ will be working with the Department of Public Safety to determine how information from the Alaska Public Safety Information Network can be used to track recidivism by those juveniles who have aged out of the juvenile justice system. Given that the data reported in this measure currently do not include adult information, it is anticipated that once this information is included the rate of reoffense will increase.

Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period.

Measure #3: Percentage change of Alaska juvenile crime rate compared to the rate one and two years earlier.



Numbers of Juveniles, Referrals, and Charges by Region and Office, FY 05

Region		Juveniles	Referrals	Charges
ANC	ANCHORAGE	1505	2094	3140
NRO	BARROW	96	175	244
	BETHEL	235	400	754
	FAIRBANKS	477	701	1191
	KOTZEBUE	51	79	157
	NOME	110	175	277
SCRO	DILLINGHAM	56	89	162
	HOMER	37	46	66
	KENAI	333	475	946
	KODIAK	111	191	353
	MAT-SU	393	535	925
	VALDEZ	79	110	237
SERO	JUNEAU	238	382	567
	KETCHIKAN	125	203	352
	PETERSBURG	36	62	110
	PRINCE OF WALES	22	33	50
	SITKA	68	95	128
State Total		3972	5845	9659

Alaska Juvenile Referrals per 100,000 Juvenile Population (ages 10-17)

Fiscal Year	Referrals	Juvenile Pop	per 100,000
FY 1999	7484	85477	8756
FY 2000	7497	86958	8621
FY 2001	7056	88607	7963
FY 2002	6932	89966	7705
FY 2003	7471	91651	8152
FY 2004	6225	92699	6716
FY 2005	5845	89746	6513

Note: Population data is based on projections from the Alaska Department of Labor. Juvenile referral data is provided by DJJ JOMIS database and includes referrals for youth who are under 10 years old (these referrals make up less than 1% of the total). This data is continually refined and corrected and numbers in future reports may change slightly.

Analysis of results and challenges: Both the number of referrals (5,845) and the number of these referrals per 100,000 juvenile population (6,513) decreased in FY05, resulting in a decline of juvenile crime referrals of 3% per 100,000 juveniles compared with FY04 and a decline of 20.1% compared with FY03. The decline in overall juvenile crime has been a consistent trend for several years (except for a brief increase in FY03). Definitive reasons for this decrease are unknown, although possible causes could include changes in economic conditions, changes in prevention and intervention techniques, changes in law enforcement practices or resources, or a combination of some or all of these.

E1: Strategy - Implement and review information from research-based assessment tools, and incorporate practices proven to reduce recidivism and criminal behavior among youth.

F: Result - Outcome Statement #6: Low income families and individuals become economically self-sufficient.

Target #1: Increase self-sufficient individuals and families by 10%.

Measure #1: Rate of change in self-sufficient families.

Changes in Self Sufficiency

Year	September	December	March	June	YTD Total
2002	-16%	6%	4%	3%	-2%
2003	-1%	-11%	-14%	-13%	-9%
2004	-12%	-7%	-6%	-9%	-9%
2005	-6%	-7%	-8%	-6%	-7%
2006	-6%	0 0%	0 0%	0 0%	0 0%

Analysis of results and challenges: The goal is for clients to move off of Temporary Assistance with more income than they received while on the program, and for those clients to stay employed with sufficient earnings to stay off the program.

As the caseload declines, those adults with more significant barriers to employment make up a higher percentage of the caseload. Therefore, with a declining caseload, it becomes more difficult to achieve higher percentages of families becoming self-sufficient.

The rate of change is calculated for the number of families receiving Alaska Temporary Assistance Program benefits compared to the same time period in the previous state fiscal year. Thus September of SFY2003 had a 1% decline in the Alaska Temporary Assistance Program caseload compared to September of SFY2002. The YTD column compares the average annual caseload to the prior year average annual caseload.

F1: Strategy - Use TANF high performance bonus funds for families approaching 60-month time limit.
G: Result - Outcome Statement #7: Healthy people in healthy communities

Target #1: 80% of all 2 year olds are fully immunized

Measure #1: % of all Alaskan 2 year olds fully immunized

Estimated 4/3/1/3* Vaccination Coverage - Among Children 19-35 Months of Age, Alaska and US

Year	US %	Alaska %	AK US Rank
1999	73.2	74.5	27
2000	72.8	70.6	41
2001	73.7	71.2	35
2002	74.8	75.3	30
2003	79.4	79.7	27
2004	80.9	75.3	45

Analysis of results and challenges: Chart Note: Source National Immunization Survey, Centers for Disease Control and Prevention.

In 2004, 75.3% of Alaska two year olds had completed their basic vaccine series, a percentage considerably below the national average of 80.9. These results indicate the need to re-emphasize the importance of timely immunizations for our youngest children.

* 4/3/1/3 = 4 DTaP/ 3 polio / 1 MMR/ 3 Hib

DTaP - Diphtheria/Tetanus/Acellular Pertussis

MMR - Measles/Mumps/Rubella

Hib - Hemophilus Influenza B (Meningitis)

Target #2: Reduce post-neonatal death rate to 2.7 per 1,000 live births by 2010

Measure #2: Three year average post-neonatal mortality rate (Post-neonatal is defined as 28 days to 1 year)

Post-Neonatal Death Rate - AK and US

Year	Alaska	US
1999	3.3	2.3
2000	3.0	2.3
2001	3.6	2.3
2002	3.8	2.3
2002	4.0	2.3
2004	3.5	0

Analysis of results and challenges: Chart Note: Rate per 1,000 Live Births and reflects two year rate, i.e. 2003 represents 2001-2003.

Post-neonatal mortality is more often caused by environmental conditions than problems with pregnancy and childbirth. Nationally, the leading causes of death during the post-neonatal period (28 through 364 days) during 2002 were Sudden Infant Death Syndrome (SIDS), birth defects, and unintentional injuries.

- The post-neonatal mortality rate in Alaska is higher than the national target of 1.5 per 1,000 live births (Healthy People 2010) and has remained relatively static over time.
- While not shown graphically, over the last decade Alaska Native infants were 2.3 times more likely to die during the post-neonatal period than Caucasian infants.

Target #3: Decrease diabetes in Alaskans

Measure #3: Prevalence of Diabetes among Adults (18+) in Alaska based upon three-year averages

Est Annual Prevalence of Diabetes Among Adults (18+) in Alaska Based upon Three-Year Averages

Year	Alaska	US
1999	3.4%	5.6%
2000	3.8%	6.1%
2001	3.8%	6.5%
2002	4.2%	6.7%
2003	4.4%	7.2%

Analysis of results and challenges: Data Source: BRFSS - Behavioral Risk Factor Surveillance System
Note: 2003 data is average of 2002-2004.

Diabetes is a chronic disease characterized by high levels of blood glucose. Type 2 diabetes accounts for 90 to 95 percent of all diagnosed cases and typically occurs in adults, but is increasingly being diagnosed in children and adolescents. Type 2 diabetes usually begins as insulin resistance, a condition in which the cells do not use insulin properly. Risk factors for Type 2 diabetes include older age (40-plus years), obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity.

Diabetes is the leading cause of blindness and end-stage renal disease in adults. Diabetes increases the risk of heart disease, stroke, and many infectious diseases. Nerve damage from diabetes is the leading cause of lower extremity amputations. Diabetes prevalence increases with age, and the prevalence of diabetes in the United States is expected to increase as the population ages.

Over the past decade, an increasing number of Alaskan adults have reported being told by a health professional that they have diabetes. This number, plus the estimated 29% of all diabetes cases that go undiagnosed, yields our best estimate of the true prevalence of diabetes in Alaska. One limitation of this prevalence estimate is that, with improving surveillance and detection, prevalence will continue to increase independent of any real increase in morbidity.

Target #4: Decrease Alaska's adult obesity rate to less than 18%

Measure #4: Obesity rate of Alaskans

Prevalence of Obesity: Alaska & US

Year	Alaska	US
1999	20.4%	19.7%
2000	21.0%	20.1%
2001	22.1%	21%
2002	23.4%	22.1%
2003	23.6%	22.8%
2004	23.7%	23.1%

Analysis of results and challenges: The trends in Alaska show growing numbers of overweight and obese adults.

- From 1991 to 2004, the prevalence of overweight and obese adults in Alaska rose from a combined 49% to 63%.
- In 2004, 39% of Alaskans met the criteria for being overweight and nearly 24% met the criteria for obesity, well above the Healthy Alaskans 2010 targets of 30% for overweight and 18% for obesity.

Overweight is defined as Body Mass Index (BMI) of 25 or greater, up to 29.9. Obese is defined as BMI of 30 or greater. BMI is determined by dividing weight in kilograms by height in meters.

Premature death and disability, increased health care costs, and lost productivity are all associated with overweight and obesity. Unhealthy dietary habits combined with sedentary behavior are primary factors in increasing body fat levels. Overweight and obesity are estimated to be responsible for approximately 300,000 deaths per year in the United States.

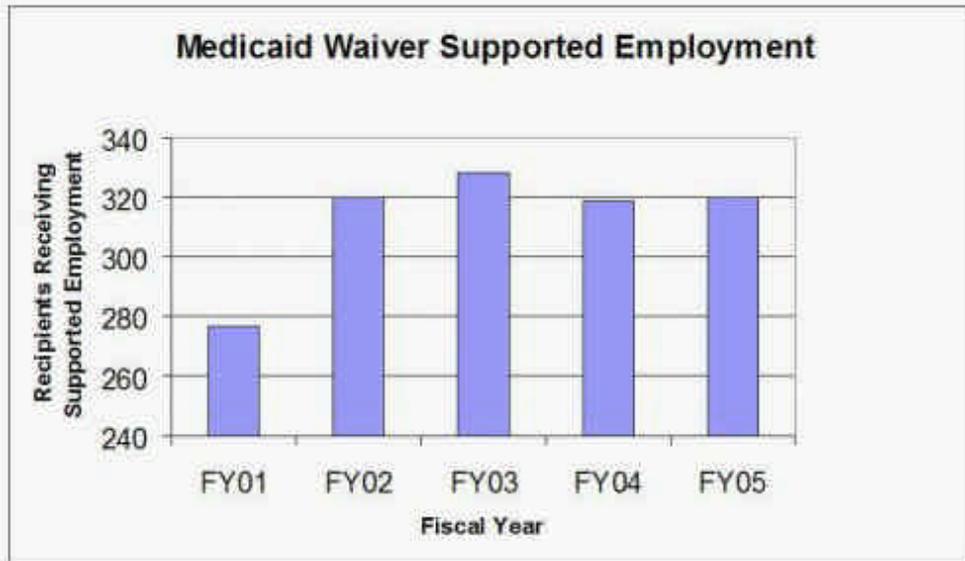
National studies show an association of overweight and obesity with certain types of cancers (endometrial, colon, post menopausal breast, and prostate), as well as heart disease, stroke, diabetes and arthritis. Overweight and obesity are directly associated with at least four of the top ten leading causes of death. Mortality due to unintentional injury, suicide, chronic obstructive pulmonary disease (COPD), pneumonia, and liver disease may also be influenced by obesity to some extent.

G1: Strategy - Strengthen public health in strategic areas.

H: Result - Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live as independently as long as possible.

Target #1: Increase the number of DD waiver recipients receiving Supported Employment Services.

Measure #1: % change of beneficiaries receiving supported employment services under Developmental Disabilities Waiver.



% Change in Recipients Receiving Supported Employment

Fiscal Year	% Change
FY 2002	15.5%
FY 2003	2.5%
FY 2004	-2.7%
FY 2005	0.3%

Analysis of results and challenges: Supported Employment Services is one of the best resources available to developmentally disabled beneficiaries to help them live independently by providing them with the opportunity to work. The Division of Senior and Disabilities Services is looking into why the number of beneficiaries receiving Supported Employment Services has hit a "plateau" over the last few years and will try to determine how to increase the number of people receiving this service.

H1: Strategy - Promote independent living and provide preadmission screening to nursing homes.

I: Result - Outcome Statement #9: The efficient and effective delivery of administrative services.

Target #1: Increase by 5% the percentage of customers that report FMS is meeting their needs.

Measure #1: Percentage of customer service survey respondents that report FMS is meeting their needs.

% of Survey Respondents rating that FMS met their needs

Year	FMS Overall %	% Change	Avg % of All Services	% Change
2003	58.7%	0	70.6%	0
2004	64.7%	6%	70.6%	0%
2005	64.%	-0.7%	71.5%	0.9%

Analysis of results and challenges: A customer survey on Finance and Management Services performance is conducted annually.

Survey results show that 64.0% of survey respondents ranked overall FMS service performance to be above average (6) or higher on a scale of 1-10.

Individual core services are surveyed, however only the overall results are shown in the above table. Combined average of respondents agreeing or highly agreeing that core services are meeting their needs is 71.5% for 2005, an increase of 0.9% over 2004. This is compared to a 0% increase from FY03 to FY04.

The long-term target is to increase the % of respondents showing that FMS is meeting their needs by 5% from the base year of 2003.

Although the department saw increased results in some service areas from FY04 to FY05, the overall % did meet expectations. Finance and Management Services conducted Business Process Reviews in FY05 on all services provided and is in the process of implementing recommendations from those reviews. We anticipate that these improvement areas, i.e. finance, budget and revenue, will help increase respondent ratings in FY06.

Target #2: Reduce the average response time for complaints/inquiries to 14 days.

Measure #2: Department Complaint log response times.

of Inquiries/Complaints

Fiscal Year	Opened	Closed
FY 2005	552	503

Analysis of results and challenges: In FY2005, the Department developed a a database for all Inquiries or Complaints. The response log will be monitored by the Commissioner's Office.

The average # of days to close for FY05 is 15.18.

Target #3: Number of days to Process Payments/Responses.

Measure #3: Index timeliness and accuracy for: Purchase Requisitions; Operating Grant Awards; Processing Time for Payments; Capital Grant Awards; and Legislative inquiries.

Timeliness and Accuracy

	Fiscal Year 2005	
	# Processed	Days to Process
Purchase Requisitions	652	9.4
Operating Grant Awards	778	20.5
DHSS Invoices	150,474	14.4
Capital Grant Awards	87	3.16
Legislative Logs	236	4

Analysis of results and challenges: The department has developed an index for calculating this measure by recording the number and days to process each category above. Each one is given a weight to measure based on the ease of processing. An average is then calculated.

11: Strategy - Implement results of Business Process Review.

Key Department Challenges

The Department of Health and Social Services continues to make progress on the following overall strategies:

1. Working toward more integration of services;
2. Maximize resources for effective service delivery;
3. Promote rural infrastructure development and standardization of regional structure;
4. Promote accountability at all levels of the organization; and
5. Use technology in strategic ways to accomplish the department's goals.

Key Projects

Bring the Kids Home: Implementing the Bring the Kids Home project is a challenge because of the complexity, the number of entities involved and the logistics involved in getting services put in place in Alaska.

Child Protection: Continuing to make changes in the Child Protective Services according to the Program Improvement Plan requires changes in attitude, culture, and increased need for more foster parents and resources for post-adoptive services.

Continue Welfare Reform: It has become more challenging to sustain and build the successes of Alaska's welfare reform program by working with more difficult to serve clients.

Deferred Maintenance: Many of DHSS buildings are used 24 hours a day, 7 days a week. Continuing to maintain an aging infrastructure with significant deferred maintenance is a challenge.

IT Security: Information Technology security issues are at the forefront of IT challenges. DHSS needs to ensure that our network is secure and confidential data kept confidential.

Juvenile Justice: Juvenile Probation services are suffering from lack of funds to fill Juvenile Probation Officer positions.

Medicaid Growth: The department is challenged with managing the growth of Medicaid with an increasing senior and disabled population, particularly the PCA program.

Medicare Part D: Medicare Part D will be implemented January 1, 2006. There have been significant impacts for the department because of the change for dual eligibles, impacts from providing information because of confusion for seniors on plan choices, and impacts on department programs like the Pioneer Homes.

MMIS Development: Development of a new Medicaid Management Information System has entered into a contract dispute. Completing a new system will now be delayed.

Pioneer Home Safety: Pioneer Home system struggles with providing a safe and secure environment for residents as the acuity level and complexity of patient needs rises.

Public Health Emergency Preparedness: The Department faces the challenge of preparing for a public health emergency to ensure that the public is safe from such potential outbreaks as Avian flu.

Workforce Issues: Recruitment and retention of key specialized staff including nurses is an increasing challenge due to state wages and other market conditions.

Significant Changes in Results to be Delivered in FY2007

The Department of Health and Social Services has developed proposals to enhance services in the following areas:

Results will change significantly in many areas due to the investments in the FY07 budget. The following is an outline of the key items.

Hope & Opportunity: Service enhancements in this area include:

- Youth Success program;
- Opening Veteran's Beds in the Palmer Pioneer & Veterans Home;
- Expand Bring the Kids Home;
- Early Learning Opportunity;
- Rural Human Services-Add 10 new counselors in villages;
- Expand the Human Services Community Matching Grants;
- Enhance Fetal Alcohol program;
- Substance Abuse Prevention Proposal.

Safety & Security: Additional investments in this category are for:

- Infectious Disease control and Public Health Emergency Preparedness;
- Pioneer Home: Increase staffing for safety and security;
- Enhance Juvenile Justice through Offender Accountability;
- Reduce caseloads for Adult Protective Services;
- Improve Information Technology Security;
- Expand Mental Health Crisis Treatment facility;
- Improve State Medical Examiner Office;
- Improve staffing for Nurses with a one-range salary increase;
- Establish a central immunization registry.

Infrastructure support: Basic supports in DHSS to receive additional investments are:

- Increased Assistance to pay high fuel and electricity costs;
- Improve DHSS revenue management and cost allocation system;
- Expand the Alaska Automated Information Mgmt System (AKAIMS);
- Provide support for ORCA ownership costs;
- Reduce hospital uncompensated care using the DSH program;
- Settle the Pioneer Home Certified Nurse Aid Reclass grievance.

Maintain Services: Sufficient investment is required to maintain services particularly in Medicaid.

- Support Medicaid growth projections (approximately 9%);
- Replace the loss of FairShare from the State losing in the 9th circuit;

Provide funds to pay Alaska's Clawback costs;
 Replace expected loss from Alaska's SCHIP allotment;
 Provide a rate increase for residential services through BRS program;
 Pay the premium increases for Medicare Part A and B;
 Provide resources for API, including pharmacy costs.

Major Department Accomplishments in 2005

- Received approval from the federal Veteran's Administration, broke ground and secured funds to remodel and convert the Palmer Pioneer Home into the State Veteran's Home.
- Migrated the Alaska Psychiatric Institute (API) into a new facility and re-named the adult Program the Alaska Recovery Center;
- Developed an integrated RFP and integrated service delivery system for Behavioral Health integrated project which integrated substance abuse and mental health programs for 23 different communities;
- Achieved four of seven outcome areas for the OCS performance improvement plan and received a letter of commendation from the U.S. Department of Health and Human Services on these accomplishments.
- The new Child Protection Management Information System, ORCA went live in 2005 and OCS received two awards from the Center for Digital Government and the American Public Human Services Association for bringing the system up and for its functionality.
- Completed the extensive renovation and expansion of the Nome Youth Facility, which expanded operations to a 14 bed facility.
- Juvenile Justice successfully completed two successful pilot site demonstrations with the research-based Youth Level of Service/Case Management Inventory which is a tool designed to aid in assessing the likelihood of a youth's risk to re-offend.
- Public Assistance was awarded a federal TANF High Performance Bonus for its exceptional performance in moving welfare recipients to the workforce.
- Public Assistance was awarded a Food Stamp Bonus Award for improvements in Food Stamp accuracy rates.
- The Temporary Assistance caseload continued its decline, reducing by 7%, thus saving the State three million dollars between 2004 and 2005.
- The Department working with the Governor's Office and lawmakers won passage of three vital pieces of public health legislation: A comprehensive new public health law, replacement of the Fairbanks virology lab and consolidation of state certification and licensing functions.
- Public Health continued to invest in prevention by distributing 4,188 smoke alarms to help prevent deaths from house fires, by installing and maintaining 408 "Kids Don't Float" life jacket loaner sites to prevent drowning, and maintaining certification of over 3,500 Emergency Medical Technicians.
- Improved Vital Statistics turnaround time for 60,000 requests for vital records from two weeks of previous years to three business days.
- Increased and improved the timeliness of Medicaid audits, particularly for the Personal Care Attendant program which has led to efforts to improve overall quality assurance and identified regulatory changes to curb program growth.
- Provided Home and Community Based Care to over 4,000 individuals and their families.
- Successfully integrated department IT services to improve customer service and provide a more efficient and effective use of technology;
- Successfully implemented the change to a centralized Medicaid Budget unit and departmental support services as an integrated cohesive unit;
- Awarded a contract and began work on the long-term Medicaid projection report and database;
- Was successful in 100% of procurement appeals including 15 grant award appeals and 4 protests of professional services contracts.

Prioritization of Agency Programs

(Statutory Reference AS 37.07.050(a)(13))

Prioritization of programs is based on importance to:

- Providing direct services to clients.
- Protection of vulnerable populations.
- Areas where State Government is ultimately responsible for providing service.
- Relevance of the activity to the department's mission.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Alaska Psychiatric Institute 2. Protection and Community Services 3. Epidemiology 4. Alaska Temporary Assistance Program 5. Tribal Assistance Programs 6. Pioneer Homes 7. HCS Medicaid Services 8. Senior and Disabilities Medicaid Services 9. Behavioral Health Medicaid Services 10. Children's Medicaid Services 11. Senior Care 12. Probation Services 13. Adult Public Assistance 14. Community Developmental Disabilities Grants 15. Foster Care Base Rate 16. Foster Care Augmented Rate 17. Foster Care Special Need 18. McLaughlin Youth Center 19. Delinquency Prevention 20. Fairbanks Youth Facility 21. Johnson Youth Center 22. Bethel Youth Facility 23. Nome Youth Facility 24. Ketchikan Regional Youth Facility 25. Mat-Su Youth Facility 26. Kenai Peninsula Youth Facility 27. Public Health Laboratories 28. Residential Child Care 29. Psychiatric Emergency Services 30. Behavioral Health Grants 31. Rural Services and Suicide Prevention 32. Services for Severely Emotionally Disturbed Youth 33. AK Fetal Alcohol Syndrome Program 34. Services to the Seriously Mentally Ill 35. Catastrophic and Chronic Illness Assistance 36. Nursing 37. Subsidized Adoptions & Guardianship 38. Child Care Benefits 39. Work Services 40. Chronic Disease Prevention/Health Promotion 41. Energy Assistance Program 42. Bureau of Vital Statistics 43. Emergency Medical Services Grants 44. Human Services Community Matching Grant 45. Senior Community Based Grants 46. Women, Infants and Children 47. Family Preservation | <ol style="list-style-type: none"> 48. Infant Learning Program Grants 49. Youth Courts 50. Certification and Licensing 51. State Medical Examiner 52. Senior Residential Services 53. General Relief Assistance 54. Community Health Grants 55. Community Action Prevention & Intervention Grants 56. Designated Evaluation and Treatment 57. Commissioner's Office 58. Administrative Support Services 59. Facilities Management 60. Office of Program Review 61. Information Technology Services 62. Rate Review 63. Quality Control 64. Fraud Investigation 65. Hearings and Appeals 66. Health Planning & Infrastructure 67. Facilities Maintenance 68. Pioneers Homes Facilities Maintenance 69. Children's Services Training 70. Public Assistance Field Svcs 71. Child Protection Legal Svcs 72. Community Health/Emergency Medical Services 73. Tobacco Prevention and Control 74. Assessment and Planning (Medicaid) 75. Women, Children & Family Health 76. Medicaid School Based Administrative Claims 77. HSS State Facilities Rent 78. Alaskan Pioneer Homes Management 79. Behavioral Health Administration 80. Children's Services Management 81. Medical Assistance Administration 82. Public Assistance Administration 83. Public Health Administrative Services 84. Senior and Disabilities Services Administration 85. Permanent Fund Dividend Hold Harmless 86. Council on Faith Based & Community Initiatives 87. Children's Trust Programs 88. Alcohol Safety Action Program (ASAP) 89. Alaska Mental Health/Alcohol & Drug Abuse Brds 90. Commission on Aging 91. Governor's Council on Disabilities 92. Pioneers Homes Advisory Board 93. Suicide Prevention Council |
|---|--|

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Department Budget Summary by RDU

All dollars shown in thousands

	FY2005 Actuals				FY2006 Management Plan				FY2007 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
Behavioral Health	50,235.1	77,569.9	1,500.0	129,305.0	57,172.1	85,400.4	1,500.0	144,072.5	61,287.4	92,417.2	1,500.0	155,204.6
Children's Services	25,535.1	15,248.6	1,942.1	42,725.8	23,627.7	22,326.9	1,942.7	47,897.3	26,618.1	25,007.8	1,942.7	53,568.6
Health Care Services	117,244.7	449,836.3	61,649.2	628,730.2	116,902.9	463,741.6	76,874.0	657,518.5	191,931.3	521,477.3	32,030.3	745,438.9
Public Assistance	89,706.7	49,534.0	28,997.2	168,237.9	90,507.3	54,546.3	34,617.0	179,670.6	91,164.1	53,700.1	34,187.8	179,052.0
Senior and Disabilities Svcs	106,201.3	151,537.9	206.2	257,945.4	101,873.5	147,164.0	1,375.0	250,412.5	125,181.1	179,546.4	1,375.0	306,102.5
Departmental Support Services	0.0	2,691.7	0.0	2,691.7	0.0	6,239.3	0.0	6,239.3	0.0	6,243.8	0.0	6,243.8
Non-Formula Expenditures												
Alaska Pioneer Homes	23,496.0	68.6	14,435.7	38,000.3	25,572.0	27.4	17,007.6	42,607.0	29,826.3	348.9	19,236.3	49,411.5
Behavioral Health	29,939.6	15,977.1	32,900.2	78,816.9	32,086.0	20,026.6	38,189.2	90,301.8	45,311.8	11,486.8	40,661.9	97,460.5
Children's Services	24,877.1	51,645.1	6,747.6	83,269.8	31,364.0	54,594.0	7,798.4	93,756.4	32,950.4	55,947.3	7,959.0	96,856.7
Health Care Services	6,123.6	17,079.7	696.6	23,899.9	8,548.0	21,277.2	217.3	30,042.5	8,210.1	20,262.4	194.3	28,666.8
Juvenile Justice	33,206.9	2,541.8	869.9	36,618.6	36,554.4	3,087.4	932.6	40,574.4	39,810.0	3,187.4	920.6	43,918.0
Public Assistance	17,712.1	34,271.1	637.1	52,620.3	20,118.5	40,242.3	881.1	61,241.9	21,164.9	45,685.1	927.0	67,777.0
Public Health	20,750.7	20,353.5	14,002.7	55,106.9	23,805.8	31,602.9	18,216.1	73,624.8	30,009.9	33,149.9	20,024.5	83,184.3
Senior and Disabilities Svcs	18,069.6	10,649.4	1,890.9	30,609.9	20,283.0	11,732.4	1,640.4	33,655.8	20,868.5	12,634.7	1,443.7	34,946.9
Departmental Support Services	13,532.8	13,092.8	6,323.0	32,948.6	18,097.9	20,342.4	9,055.8	47,496.1	23,317.2	20,875.9	9,050.2	53,243.3
Boards and Commissions	468.4	1,425.3	1,668.0	3,561.7	607.6	1,945.4	1,250.0	3,803.0	668.0	1,586.0	1,628.4	3,882.4
Human Svcs Comm Matching Grant	1,159.3	0.0	0.0	1,159.3	1,235.3	0.0	0.0	1,235.3	3,000.0	0.0	0.0	3,000.0
Totals	578,259.0	913,522.8	174,466.4	1,666,248.2	608,356.0	984,296.5	211,497.2	1,804,149.7	751,319.1	1,083,557.0	173,081.7	2,007,957.8

Funding Source Summary

All dollars in thousands

Funding Sources	FY2005 Actuals	FY2006 Management Plan	FY2007 Governor
1002 Federal Receipts	913,520.8	984,294.5	1,083,555.0
1003 General Fund Match	311,462.2	329,656.2	380,305.6
1004 General Fund Receipts	179,029.6	188,610.7	260,400.6
1007 Inter-Agency Receipts	53,733.7	65,910.4	71,016.4
1013 Alcoholism & Drug Abuse Revolving Loan	2.0	2.0	2.0
1037 General Fund / Mental Health	87,767.2	90,089.1	110,612.9
1050 Permanent Fund Dividend Fund	12,291.4	12,884.7	12,884.7
1061 Capital Improvement Project Receipts	1,525.8	1,213.8	1,293.7
1092 Mental Health Trust Authority Authorized Receipts	4,818.8	7,138.3	6,976.5
1098 Children's Trust Earnings	248.6	397.9	399.7
1108 Statutory Designated Program Receipts	52,648.5	67,340.2	22,998.6
1156 Receipt Supported Services	18,076.5	19,048.3	19,537.6
1168 Tobacco Use Education and Cessation Fund	4,008.2	5,674.9	6,174.9
1180 Alcohol & Other Drug Abuse Treatment & Prevention Fund	17,130.9	17,192.3	17,192.3
1189 Senior Care Fund	9,984.0	14,696.4	14,607.3
Totals	1,666,248.2	1,804,149.7	2,007,957.8

Position Summary

Funding Sources	FY2006 Management Plan	FY2007 Governor
Permanent Full Time	3,211	3,295
Permanent Part Time	105	105
Non Permanent	199	181
Totals	3,515	3,581

FY2007 Capital Budget Request

Project Title	General Funds	Federal Funds	Other Funds	Total Funds
Revenue Management and Cost Allocation System	400,800	70,800	0	471,600
Anchorage Pioneer Home Occupancy Realignment, Phase 1	0	0	882,700	882,700
Juvenile Offender Management Information System Software Upgrade	299,200	0	0	299,200
Safety and Support Equipment for Public Health Nurses, Probation Officers, Social Workers, and Pioneer Home Residents	400,000	151,400	0	551,400
Emergency Medical Services Ambulances and Equipment Statewide – Match for Code Blue Project	425,000	0	0	425,000
Women, Infants, and Children Payment System	0	6,000,000	0	6,000,000
Early Intervention and Infant Learning Program Management Information System Upgrade	0	150,000	0	150,000
Immunization and Disease Registry	1,680,900	369,000	0	2,049,900
Medicaid Management Information System Completion	1,791,200	16,120,400	0	17,911,600
MH: Home Modification and Design Upgrades	0	0	200,000	200,000
MH: Transitional Housing for Substance Abuse	0	0	1,200,000	1,200,000
MH: Home and Community-Based Group Home Development	0	0	400,000	400,000
MH: Alaska Psychiatric Institute Asbestos Abatement	3,000,000	0	0	3,000,000
Department Total	7,997,100	22,861,600	2,682,700	33,541,400

This is an appropriation level summary only. For allocations and the full project details see the capital budget.

Summary of Department Budget Changes by RDU

From FY2006 Management Plan to FY2007 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2006 Management Plan	608,356.0	984,296.5	211,497.2	1,804,149.7
Adjustments which will continue current level of service:				
-Alaska Pioneer Homes	1,137.8	222.1	297.7	1,657.6
-Behavioral Health	1,898.8	438.8	392.8	2,730.4
-Children's Services	789.7	842.5	19.8	1,652.0
-Health Care Services	1,060.7	-2,459.4	-23.0	-1,421.7
-Juvenile Justice	1,688.4	0.0	0.0	1,688.4
-Public Assistance	795.6	839.7	-221.6	1,413.7
-Public Health	989.0	1,075.6	247.9	2,312.5
-Senior and Disabilities Svcs	106.5	120.6	-110.0	117.1
-Departmental Support Services	1,258.1	392.1	39.7	1,689.9
-Boards and Commissions	51.1	-67.0	388.3	372.4
Proposed budget decreases:				
-Alaska Pioneer Homes	0.0	0.0	-211.3	-211.3
-Behavioral Health	0.0	-8,640.8	-1,577.2	-10,218.0
-Children's Services	0.0	0.0	-150.0	-150.0
-Health Care Services	-646.7	-17,535.0	-45,000.0	-63,181.7
-Juvenile Justice	0.0	0.0	-12.0	-12.0
-Public Assistance	0.0	-973.5	-170.8	-1,144.3
-Public Health	0.0	0.0	-145.2	-145.2
-Senior and Disabilities Svcs	0.0	0.0	-91.2	-91.2
-Departmental Support Services	0.0	0.0	-52.6	-52.6
-Boards and Commissions	0.0	-298.2	-102.1	-400.3
Proposed budget increases:				
-Alaska Pioneer Homes	3,116.5	99.4	2,142.3	5,358.2
-Behavioral Health	15,442.3	6,679.0	3,657.1	25,778.4
-Children's Services	3,787.1	3,191.7	290.8	7,269.6
-Health Care Services	74,276.5	76,715.3	156.3	151,148.1
-Juvenile Justice	1,567.2	100.0	0.0	1,667.2
-Public Assistance	907.6	4,730.4	9.1	5,647.1
-Public Health	5,215.1	471.4	1,705.7	7,392.2
-Senior and Disabilities Svcs	23,786.6	33,164.1	4.5	56,955.2
-Departmental Support Services	3,961.2	145.9	7.3	4,114.4
-Boards and Commissions	9.3	5.8	92.2	107.3
-Human Svcs Comm Matching Grant	1,764.7	0.0	0.0	1,764.7
FY2007 Governor	751,319.1	1,083,557.0	173,081.7	2,007,957.8