

**State of Alaska  
FY2016 Governor Amended Operating  
Budget**

**Department of Health and Social Services  
Senior and Disabilities Medicaid Services  
Component Budget Summary**

**Component: Senior and Disabilities Medicaid Services**

**Contribution to Department's Mission**

Senior and Disabilities Services promotes health, well-being, and safety for individuals with disabilities, seniors, and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice, and dignity.

This component of Alaska Medicaid is under the programmatic oversight of the DHSS Division of Senior and Disabilities Services.

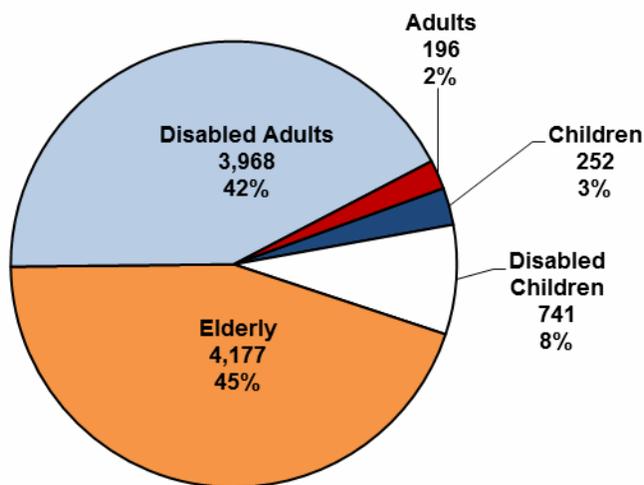
**Core Services**

- Administration of four Medicaid Home and Community Based Waivers
- Administration of Medicaid State Plan Personal Care Attendant Services
- Administration of community-based grant programs for individuals with developmental disabilities, seniors, and their caretakers
- Authorization of nursing home placements and facilitation of transitions out of nursing homes to community placements
- Certification, monitoring, and oversight of Home and Community Based services and providers through a continuous quality improvement process
- Protection of vulnerable adults from abuse, neglect, and exploitation through investigation and the provision of protective services

**Major Component Accomplishments in 2014**

In FY2014 Senior and Disabilities Services Medicaid provided services to 9,334 unduplicated beneficiaries at an average annual cost per person of just over \$45,607. Approximately 42% of beneficiaries were disabled adults, 45% were elderly, and 11% were children.

**FY2014 Senior and Disabilities Services Medicaid Beneficiaries by Benefit Group**



Source: COGNOS data.

Waiver breakdown:

Adults with Physical and Developmental Disability Waiver program: 182 active recipients at an average cost of \$41,779 per recipient.

Children with Complex Medical Conditions Waiver program: 276 active recipients at an average cost of \$35,974 per recipient.

Individuals with Intellectual and Developmental Disabilities Waiver program: 1,896 active recipients at an average cost of \$72,505 per recipient.

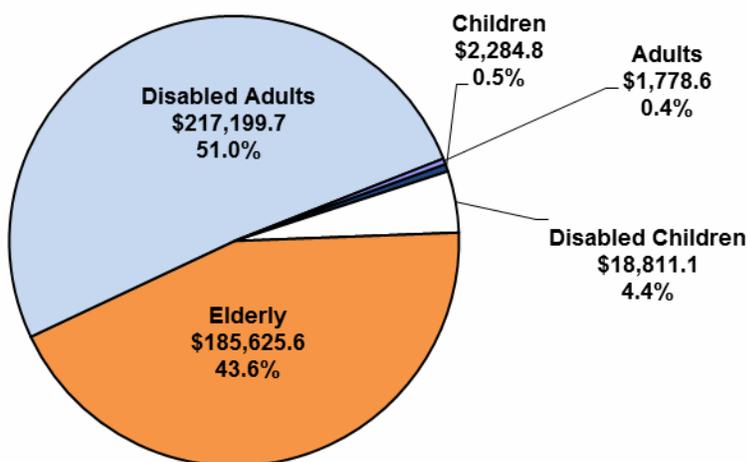
Alaskans Living Independently Waiver program: 2,846 active recipients at an average cost of \$23,420 per recipient.

Through the Personal Care Assistance program, 4,948 active recipients received services at an average cost of \$20,729 per recipient.

The Division of Senior and Disabilities Services authorized nursing home care for over 1094 recipients in at an average cost of \$174,237 per person. Many of these recipients were previously receiving services through the Personal Care Assistance program or a waiver program.

The Senior and Disabilities Services Medicaid program funded benefits with total FY2014 expenditures of \$425,699,800. Benefits provided to children comprised 5.0% of claim payments while benefits provided to disabled adults comprised 51%. Services provided to the elderly were 43.6% of the Senior and Disabilities Services Medicaid claim payments.

**FY2014 Senior and Disabilities Services Medicaid Claim Payments by Benefit Group**



Source: COGNOS data.

### Key Component Challenges

The Division of Senior and Disabilities Services must annually conduct face-to-face assessments, level of care determinations, and plan of care reviews in order to meet requirements outlined in the waiver plans approved by the Centers for Medicare and Medicaid Services for Alaska's four Medicaid Home and Community Based Waiver programs. Medicaid State Plan personal care assistance services also require annual assessments and ongoing service plan development and review.

With the projections of an increasing senior population in Alaska, the challenge to the division is to manage the waivers and personal care assistance services in a way that controls the growth of spending and contains costs as much as possible, while ensuring that quality services are available to the individuals that really need them.

The Division identifies four major challenges that it needs to focus on in order to provide a balanced and cost-effective system of care to meet the needs of its service population in the future. Those are:

- Ensuring that waiver participants receive home and community based services as close to home as possible and at the lowest level of care appropriate to meet their needs
- Ensuring that vulnerable adults are safe and protected from abuse, neglect, and exploitation
- Ensuring that service participants receive quality services in a timely manner
- Maximizing operational efficiency and ensuring effective administration and management of the Division of Senior and Disabilities Services

### **Significant Changes in Results to be Delivered in FY2016**

The Division of Senior and Disabilities Services is currently in the process of designing, developing, and implementing an Automated Services Plan system with a provider portal in support of the division's programs. The implementation of this system will emphasize service integration among state programs including the Division of Senior and Disabilities Services, Medicaid, Behavioral Health, Eligibility, Financial Services, Certification and Licensing, and Public Health. This will improve the timeliness of service delivery and streamline other processes. The federally required readmission screening and resident review process, which screens all applicants for nursing facility admission for potential mental illness or developmental disabilities, will be restructured and improved.

Improving the division's capability to conduct on-site reviews of provider organizations that will assess the quality of services and regulatory compliance as well as the health and safety of waiver recipients will be paramount. Significant emphasis will be placed on addressing the factors that affect the repeat maltreatment of vulnerable adults. On site quality and compliance reviews of certified waiver and personal care assistance providers will be increased and the results used to improve the quality of care for all recipients. Targeted case management will be implemented per Alaska statute for Medicaid eligible individuals that experience traumatic and acquired brain injury.

### **Statutory and Regulatory Authority**

AS 47.07 Medical Assistance for Needy Persons  
AS 47.25 Public Assistance

Social Security Act:  
Title XVIII Medicare  
Title XIX Medicaid

Administrative Code:  
7 AAC 43 Medicaid  
7 AAC 100 Medicaid Assistance Eligibility

Code of Federal Regulations:  
Title 42 CFR Part 400 to End

<b>Contact Information</b>
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**Senior and Disabilities Medicaid Services  
Component Financial Summary**

*All dollars shown in thousands*

	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
<b>Formula Program:</b>			
<b>Component Expenditures:</b>			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	0.0	0.0	0.0
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	460,418.8	558,964.9	561,873.7
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>460,418.8</b>	<b>558,964.9</b>	<b>561,873.7</b>
<b>Funding Sources:</b>			
1002 Federal Receipts	235,564.0	285,815.0	288,723.8
1003 General Fund Match	190,224.2	208,350.3	208,350.3
1004 General Fund Receipts	34,525.1	63,731.2	63,731.2
1007 Interagency Receipts	0.0	518.4	518.4
1108 Statutory Designated Program Receipts	105.5	550.0	550.0
<b>Funding Totals</b>	<b>460,418.8</b>	<b>558,964.9</b>	<b>561,873.7</b>

**Estimated Revenue Collections**

Description	Master Revenue Account	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
<b>Unrestricted Revenues</b>				
None.		0.0	0.0	0.0
<b>Unrestricted Total</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Restricted Revenues</b>				
Federal Receipts	51010	235,564.0	285,815.0	288,723.8
Interagency Receipts	51015	0.0	518.4	518.4
Statutory Designated Program Receipts	51063	105.5	550.0	550.0
<b>Restricted Total</b>		<b>235,669.5</b>	<b>286,883.4</b>	<b>289,792.2</b>
<b>Total Estimated Revenues</b>		<b>235,669.5</b>	<b>286,883.4</b>	<b>289,792.2</b>

**Summary of Component Budget Changes  
From FY2015 Management Plan to FY2016 Governor Amended**

*All dollars shown in thousands*

	<u>Unrestricted Gen (UGF)</u>	<u>Designated Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal Funds</u>	<u>Total Funds</u>
<b>FY2015 Management Plan</b>	<b>272,081.5</b>	<b>0.0</b>	<b>1,068.4</b>	<b>285,815.0</b>	<b>558,964.9</b>
<b>Proposed budget increases:</b>					
-Medicaid Expansion	0.0	0.0	0.0	2,908.8	2,908.8
<b>FY2016 Governor Amended</b>	<b>272,081.5</b>	<b>0.0</b>	<b>1,068.4</b>	<b>288,723.8</b>	<b>561,873.7</b>

**Component Detail All Funds**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (AR23550) (2662)  
**RDU:** Medicaid Services (595)

	<b>FY2014 Actuals</b>	<b>FY2015 Conference Committee</b>	<b>FY2015 Authorized</b>	<b>FY2015 Management Plan</b>	<b>FY2016 Governor Amended</b>	<b>FY2015 Management Plan vs FY2016 Governor Amended</b>	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	460,418.8	538,964.9	538,964.9	558,964.9	561,873.7	2,908.8	0.5%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>460,418.8</b>	<b>538,964.9</b>	<b>538,964.9</b>	<b>558,964.9</b>	<b>561,873.7</b>	<b>2,908.8</b>	<b>0.5%</b>
<b>Fund Sources:</b>							
1002Fed Rcpts (Fed)	235,564.0	265,815.0	265,815.0	285,815.0	288,723.8	2,908.8	1.0%
1003G/F Match (UGF)	190,224.2	208,350.3	208,350.3	208,350.3	208,350.3	0.0	0.0%
1004Gen Fund (UGF)	34,525.1	63,731.2	63,731.2	63,731.2	63,731.2	0.0	0.0%
1007I/A Rcpts (Other)	0.0	518.4	518.4	518.4	518.4	0.0	0.0%
1108Stat Desig (Other)	105.5	550.0	550.0	550.0	550.0	0.0	0.0%
<b>Unrestricted General (UGF)</b>	<b>224,749.3</b>	<b>272,081.5</b>	<b>272,081.5</b>	<b>272,081.5</b>	<b>272,081.5</b>	<b>0.0</b>	<b>0.0%</b>
<b>Designated General (DGF)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>105.5</b>	<b>1,068.4</b>	<b>1,068.4</b>	<b>1,068.4</b>	<b>1,068.4</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>235,564.0</b>	<b>265,815.0</b>	<b>265,815.0</b>	<b>285,815.0</b>	<b>288,723.8</b>	<b>2,908.8</b>	<b>1.0%</b>
<b>Positions:</b>							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

**Change Record Detail - Multiple Scenarios with Descriptions**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)

**RDU:** Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2015 Conference Committee To FY2015 Authorized *****												
<b>FY2015 Conference Committee</b>												
	ConfCom	538,964.9	0.0	0.0	0.0	0.0	0.0	538,964.9	0.0	0	0	0
1002 Fed Rcpts		265,815.0										
1003 G/F Match		208,350.3										
1004 Gen Fund		63,731.2										
1007 I/A Rcpts		518.4										
1108 Stat Desig		550.0										
<b>Subtotal</b>		<b>538,964.9</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>538,964.9</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2015 Authorized To FY2015 Management Plan *****												
<b>Transfer from Health Care Medicaid Services to Compensate for Change in Federal Medical Assistance Percentage</b>												
	Trin	20,000.0	0.0	0.0	0.0	0.0	0.0	20,000.0	0.0	0	0	0
1002 Fed Rcpts		20,000.0										
<b>Subtotal</b>		<b>558,964.9</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>558,964.9</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2015 Management Plan To FY2016 Governor Amended *****												
<b>Medicaid Expansion</b>												
	Inc	2,908.8	0.0	0.0	0.0	0.0	0.0	2,908.8	0.0	0	0	0
1002 Fed Rcpts		2,908.8										

Transfer excess federal authorization from Health Care Medicaid Services to Senior and Disabilities Medicaid Services to align authority with projected expenditures. The Senior and Disabilities Medicaid Services cost center is growing at a faster rate than any of the other budgetary components of the Alaska Medicaid program, in part due to the state's exponential growth in its senior population, both actual and projected. This transfer will bring back into sync projected component expenditures and available federal resources.

The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.

Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.

1. The Expansion Population.

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

**Change Record Detail - Multiple Scenarios with Descriptions**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)

**RDU:** Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	

The primary enrollees of Medicaid expansion are working-age adults 21–64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19–64 years of age that do not meet current income limits for Medicaid eligibility.

Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

**2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.**

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

**Distribution of the Expansion Population by Gender and Age.**

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

**3. Estimated Costs of Medicaid Expansion.**

**Change Record Detail - Multiple Scenarios with Descriptions**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)

**RDU:** Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP	
										PFT	PPT		
<p>The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible population that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.</p> <p>According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.</p> <p>Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</p> <p>Based on recent historical spending patterns by the proxy group which mostly consists of current Medicaid enrollees in Family Medicaid, two percent of total spending on Expansion or \$2,908.8 will be used by newly eligible enrollees though Long-Term Care related services that are under Senior and Disabilities Services Medicaid Component.</p>													
		<b>Totals</b>	<b>561,873.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>561,873.7</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Line Item Detail**  
**Department of Health and Social Services**  
**Grants, Benefits**

**Component:** Senior and Disabilities Medicaid Services (2662)  
**RDU:** Medicaid Services (595)

Line Number	Line Name		FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
77000	Grants, Benefits		460,418.8	558,964.9	561,873.7
Expenditure Account	Servicing Agency	Explanation	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
<b>77000 Grants, Benefits Detail Totals</b>			<b>460,418.8</b>	<b>558,964.9</b>	<b>561,873.7</b>
77670	Benefits	Medicaid services including: Personal Care, Nursing and Waiver Services.  This also includes payments for services for Medicaid clients who will be newly eligible through Medicaid expansion.	460,418.8	553,733.9	556,021.5
77670	Benefits	H&SS Medicaid benefit payments (total computable) are paid to the Pioneer Home (AKPH) component as the mechanism, to allow them to bill for long-term care waiver services provided to Medicaid eligible Pioneer Home residents.	0.0	5,231.0	5,852.2

**Restricted Revenue Detail**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)  
**RDU:** Medicaid Services (595)

<b>Master Account</b>	<b>Revenue Description</b>				<b>FY2014 Actuals</b>	<b>FY2015 Management Plan</b>	<b>FY2016 Governor Amended</b>
51010	Federal Receipts				235,564.0	285,815.0	288,723.8
<b>Detail Information</b>							
<b>Revenue Amount</b>	<b>Revenue Description</b>	<b>Component</b>	<b>Collocation Code</b>	<b>AKSAS Fund</b>	<b>FY2014 Actuals</b>	<b>FY2015 Management Plan</b>	<b>FY2016 Governor Amended</b>
51010	Federal Receipts		06150001	11000	0.0	285,815.0	288,723.8
	Medicaid Federal Collections- The bulk of the federal funding for the Medicaid benefits comes from claims reimbursed at the federal medical assistance percentage of FMAP. Additional Medicaid funds sources are IHS (Indian Health Services) at 100% FMAP for specific programs. Actual collections are based on the proportion of the expenditures eligible for each type of federal reimbursement.						
57301	Title XIX Map				235,564.0	0.0	0.0

**Restricted Revenue Detail**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)  
**RDU:** Medicaid Services (595)

Master Account	Revenue Description	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
51015	Interagency Receipts	0.0	518.4	518.4

**Detail Information**

Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
59060	Health & Social Svcs	Alaska Pioneer Homes Management	06214651	11100	0.0	518.4	518.4

Alaska Pioneer Home Assisted living State match RSA. Pioneer Homes return the state match portion of the Medicaid payment and retain only the federal share.

**Restricted Revenue Detail**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)  
**RDU:** Medicaid Services (595)

<b>Master Account</b>	<b>Revenue Description</b>				<b>FY2014 Actuals</b>	<b>FY2015 Management Plan</b>	<b>FY2016 Governor Amended</b>
51063	Statutory Designated Program Receipts				105.5	550.0	550.0
<b>Detail Information</b>							
<b>Revenue Amount</b>	<b>Revenue Description</b>	<b>Component</b>	<b>Collocation Code</b>	<b>AKSAS Fund</b>	<b>FY2014 Actuals</b>	<b>FY2015 Management Plan</b>	<b>FY2016 Governor Amended</b>
51063	Stat Desig Prog Rec Recovery of Overpayments to Medicaid providers discovered through audit.		06150001	11000	0.0	550.0	550.0
54252	Recovd Medicaid Pymt				105.5	0.0	0.0

**Interagency Services**  
**Department of Health and Social Services**

**Component:** Senior and Disabilities Medicaid Services (2662)  
**RDU:** Medicaid Services (595)

Expenditure Account	Service Description	Service Type	Servicing Agency	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended	
77670	Benefits	Medicaid benefit payments (total computable) are paid to the Pioneer Home (AKPH) component as the mechanism, to allow them to bill for long-term care waiver services provided to Medicaid eligible Pioneer Home residents.	Intra-dept	H&SS	0.0	5,231.0	5,852.2
<b>77670 Benefits subtotal:</b>				<b>0.0</b>	<b>5,231.0</b>	<b>5,852.2</b>	
<b>Senior and Disabilities Medicaid Services total:</b>				<b>0.0</b>	<b>5,231.0</b>	<b>5,852.2</b>	
<b>Grand Total:</b>				<b>0.0</b>	<b>5,231.0</b>	<b>5,852.2</b>	