

State of Alaska FY2005 Governor's Operating Budget

Department of Health and Social Services Medical Assistance Administration Component Budget Summary

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Component: Medical Assistance Administration

Contribution to Department's Mission

Health Care Services (HCS) is a new division and a new RDU in FY2004. The Department of Health and Social Services (DHSS) restructure placed certain Medicaid categories of service financed and managed by the Division of Medical Assistance with certain Maternal and Child Family Health services provided and managed by the Division of Public Health. The mission of the former Division of Medical Assistance *"to maintain access to health care and to provide health coverage for Alaskans in need"* continues to accurately state the mission of the collective Division of Health Care Services.

Core Services

Under the Department of Health & Social Services restructure, the Division of Health Care Services maintains the Medicaid "core" services including hospitals, physician services, pharmacy, dental services, transportation; and other services including physical, occupational, and speech therapy; laboratory; x-ray; durable medical equipment; hospice; and home health care. HCS administers, department-wide, the State Children's Health Insurance Program (SCHIP), the Medicaid Management Information System (MMIS), claims payments and accounting, third-party liability collections and recoveries, federal reporting activities, Medicaid financing activities, and the Chronic and Acute Medical Assistance program.

In addition, the division finances and manages Maternal, Child, and Family Health programs including Newborn Metabolic Screening; Early Hearing Detection and Intervention Program; Newborn Hearing Screening; Early Periodic Screening, Diagnosis & Treatment (EPSDT); Oral Health; Genetics; Health Care Program for Children with Special Needs (HCP-CSN); Specialty Clinics; Breast & Cervical Health Check (BCHC) Program; Family Planning; and the Women's Comprehensive Care Improvement Project Program.

The Medical Assistance Administration component provides support for these programs in the areas of grants and contracts management, budget and fiscal management, accounts receivable and payable, regulations and legislation support and tracking, data processing and information management, research and analysis both in-house, for the governor, the legislature, and for outside agencies and the general public.

Population-Based Services

Population-based services within the HCS are those administered and provided to Alaskans through federally funded or matched programs whereby the division manages and monitors primary care, screening, and preventive services. The following population-based services are managed from the Medical Assistance Administration Component:

AKInfo. The AKInfo information and referral line grant with the United Way of Anchorage is administered through HCS and funded through the Maternal and Child Health Grant. In order to meet federal funding requirements of the federal Health Resource Services Administration (HRSA) (Maternal and Child Health Bureau), Part C of the Individuals with Disabilities Education Act, and USDA (WIC), to help Alaskan families locate providers of other needed health and social services, the HCS allocates funding for statewide toll-free information and referral (I&R) services. Funding is currently provided to the United Way of Anchorage – AKInfo for 24 hour per day, seven days per week (24/7) operated-assisted toll-free I&R services and for the maintenance of an internet-based information and referral database of service providers statewide.

Through AKInfo, anyone in Alaska with access to a phone or the internet can obtain information on over 2000 health and social service providers in the state such as health care providers, food assistance programs, early intervention services, and shelters. At no cost to them, callers to the toll-free referral line can be telephonically transferred to service agencies in the database in order to obtain more information, register for programs, or to make appointments.

Early Hearing Detection & Intervention (EHDI) Program. EHDI is funded solely through two federal grants from HRSA – Universal Newborn Hearing Screening (UNHS), and CDC – Early Hearing Detection & Intervention for the purposes of developing a statewide newborn hearing-screening program with the goal of preventing developmental delays through early detection and linkage with intervention services. Specifically the goals of the program include:

- Implementation of the universal newborn hearing screening program in all birthing hospitals and facilities throughout the state,
- Development of an Advisory Committee to assist with, and offer expertise in the areas of early detection and intervention of hearing loss,
- Development of outreach materials for the general public, healthcare providers, and families of children with hearing loss to increase public awareness regarding the importance of newborn hearing screening, early intervention, and resources for referral.
- Development and implementation of a centralized database to simplify the process of collecting newborn hearing screening data for birthing centers and hospitals to be submitted to the state. The data collection will assist the state and healthcare providers identify barriers to early intervention and track progress, as well as explore options to ensure receipt of early intervention and other services for children with developmental delays.

HCS is responsible for the overall development and maintenance of the newborn hearing screening program including all aspects of hospital screening, data collection and reporting, surveillance and tracking of identified newborns and at risk infants as well as linkages with early intervention services

Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Program. The EPSDT program assures that children enrolled in Medicaid receive well-child care and additional diagnosis or treatment services as needed. All Medicaid Services/EPSDT program activities are directed toward addressing federal EPSDT regulations and related federal initiatives.

The program sends notice to parents or guardians of children due for well-child exams; produces lists of providers (physicians, nurse practitioners, dentists, vision care providers, etc.) who accept new Medicaid patients; coordinates and funds (through Medicaid) transportation to health care appointments for children and pregnant women; and arranges home visits by nurses for women with high risk pregnancies. This assistance is available for health care appointments only if the family wouldn't be able to go to that appointment without it.

Genetics Program. The Alaska Genetic Clinics are a series of state sponsored specialty medical clinics held throughout the state and centrally coordinated by HCS.

Genetics refers to inherited disorders and birth defects (conditions that are present from before birth but may or may not be inherited). Clinics are staffed by physicians who are specialists in medical genetics and at least one other area of medicine such as pediatrics or neurology, and a genetics counselor. A subset of clinics that manages persons with rare metabolic disorders includes a physician, nutritionist, social worker, and a genetics counselor. This program is the only clinical genetic service offered in the state. Funding is provided through the Maternal & Child Health Block Grant.

Health Care Program for Children with Special Needs (HCP-CSN). HCP-CSN provides funding for medical care for children with special needs from birth to 21 years of age. A child with special needs must meet eligibility criteria that are based on the child's medical condition and the family's financial status. The intent of the program is to supplement the total health care needs of an eligible child. Services include diagnostic evaluations; medical and surgical care; hospitalization; physical and occupational therapy; speech therapy; rehabilitation equipment; and prescription medications. The program can also provide transportation and lodging for families that need to travel to medical centers for services. Children served by HCP-CSN with very limited coverage now have access to more comprehensive health services through improvements in the Medicaid program. In fiscal year 2002 eleven children were enrolled in HCP-CSN. Funding was provided for eight of them. Four of these children did not have another third party payer.

Newborn Metabolic Screening Program (NBMS). NBMS tests all Alaska newborns for congenital metabolic disorders as well as endocrine disorders. These diseases, not apparent at birth, lead to mental retardation or death if untreated. Very early treatment can prevent or reduce physical effects and brain damage. Alaska law requires that all newborns be screened before hospital discharge. Infants born out of hospitals must be screened within the first week of life. Screening for infants born out of hospitals is provided to approximately 10,000 babies per year.

Currently, Alaskan infants are tested for hypothyroidism, phenylketonuria (PKU), galactosemia, maple syrup urine disease, biotinidase deficiency, and congenital adrenal hyperplasia. Hemoglobinopathies are optional and can be done by request only. Parents are allowed to refuse the test on religious grounds under what it entitled "Informed Dissent". The back of the form is signed, forwarded to the Oregon Public Health Laboratory, and then on to the NBMS program manager where it is entered into a refusal database.

The HCS is responsible for the overall integrity of newborn metabolic screening and surveillance. This involves tracking all tests that are abnormal or that have specimen collection problems. These cases are followed until they are closed or lost to follow-up. Letters are generated and sent to birthing facilities about specimen collection problems as well as problems with delivery to the testing laboratory. Letters are also sent to birthing facilities to inform them when Oregon Public Health Lab has not yet received specimens. On-site hospital laboratory visits and education are offered as indicated by the quality-monitoring program. In addition, special reports are run to assist hospitals in their own quality improvement programs.

Oral Health Program. The Oral Health Program was established in FY2003 with funding under a State Oral Health Infrastructure Cooperative Agreement Grant from the CDC. The initial focus of the oral health program is to develop an oral health surveillance system; improve Alaska’s water fluoridation reporting in collaboration with the Department of Environmental Conservation and Alaska Native Tribal Health Consortium, and with input from stakeholders develop an oral health plan and policy recommendations to improve access to dental services; reduce disparities and improve oral health for all Alaskans.

Subsequent objectives for the program are the development of a water fluoridation program; and development of a dental sealant program – targeting high-risk school-age children. The program works with the Children’s Health Unit to assess utilization of dental services by children enrolled in Medicaid and to develop policies related to dental reimbursement, dental provider relations, and coverage to improve the oral health of populations at high-risk for dental disease.

Specialty Clinics. The Specialty Clinics Program provides access to care for children in need of consultation, screening, and follow-up services that is not locally available in most areas of Alaska. The program brings medical specialists to regional centers in or close to communities where special needs children and their families reside. Clinics offered throughout Alaska include cleft lip and palate clinics, neurodevelopmental clinics, and cardiac clinics. The Specialty Clinics Program is funded by the federal Maternal & Child Health Block Grant.

FY2005 Resources Allocated to Achieve Results		
FY2005 Component Budget: \$6,870,200	Personnel:	
	Full time	27
	Part time	0
	Total	27

Key Component Challenges

Health Care Services is a newly created BRU in FY04. As part of a service integration plan, the Department of Health and Social Services is undertaking a major reorganization of programs. The goals of the reorganization are to bring financial stability to operations, maximize federal funds, provide more accountability in program management, and improve quality and customer service. The new program alignment will balance cost effectiveness and service delivery and improve services to clients.

Many internal and external transfers are needed within the FY04 budget to implement changes envisioned by the reorganization. This will be a continuing effort through structure changes and revised programs as the division settles into its new role and moves toward complete integration.

Significant Changes in Results to be Delivered in FY2005

Health Care Services is a newly created RDU in FY04. As part of a service integration plan, the Department of Health and Social Services is undertaking a major reorganization of programs. The goals of the reorganization are to bring financial stability to operations, maximize federal funds, provide more accountability in program management, and maintain quality and customer service. The new program alignment will balance cost effectiveness and service delivery.

Many internal and external transfers were needed within FY04 to implement changes envisioned by the reorganization. This will be a continuing effort in FY05 that will require more changes as the division settles into its new role and moves

toward integration.

If these changes can be implemented without major problems or breaks in service, no changes to results delivered should be realized. Due to staff cuts and increased workload under the restructure, requests for information and internal duties may take longer than they have in the recent past.

Major Component Accomplishments in 2003

Medical Assistance Administration is impacted by all projects within the Division, thus listed below are the RDU accomplishments, all of which were aided by administrative support.

DHSS Restructure. Under the DHSS restructure, Phase I, the staff of the Division of Medical Assistance that was not transferred to other divisions to help implement Medicaid Services within those division were combined with staff from the Division of Public Health -- two seemingly separate organizations with very different functions, goals, and strategies. Through many false starts under different directorships, the new HCS's hard work and willingness to cooperate and learn has brought the division toward a single mission and successful integrate of functions and staff.

Health Insurance Portability and Accountability.

The national Health Insurance Portability and Accountability Act (HIPAA) is intended to protect health insurance coverage for workers and their families when they change or lose their jobs. The Administrative Simplification provisions of HIPAA are intended to reduce the costs and administrative burdens of health care by implementing the use of standard electronic transactions and code sets of many administrative and financial transactions that are currently carried out either through electronic transactions with local variation, or manually on paper.

The HIPAA legislation indicates a health plan may not refuse to conduct any transaction identified as a standard transaction (X12 transaction). These transactions are defined by national industry standards. HCS must insure compliance with the requirements of HIPAA. The HIPAA Privacy Act requirement implements the Administrative Simplification provisions of HIPAA, defining standards for the privacy of individually identifiable health information.

Implementation of HIPAA has been an ongoing project with statewide implications. HCS has continued to work within HIPAA implementation needs, and has thus far been successful in the implementation of changes in compliance with HIPAA requirements without benefit of compliance with the federal staffing recommendations.

Medicaid Management Information System Procurement Project. Federal law requires all states participating in the Medicaid program to operate an automated claims processing system which must be certified by the federal government as a Medicaid Management Information System (MMIS). Federal rules also require these fiscal agent contracts be competitively bid.

A priority goal for the Division is to transition to a new MMIS system with minimum disruption to its service providers and clients. The new system and fiscal agent contract will not only satisfy the needs of the state, but also the needs of medical service providers and the community of clients they support.

This three-year project was divided into three primary phases: planning, development, and implementation. HCS is now within the development stage with an implementation date in 2005.

Cost Containment

HCS has played a major role in the implementation of cost containment measures in an effort to reduce the cost of Medicaid Services while maintaining wherever possible levels of services provided.

Summary of Cost Containment regulations – HCS

- Established new eligibility verification requirements – Effective 3/26/03

- Revised inpatient hospital regulations to require authorization after 3 days for all stays except maternity – effective 3/26/03
- Established a lower rate for therapeutic transition days for stays at residential psychiatric facilities – effective 3/26/03
- Established prior authorization authority and limitations on prescription drugs – effective 3/26/03
- Established process for recovery of Medicaid expenditures related to program violations, abuse, and estate recoveries – effective 3/26/03
- Restricting CAMA coverage – effective 9/20/03
- Implementing CS SB 105 (HES) and revised poverty guidelines –effective 10/26/03
- Recognition of fraud statute established by CS SS SB 41 (FIN) – effective 10/26/03
- Establishes separate psychiatric rate for facilities establishing new psychiatric facilities or units – public comment ended 10/27/03
- Exclusion of home office costs from facility rates – public comment ended 10/27/03
- Reimburse LTC capital at a minimum 85% occupancy standard – public comment ended 10/27/03
- Establish reconsideration process as a requirement to filing a facility rate appeal – public comment ended 10/27/03

Oral Health Program. The Oral Health Program received funding under a 5-year cooperative agreement with the U.S. Centers for Disease Control and Prevention as a component of the Comprehensive Chronic Disease Prevention and Health Promotion Grant to support state infrastructure, develop an oral health surveillance system, improvements in water fluoridation reporting and promote evidence-based preventive dental interventions targeted towards at risk populations.

Program staff continued the grant project with the Southeast Alaska Regional Health Consortium (SEARHC) to provide access to dental care for children enrolled in Medicaid/Denali KidCare. The project provided 1,607 patient visits in FY2003 including 605 patient visits to non-Native children. The project is moving towards inclusion in a continuing care agreement with SEARHC to leverage increased federal Medicaid match for program activities.

Program staff worked with Medicaid Policy staff to assist development of a continuing care agreement, including itinerant pediatric dental visits, with Norton Sound Health Corporation.

The program continued project funding for itinerant pediatric dental visits for children enrolled in Medicaid/Denali KidCare to the Kenai/Soldotna region of the state. The project supports travel expenses for a private pediatric practice to provide itinerant visits to the region. In FY2003 there were 833 children seen by the practitioner participating in this project. Program staff assisted in discussions to coordinate these services with the newly established Community Health Center in that region.

Program staff participated with staff from the Denali Commission, Rasmuson Foundation, the Alaska Native Tribal Health Consortium and State Primary Care Office to develop criteria for funding of fixed and portable dental equipment in conjunction with Denali Commission funding of village clinic and Community Health Center construction/renovation.

EPSDT. The program staff completed reports on two immunization surveys that the Center for Medicare and Medicaid Services (CMS) requested for their reporting under the Government Performance and Review Act. For this series we selected a random sample from children who had been enrolled in Medicaid or Denali KidCare for at least 6 months during their second year of life. The first report, on two-year olds born during FY 98, found that 85% of the children in the sample were fully immunized by the time they were two. The second found an 88% completion rate for children born during FY 99.

A total of 70,606 letters were mailed to parents of children and teens who are enrolled in Medicaid or Denali KidCare and apparently due for a well-child exam. A database to track returned mail was created. With improve address searching

prior to the mail outs, we tracked only 870 of these letters were returned.

For the first time, the program created regional reports based on the format for the annual EPSDT report to CMS. The results offer Native health corporations and state administrators a chance to better identify areas of concern.

Newborn Metabolic Screening. The Newborn Metabolic Screening program changed the fee regulations for screenings, finalized the Newborn Metabolic Screening Alaska Practitioner's Manual, reduced the number of first specimen refusals and increased the number of second specimens being collected through educational efforts, conducted onsite visits in the Anchorage area to improve the collection to transport process, improved lost to follow-up infants to 10 in FY03 from 30 in FY02, implemented regularly scheduled meeting process for the Metabolic Screening Advisory Committee, and developed a metabolic screening website that includes information on the process and the disorders screened.

Early Hearing Detection and Intervention Program. By the end of FY03, 21 of 23 birthing hospitals were implementing Universal Newborn Hearing Screening (UNHS). It is expected that all 23 birthing hospitals will have the equipment necessary for these screenings by the end of December.

The EHDI Loaner Program provides assistive devices to children whose families do not qualify for Denali KidCare and do not have private insurance that covers the devices through loans granted from the Mental Health Trust Authority. Currently there are three children using these devices.

EHDI developed six education materials for parents and providers as well as a website on the State of Alaska's web page, and a database. Currently, materials for public awareness are being developed.

A Family Issues Task Force for Alaskan parents of children with hearing loss has been developed to provide support and education to families.

Breast & Cervical Health Check (BCHC). BCHC provided \$2.3 million in federal grant funds to provide comprehensive breast and cervical cancer screening and diagnostic services to 4,200 Alaskan women in FY2003.

Significant effort was undertaken by BCHC, Southcentral Foundation, Arctic Slope Regional Corporation, SouthEast Alaska Regional Health Corporation, and the Yukon-Kuskokwim Health Corporation to coordinate services, maximize resources and provide consistent messages and quality care throughout the State for all women. The five programs, now called the Alaska Breast and Cervical Health Partnership, are working collaboratively to develop, for example, professional education opportunities which will benefit "breast and cervical" medical personnel throughout the State; public education messages which can be used statewide and reference all programs thus reducing costs for any single program; and policies which ensure that women in need of medical care not available in her community or service area can seamlessly access that care in another community or service area.

Weekly teleconferences have been established to ensure that Directors of each of the five programs can share ideas and collectively solve problems. The Alaska partnership has been recognized by the Centers for Disease Control (CDC) and is expected to become a model of operation for other CDC program throughout the Nation.

Women's Comprehensive Care Improvement (WCCI) Project. In partnership with the Anchorage Neighborhood Health Center (ANHC) and the Alaska Primary Care Association's Statewide Women's Health Partnership, the health and social service needs of women seeking care at ANHC are being studied. The ANHC will redesign their existing system using the quality improvement model to create a more responsive, comprehensive service that maximizes relationships with existing referral agencies and creates new partnerships as needed by the 'customer'. This model and the quality improvement process will then be implemented in three other Community Health Centers. The resulting system of care will include a health and social needs risk process that encompasses all aspects of the woman's life; care coordination that views the woman holistically; mechanisms to facilitate completion of referrals and 'customer feedback' about the referral experiences; gap-closing strategies for known system weaknesses such as mental health services; and a training/technical assistance process to facilitate the paradigm-shift needed for 'system' employees.

Family Planning Services. Family planning services were provided to 12,000 high-risk, low-income women, men, and teens throughout the State in FY2002. Services are offered through a partnership with the Section of Nursing in State Public Health Nursing Clinics in Fairbanks, Bethel, Mat-Su, Kenai, Kodiak, Juneau, Ketchikan and Prince of Wales Island and provided on a fee for service basis in non-profit clinics (grantees) including Kachemak Bay Family Planning Clinic in Homer, Interior Neighborhood Health Center in Fairbanks, and Sunshine Clinic in Talkeetna.

Statutory and Regulatory Authority

Alaska Statutes:

AS 47.07 Medical Assistance for Needy Persons

AS 47.08 Assistance for Catastrophic Illness and Chronic or Acute Medical Conditions

AS 47.25 Public Assistance

Social Security Act:

Title XVIII Medicare

Title XIX Medicaid

Title XXI Children's Health Insurance Program

Administrative Code:

7 AAC 43 Medicaid

7 AAC 48 Chronic and Acute Medical Assistance

Code of Federal Regulations:

Title 42 CFR Part 400 to End

Contact Information
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**Medical Assistance Administration
Component Financial Summary**

All dollars shown in thousands

	FY2003 Actuals	FY2004 Authorized	FY2005 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	1,529.4	2,577.7	1,938.0
72000 Travel	217.5	161.8	86.3
73000 Contractual	180.6	690.1	4,754.5
74000 Supplies	34.6	107.5	53.9
75000 Equipment	10.0	37.5	37.5
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	0.0	0.0	0.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	1,972.1	3,574.6	6,870.2
Funding Sources:			
1002 Federal Receipts	1,026.8	2,235.0	4,345.3
1003 General Fund Match	838.4	556.5	1,343.5
1004 General Fund Receipts	25.8	0.0	35.2
1007 Inter-Agency Receipts	81.1	701.5	464.1
1108 Statutory Designated Program Receipts	0.0	64.5	0.0
1156 Receipt Supported Services	0.0	17.1	682.1
Funding Totals	1,972.1	3,574.6	6,870.2

Estimated Revenue Collections

Description	Master Revenue Account	FY2003 Actuals	FY2004 Authorized	FY2005 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	1,026.8	2,235.0	4,345.3
Interagency Receipts	51015	81.1	701.5	464.1
Statutory Designated Program Receipts	51063	0.0	64.5	0.0
Receipt Supported Services	51073	0.0	17.1	682.1
Restricted Total		1,107.9	3,018.1	5,491.5
Total Estimated Revenues		1,107.9	3,018.1	5,491.5

**Summary of Component Budget Changes
From FY2004 Authorized to FY2005 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2004 Authorized	556.5	2,235.0	783.1	3,574.6
Adjustments which will continue current level of service:				
-Transfer for grants and contracts consolidation to Adm Svcs Support	-119.6	-68.5	0.0	-188.1
-Transfer funding for estimated cost of hearings officer	-10.5	-10.5	0.0	-21.0
-Transfer position from Medical Assistance Administration to Women's & Adolescents' Services	0.0	-64.0	0.0	-64.0
-Funding for PCN transferred to Children's Services in Mgt Plan	-37.8	0.0	0.0	-37.8
-Funding for PCNs transferred to Rate Review in Mgt Plan	-20.0	-20.0	0.0	-40.0
-Transfer out IT Consolidation from MA Admin.	-58.4	-123.3	0.0	-181.7
-HCS Transfer for HR Integration	25.4	25.5	0.0	50.9
-Transfer EPSDT administrative functions from Medicaid State Programs	282.5	2,062.4	0.0	2,344.9
-Transfer RSA funding in from HCS Medicaid State Programs	521.8	614.1	0.0	1,135.9
-Transfer funding for Title XXI coordinator from Children's Health Eligibility	24.0	58.0	0.0	82.0
-Changes to Retirement and Other Personal Services Rates	34.3	65.7	0.0	100.0
-Transfer Position to Women's and Adolescent's Services component ADN 0640047	-39.1	-39.1	0.0	-78.2
-Transfer in to fund positions moved by the reorganization ADN 0640047	62.7	62.7	0.0	125.4
-Transfer in from Medicaid State Prgms to support EPSDT and other functions ADN 0640047	340.0	0.0	0.0	340.0
-Transfer federal authority to Medicaid State Programs ADN 0640047	0.0	-340.0	0.0	-340.0
Proposed budget decreases:				
-Department-wide travel reduction	-21.6	-24.0	-1.9	-47.5
-Position deletions	-70.0	0.0	0.0	-70.0
-Reductions & Efficiencies in Administrative Services	-28.2	-25.4	0.0	-53.6
-Reduce Number of MCAC Members and Face-to-Face Meetings	-14.0	-14.0	0.0	-28.0
-Administrative Changes to reduce staffing levels	-49.3	-49.3	0.0	-98.6
-Reduce Interagency Receipt Authority	0.0	0.0	-235.5	-235.5
-Decreases Statutory Designated	0.0	0.0	-64.5	-64.5

**Summary of Component Budget Changes
From FY2004 Authorized to FY2005 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
Authority that will not be received				
Proposed budget increases:				
-Increase for Metabolic Screenings & Specialty Clinics Fees	0.0	0.0	665.0	665.0
FY2005 Governor	1,378.7	4,345.3	1,146.2	6,870.2

Medical Assistance Administration Personal Services Information				
Authorized Positions			Personal Services Costs	
	FY2004 Authorized	FY2005 Governor		
Full-time	40	27	Annual Salaries	1,346,889
Part-time	0	0	Premium Pay	0
Nonpermanent	1	0	Annual Benefits	591,143
			<i>Less 0.00% Vacancy Factor</i>	(0)
			Lump Sum Premium Pay	0
Totals	41	27	Total Personal Services	1,938,032

Position Classification Summary					
Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Accounting Clerk I	1	0	0	0	1
Administrative Assistant	0	0	1	0	1
Administrative Clerk II	2	0	0	0	2
Administrative Clerk III	3	0	0	0	3
Administrative Manager I	0	0	1	0	1
Administrative Supervisor	1	0	0	0	1
Division Director	0	0	1	0	1
Health Program Mgr II	4	0	0	0	4
Health Program Mgr III	1	0	1	0	2
Health Program Mgr IV	1	0	0	0	1
Hlth & Soc Svcs Plnr II	1	0	0	0	1
Medical Assist Admin III	0	0	1	0	1
Medical Assist Admin IV	1	0	0	0	1
Public Health Spec I	1	0	0	0	1
Public Health Spec II	1	0	0	0	1
Research Analyst II	1	0	0	0	1
Research Analyst III	0	0	2	0	2
Research Analyst IV	0	0	1	0	1
Secretary	0	0	1	0	1
Totals	18	0	9	0	27