

**State of Alaska
Department of Health and Social Services
Division of Behavioral Health**

**SFY 2017 Behavioral Health
Treatment & Recovery Grants:
Grant Reduction Allocation**

**FINAL
July 7, 2016**



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July 6, 2016

RE: SFY 2017 Behavioral Health Treatment and Recovery Grant Reductions

Dear Behavioral Health Treatment and Recovery Grantee:

Developing an equitable way to distribute the 9.5% reduction in the Division of Behavioral Health's (DBH's) FY2017 treatment and recovery budget component was very difficult, as that component funds all of our mental health and substance abuse treatment programs.

Indeed, a reduction of \$5.8 million to DBH grants is – to state the obvious – a very significant reduction, and we struggled to balance the need to hold certain grants harmless with the benefit that accrued to those who were able to expand services to take advantage of the Medicaid Expansion population. We also appreciate, while at first blush many grantees appeared able to start billing Medicaid for services provided to adults not previously eligible for Medicaid, for a variety of reasons at this stage in the Medicaid Reform effort, not all of those agencies have been able to equally access the Medicaid Expansion population since last September.

We also recognize, as a result of these funding changes, that agencies may wish to make adjustments to their programs, shifting funding between program service types in order to enhance sustainability.

However, in an attempt to streamline the already delayed grant award process and first quarter advances, and to allow agencies time for internal, thoughtful discussions around how to apportion these grant reductions, DBH is requesting – on receipt of your grant award notices in GEMS – that agencies submit an interim FY17 budget that does not drastically reduce or eliminate funding from any one program service type, or seek to shift it to another program service type. In other words, we want any revised program budget your agency may propose to prepare in response to the reduction in your grant(s) to closely parallel the budget(s) you submitted with your original FY17 continuation grant proposal(s).

During the first quarter of FY17, DBH program staff will be available to meet with your agency to discuss possible, more significant adjustments to your various program budgets, as a part of your agency's desire to more sustainably manage the grant funding you did receive. These first quarter budget meetings will help us to understand how programs are functioning, will allow us to identify agencies which are experiencing barriers to accessing Medicaid (whether the

Expansion population or Medicaid more generally), and provide DBH with the necessary information to assess and manage the overall behavioral health system of care more effectively.

From the Division's perspective, a part of these discussions will also be to better understand how agencies now able to successfully access the Medicaid Expansion population are managing the distribution of these new resources across their agency. One of our core assumptions is that grantees will use Medicaid Expansion revenue to replace grant funds that were reduced as a result of the Division's Medicaid Expansion Grant Reduction process.

Finally, please also note that Psychiatric Emergency Services (Program Service Type #1 - PES) is a required program service type, and DBH will NOT approve funding shifts or decreases from the PES program service type to any other program service type. The reasons for this should be clear: while we recognize the many agencies providing this important, safety net service are underfunded in this category of service, your communities count on your agency to provide this important service. As you know, we greatly appreciate the efforts of your agency and your PES staff with respect to the provision of psychiatric emergency services, and it is our significant hope and expectation that during the development of the 1115 BH CMS waiver application, that we are specifically able to rebalance our services so that we have a broader range of community services, allowing us to move PES away from being the core service it is today, back to actually becoming a true (infrequently necessary) crisis service.

Please do not hesitate to contact your program manager should you have any questions regarding this advice letter, your "SFY2017 Treatment & Recovery Grantee Funding Summary Sheet," and the attendant "Quick Reference Guide to the Grant Reduction Allocation Process."

Sincerely,



Randall P. Burns Director

SFY 2017 Behavioral Health Treatment & Recovery Grants:

Quick Reference Guide to the Grant Reduction Allocation Process

- The SFY 2017 Division of Behavioral Health (DBH) Comprehensive Behavioral Health Treatment grant awards were reduced by \$5,779,653 in compliance with the SFY17 budget actions by the Office of the Governor and the Legislature and in response to the State's adoption of Medicaid Expansion under the ACA.
- The SFY 2017 grant funding reductions were allocated utilizing a two-step process:
 - Step 1: Apply a "System Proportional Reduction"
 - Step 2: Apply a "Medicaid Expansion Reduction"
- Grant amounts funded with General Fund (GF), General Fund/Mental Health (GF/MH), or Alcohol & Other Drug Abuse Treatment and Prevention Fund (ADTP) dollars were subject to (i.e., eligible for) reduction, unless they were excluded from reduction under "Grant Types Held Harmless" (see descriptions below).
- Grant amounts funded through Interagency Receipts (IA), Federal grants, Reimbursable Service Agreements (RSAs), and the Alaska Mental Health Trust Authority Authorized Receipts (MHTAAR) were held harmless from both reduction steps.
- Medicaid payments made to grantees from September 1, 2015 to May 31, 2016 for the Medicaid Expansion Population were totaled at the agency level and across all agencies. The agency proportion of the total Medicaid expansion payments was used as a basis for the Medicaid Expansion Reduction (see Step 2: Medicaid Expansion Reduction below).

Step 1: System Proportional Reduction: Actual Amount Reduced was \$3,066,237 of the \$5,779,653 (Step 1 accounts for 53% of the total DBH reduction)

In addition to the grant amounts funded through IA, Federal grants, RSAs, and MHTAAR, the following grant types were held harmless from (i.e., not eligible for) a Step 1 Reduction:

1. \$100 grants
2. Psychiatric Emergency Services

Agency grant funds eligible for the Step 1 reduction process were reduced based on the proportion they comprised of the total Step 1 eligible grant funds across all agencies. This proportion was applied to the total System Proportional Reduction to determine the amount of reduction to each grant.

Step 2: Medicaid Expansion Reduction: Actual Amount Reduced was \$ 2,713,416 of the \$5,779,653 (Step 2 accounts for 47% of the total DBH reduction)

In addition to the grant amounts funded through IA, Federal grants, RSAs, and MHTAAR, the following grant types were held harmless from (i.e., not eligible for) a Step 2 Reduction:

1. \$100 grants
2. Psychiatric Emergency Services
3. Severely Emotionally Disturbed Youth grants
4. Non-Direct Services
5. Peer & Consumer Support Services
6. Supported Employment
7. Grants specifically for Adult Residential Substance Abuse Treatment or for Detoxification Services that are subject to the Medicaid Institutes for Mental Diseases (IMD) Exclusion
8. Grants with a Total Award amount of \$75,000 or less

Agency grant funds eligible for the Step 2 reduction process were reduced based on the agency proportion of the total Medicaid expansion payments received across all agencies. This proportion was applied to the total targeted Medicaid Expansion Reduction to determine the amount of reduction to each agency. If an agency had more than one grant, the cut was spread proportionally across the agency's grants that had funds eligible for the Step 2 reduction. Agencies that received Medicaid expansion payments but did not have grant funds eligible for the Step 2 reduction process were excluded from receiving a Medicaid Expansion Reduction.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheets

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: **ACCESS ALASKA**

Program: **CBHTR**

Grant #: **602-208-1702**

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *AKEELA, INC.*

Program: *CBHTR*

Grant #: *602-208-1732*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$695,421
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$695,421
h)	Amount of System Proportional Reduction to Grant:	\$47,617	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$695,421
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$260,139
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$107,432	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$47,617	
o)	SFY17 Total Adjusted Grant (row e – n):		\$647,804
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***AKEELA, INC.***

Program: ***CBHTR***

Grant #: ***602-208-1733***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$903,934
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$651,042
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$252,892
h)	Amount of System Proportional Reduction to Grant:	\$17,316	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$651,042
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$252,892
k)	Agency Medicaid Expansion Payments Received:		\$260,139
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$107,432	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$75,075	
n)	SFY17 Total Grant Reduction (row h + m):	\$92,391	
o)	SFY17 Total Adjusted Grant (row e – n):		\$811,543
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	10.22%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *AKEELA, INC.*

Program: *SA TX FOR OCS Parents - SAFERR*

Grant #: *602-223-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$225,220
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$225,220
h)	Amount of System Proportional Reduction to Grant:	\$15,421	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$225,220
k)	Agency Medicaid Expansion Payments Received:		\$260,139
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$107,432	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$17,830	
n)	SFY17 Total Grant Reduction (row h + m):	\$33,251	
o)	SFY17 Total Adjusted Grant (row e – n):		\$191,969
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	14.76%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *AKEELA, INC.*
Program: *SA TX FOR OCS Families*
Grant #: *602-224-1702*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$183,500
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$183,500
h)	Amount of System Proportional Reduction to Grant:	\$12,565	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$183,500
k)	Agency Medicaid Expansion Payments Received:		\$260,139
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$107,432	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$14,527	
n)	SFY17 Total Grant Reduction (row h + m):	\$27,092	
o)	SFY17 Total Adjusted Grant (row e – n):		\$156,408
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	14.76%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *AKEELA, INC.*

Program: *THERAPEUTIC COURT*

Grant #: *602-227-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$280,179
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$280,179
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$280,179
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$260,139
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$107,432	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$280,179
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA BAPTIST FAMILY SERVICES*

Program: *CBHTR*

Grant #: *602-208-1764*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA BAPTIST FAMILY SERVICES*

Program: *RCCY*

Grant #: *602-230-1701 (602-230-1601)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$146,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$146,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$146,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$146,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA BAPTIST FAMILY SERVICES*

Program: *RCCY*

Grant #: *602-230-1701 (602-230-1602)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$146,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$146,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$146,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$146,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA BEHAVIORAL HEALTH ASSOCIATION*

Program: *BH PROVIDER ASSOCIATION*

Grant #: *602-202-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$55,905
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$55,905
h)	Amount of System Proportional Reduction to Grant:	\$3,828	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$55,905
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$3,828	
o)	SFY17 Total Adjusted Grant (row e – n):		\$52,077
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA CHILD & FAMILY (FORMERLY ACS)*

Program: *CBHTR*

Grant #: *602-208-1758*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$146,736
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$146,736
h)	Amount of System Proportional Reduction to Grant:	\$10,047	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$146,736
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$10,047	
o)	SFY17 Total Adjusted Grant (row e – n):		\$136,689
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA CHILD & FAMILY (FORMERLY ACS)*

Program: *RCCY TRAINING*

Grant #: *602-231-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$250,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$250,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$250,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$250,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA COMMISSION FOR BEHAVIORAL HEALTH*

CERTIFICATION

Program: *CHEM DEP PROF CERT*

Grant #: *602-206-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$45,833
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$45,833
h)	Amount of System Proportional Reduction to Grant:	\$3,138	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$45,833
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction <i>[agency reduction is allocated across the agency's eligible grant(s)]:</i>	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$3,138	
o)	SFY17 Total Adjusted Grant (row e – n):		\$42,695
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA FAMILY SERVICES*

Program: *CBHTR*

Grant #: *602-208-1743*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$536,427
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$327,226
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$209,201
h)	Amount of System Proportional Reduction to Grant:	\$14,324	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$327,226
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$209,201
k)	Agency Medicaid Expansion Payments Received:		\$44,836
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$18,516	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$18,516	
n)	SFY17 Total Grant Reduction (row h + m):	\$32,841	
o)	SFY17 Total Adjusted Grant (row e – n):		\$503,586
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.12%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA ISLAND COMMUNITY SERVICES*

Program: *CBHTR*

Grant #: *602-208-1723*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$496,024
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$199,371
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$296,653
h)	Amount of System Proportional Reduction to Grant:	\$20,312	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$224,393
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$271,631
k)	Agency Medicaid Expansion Payments Received:		\$20,988
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,668	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$8,668	
n)	SFY17 Total Grant Reduction (row h + m):	\$28,980	
o)	SFY17 Total Adjusted Grant (row e – n):		\$467,044
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.84%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA MENTAL HEALTH CONSUMER WEB*

Program: *CBHTR*

Grant #: *602-208-1752*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$147,755
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$147,755
h)	Amount of System Proportional Reduction to Grant:	\$10,117	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$147,755
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$10,117	
o)	SFY17 Total Adjusted Grant (row e – n):		\$137,638
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ALASKA YOUTH AND FAMILY NETWORK*

Program: *CBHTR*

Grant #: *602-208-1755*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$743,531
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$743,531
h)	Amount of System Proportional Reduction to Grant:	\$50,911	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$743,531
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$50,911	
o)	SFY17 Total Adjusted Grant (row e – n):		\$692,620
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ALEUTIAN PRIBILOF ISLANDS ASSOCIATION***

Program: ***CBHTR***

Grant #: ***602-208-1762***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$299,717
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$64,225
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$235,492
h)	Amount of System Proportional Reduction to Grant:	\$16,125	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$116,947
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$182,770
k)	Agency Medicaid Expansion Payments Received:		\$603
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$249	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$249	
n)	SFY17 Total Grant Reduction (row h + m):	\$16,374	
o)	SFY17 Total Adjusted Grant (row e – n):		\$283,343
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.46%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES***

Program: ***BTKH***

Grant #: ***602-205-1704***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$275,312
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$275,312
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$275,312
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$119,296
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$49,267	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$275,312
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1720***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$5,052,678
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$18,850
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$5,033,828
h)	Amount of System Proportional Reduction to Grant:	\$344,674	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,609,476
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$3,443,202
k)	Agency Medicaid Expansion Payments Received:		\$119,296
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$49,267	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$46,690	
n)	SFY17 Total Grant Reduction (row h + m):	\$391,365	
o)	SFY17 Total Adjusted Grant (row e – n):		\$4,661,313
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	7.75%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1726***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$300,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$300,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$300,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$119,296
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$49,267	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$300,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES***

Program: ***TRAUMA INFORMED TRAINING***

Grant #: ***602-229-1701***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$200,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$200,000
h)	Amount of System Proportional Reduction to Grant:	\$13,694	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$200,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$119,296
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$49,267	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$13,694	
o)	SFY17 Total Adjusted Grant (row e – n):		\$186,306
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES***

Program: ***RCCY***

Grant #: ***602-230-1714 (602-230-1625)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$29,600
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$29,600
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$29,600
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$119,296
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$49,267	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$29,600
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES***

Program: ***TRAUMA INFORMED BEHAVIORAL HEALTH SERVICES***

Grant #: ***602-232-1702***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$190,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$190,000
h)	Amount of System Proportional Reduction to Grant:	\$13,010	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$190,000
k)	Agency Medicaid Expansion Payments Received:		\$119,296
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$49,267	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$2,576	
n)	SFY17 Total Grant Reduction (row h + m):	\$15,586	
o)	SFY17 Total Adjusted Grant (row e – n):		\$174,414
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	8.20%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ARC OF ANCHORAGE*

Program: *CBHTR*

Grant #: *602-208-1711*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$329,328
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$329,328
h)	Amount of System Proportional Reduction to Grant:	\$22,550	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$71,745
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$257,583
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$22,550	
o)	SFY17 Total Adjusted Grant (row e – n):		\$306,778
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *ASSETS*

Program: *CBHTR*

Grant #: *602-208-1705*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$729,476
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$729,476
h)	Amount of System Proportional Reduction to Grant:	\$49,948	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$729,476
k)	Agency Medicaid Expansion Payments Received:		\$879
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$363	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$363	
n)	SFY17 Total Grant Reduction (row h + m):	\$50,311	
o)	SFY17 Total Adjusted Grant (row e – n):		\$679,165
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.90%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***BRISTOL BAY AREA HEALTH CORPORATION***

Program: ***CBHTR***

Grant #: ***602-208-1735***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$773,864
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$342,916
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$430,948
h)	Amount of System Proportional Reduction to Grant:	\$29,508	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$392,410
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$381,454
k)	Agency Medicaid Expansion Payments Received:		\$558,118
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$230,491	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$230,491	
n)	SFY17 Total Grant Reduction (row h + m):	\$259,998	
o)	SFY17 Total Adjusted Grant (row e – n):		\$513,866
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	33.60%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***CENTRAL PENINSULA GENERAL HOSPITAL***

Program: ***CBHTR***

Grant #: ***602-208-1704***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$145,303
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$145,303
h)	Amount of System Proportional Reduction to Grant:	\$9,949	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$145,303
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$256,490
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$105,925	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$9,949	
o)	SFY17 Total Adjusted Grant (row e – n):		\$135,354
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***CENTRAL PENINSULA GENERAL HOSPITAL***

Program: ***CBHTR***

Grant #: ***602-208-1737***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$351,749
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$351,749
h)	Amount of System Proportional Reduction to Grant:	\$24,085	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$351,749
k)	Agency Medicaid Expansion Payments Received:		\$256,490
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$105,925	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$105,925	
n)	SFY17 Total Grant Reduction (row h + m):	\$130,010	
o)	SFY17 Total Adjusted Grant (row e – n):		\$221,739
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	36.96%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***CHOICES***

Program: ***CBHTR***

Grant #: ***602-208-1706***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$62,217
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$62,217
h)	Amount of System Proportional Reduction to Grant:	\$4,260	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$62,217
k)	Agency Medicaid Expansion Payments Received:		\$19,735
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,150	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$434	
n)	SFY17 Total Grant Reduction (row h + m):	\$4,694	
o)	SFY17 Total Adjusted Grant (row e – n):		\$57,523
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	7.54%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *CHOICES*
Program: *ICM / FLEX SUP*
Grant #: *602-211-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$19,735
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,150	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying “Quick Reference Guide to the Grant Reduction Allocation Process” for what DBH defines as funds “eligible” for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***CHOICES***

Program: ***PERM SUPPORTIVE HOUSING***

Grant #: ***602-235-1701***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,107,500
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,107,500
h)	Amount of System Proportional Reduction to Grant:	\$75,832	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$1,107,500
k)	Agency Medicaid Expansion Payments Received:		\$19,735
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,150	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$7,717	
n)	SFY17 Total Grant Reduction (row h + m):	\$83,549	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,023,951
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	7.54%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *CHUGACHMIUT*

Program: *CBHTR*

Grant #: *602-208-1792*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$75
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *CITY OF BETHEL*
Program: *BETHEL SERVICE PATROL*
Grant #: *602-203-1702*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$346,829
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$346,829
h)	Amount of System Proportional Reduction to Grant:	\$23,748	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$346,829
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$23,748	
o)	SFY17 Total Adjusted Grant (row e – n):		\$323,081
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COMMUNITY CONNECTIONS*

Program: *CBHTR*

Grant #: *602-208-1719*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$175,970
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$175,970
h)	Amount of System Proportional Reduction to Grant:	\$12,049	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$175,970
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$12,049	
o)	SFY17 Total Adjusted Grant (row e – n):		\$163,921
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *CO-OCCURRING DISORDERS INSTITUTE, INC*

Program: *BTKH*

Grant #: *602-205-1707*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$158,189
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$158,189
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$158,189
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$158,189
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *CO-OCCURRING DISORDERS INSTITUTE, INC*

Program: *CBHTR*

Grant #: *602-208-1756*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$147,602
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$147,602
h)	Amount of System Proportional Reduction to Grant:	\$10,107	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$147,602
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$10,107	
o)	SFY17 Total Adjusted Grant (row e – n):		\$137,495
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COOK INLET COUNCIL ON ALCOHOL & DRUG ABUSE*

Program: *CBHTR*

Grant #: *602-208-1763*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$505,750
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$505,750
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$505,750
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$12,184
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$505,750
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COOK INLET TRIBAL COUNCIL, INC.*

Program: *CBHTR*

Grant #: *602-208-1765*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$475,359
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$475,359
h)	Amount of System Proportional Reduction to Grant:	\$32,549	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$475,359
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$324,705
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$134,096	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$32,549	
o)	SFY17 Total Adjusted Grant (row e – n):		\$442,810
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COOK INLET TRIBAL COUNCIL, INC.*

Program: *CBHTR*

Grant #: *602-208-1766*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,714,606
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,714,606
h)	Amount of System Proportional Reduction to Grant:	\$117,402	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,714,606
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$324,705
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$134,096	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$117,402	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,597,204
p)	Percent Reduction to the Starting Grant Amount (row n ÷e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COOK INLET TRIBAL COUNCIL, INC.*

Program: *SA TX FOR OCS Families*

Grant #: *602-224-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$183,679
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$183,679
h)	Amount of System Proportional Reduction to Grant:	\$12,577	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$183,679
k)	Agency Medicaid Expansion Payments Received:		\$324,705
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$134,096	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$134,096	
n)	SFY17 Total Grant Reduction (row h + m):	\$146,673	
o)	SFY17 Total Adjusted Grant (row e – n):		\$37,006
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	79.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COOK INLET TRIBAL COUNCIL, INC.*

Program: *SUP EMP*

Grant #: *602-226-1702*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$107,545
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$107,545
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$107,545
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$324,705
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$134,096	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$107,545
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COPPER RIVER NATIVE ASSOCIATION*

Program: *CBHTR*

Grant #: *602-208-1741*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$228,425
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$47,151
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$181,274
h)	Amount of System Proportional Reduction to Grant:	\$12,412	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$94,103
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$134,322
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$12,412	
o)	SFY17 Total Adjusted Grant (row e – n):		\$216,013
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.43%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS*

Program: *CBHTR*

Grant #: *602-208-1710*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *DAYBREAK, INC.*

Program: *CBHTR*

Grant #: *602-208-1767*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$101,723
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$101,723
h)	Amount of System Proportional Reduction to Grant:	\$6,965	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$101,723
k)	Agency Medicaid Expansion Payments Received:		\$17,881
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$7,384	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$7,384	
n)	SFY17 Total Grant Reduction (row h + m):	\$14,350	
o)	SFY17 Total Adjusted Grant (row e – n):		\$87,373
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	14.11%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *DAYBREAK, INC.*

Program: *PALMER THERAPEUTIC COURT*

Grant #: *602-227-1702*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$150,146
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$150,146
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$150,146
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$17,881
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$7,384	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$150,146
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***DENALI FAMILY SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1768***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$149,245
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$149,245
h)	Amount of System Proportional Reduction to Grant:	\$10,219	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$149,245
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$10,219	
o)	SFY17 Total Adjusted Grant (row e – n):		\$139,026
p)	Percent Reduction to the Starting Grant Amount (row n ÷e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***DENALI FAMILY SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1769***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$107,297
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$107,297
h)	Amount of System Proportional Reduction to Grant:	\$7,347	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$107,297
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$7,347	
o)	SFY17 Total Adjusted Grant (row e – n):		\$99,950
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***DENALI FAMILY SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1770***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$149,245
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$149,245
h)	Amount of System Proportional Reduction to Grant:	\$10,219	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$149,245
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$10,219	
o)	SFY17 Total Adjusted Grant (row e – n):		\$139,026
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***EASTERN ALEUTIAN TRIBES***

Program: ***CBHTR***

Grant #: ***602-208-1760***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$278,046
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$52,094
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$225,952
h)	Amount of System Proportional Reduction to Grant:	\$15,471	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$112,278
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$165,768
k)	Agency Medicaid Expansion Payments Received:		\$3,606
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$1,489	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$1,489	
n)	SFY17 Total Grant Reduction (row h + m):	\$16,960	
o)	SFY17 Total Adjusted Grant (row e – n):		\$261,086
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.10%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***FAIRBANKS COMMUNITY MENTAL HEALTH SERVICES***

Program: ***SUP EMP***

Grant #: ***602-226-1703***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$91,719
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$91,719
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$91,719
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$21,154
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,736	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$91,719
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***FAIRBANKS COMMUNITY MENTAL HEALTH SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1757***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$2,496,303
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$413,176
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$2,083,127
h)	Amount of System Proportional Reduction to Grant:	\$142,635	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$851,688
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$1,644,615
k)	Agency Medicaid Expansion Payments Received:		\$21,154
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,736	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$8,736	
n)	SFY17 Total Grant Reduction (row h + m):	\$151,371	
o)	SFY17 Total Adjusted Grant (row e – n):		\$2,344,932
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.06%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***FAIRBANKS NATIVE ASSOCIATION***

Program: ***CBHTR***

Grant #: ***602-208-1787***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,584,446
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,584,446
h)	Amount of System Proportional Reduction to Grant:	\$108,490	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$1,584,446
k)	Agency Medicaid Expansion Payments Received:		\$769,264
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$317,689	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$143,703	
n)	SFY17 Total Grant Reduction (row h + m):	\$252,193	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,332,253
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	15.92%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***FAIRBANKS NATIVE ASSOCIATION***

Program: ***CBHTR***

Grant #: ***602-208-1771***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,918,345
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,918,345
h)	Amount of System Proportional Reduction to Grant:	\$131,352	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$1,918,345
k)	Agency Medicaid Expansion Payments Received:		\$769,264
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$317,689	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$173,986	
n)	SFY17 Total Grant Reduction (row h + m):	\$305,339	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,613,006
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	15.92%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***FAMILY CENTERED SERVICES OF ALASKA***

Program: ***CBHTR***

Grant #: ***602-208-1772***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$737,794
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$737,794
h)	Amount of System Proportional Reduction to Grant:	\$50,518	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$737,794
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$180
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$50,518	
o)	SFY17 Total Adjusted Grant (row e – n):		\$687,276
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***FAMILY CENTERED SERVICES OF ALASKA***

Program: ***RCCY***

Grant #: ***602-230-1702 (602-230-1603)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$58,400
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$58,400
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$58,400
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$180
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$58,400
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *FRONTIER COMMUNITY SERVICES*

Program: *ICM / FLEX SUP*

Grant #: *602-211-1703*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$175
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***GASTINEAU HUMAN SERVICES***

Program: ***CBHTR***

Grant #: ***602-208-1717***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$344,607
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$344,607
h)	Amount of System Proportional Reduction to Grant:	\$23,596	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$344,607
k)	Agency Medicaid Expansion Payments Received:		\$19,987
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,254	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$8,254	
n)	SFY17 Total Grant Reduction (row h + m):	\$31,850	
o)	SFY17 Total Adjusted Grant (row e – n):		\$312,757
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	9.24%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *GASTINEAU HUMAN SERVICES*

Program: *SUP EMP*

Grant #: *602-226-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$107,545
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$107,545
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$107,545
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$19,987
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$8,254	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$107,545
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***GATEWAY CENTER FOR HUMAN SERVICES (AKEELA, INC.)***

Program: ***CBHTR***

Grant #: ***602-208-1738***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$978,708
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$36,462
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$942,246
h)	Amount of System Proportional Reduction to Grant:	\$64,517	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$147,409
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$831,299
k)	Agency Medicaid Expansion Payments Received:		\$598,720
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$247,258	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$247,258	
n)	SFY17 Total Grant Reduction (row h + m):	\$311,776	
o)	SFY17 Total Adjusted Grant (row e – n):		\$666,932
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	31.86%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***GATEWAY CENTER FOR HUMAN SERVICES (AKEELA, INC.)***

Program: ***ADULT RURAL PEER SUPPORT***

Grant #: ***602-200-1701***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$112,331
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$112,331
h)	Amount of System Proportional Reduction to Grant:	\$7,691	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$112,331
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$598,720
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$247,258	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$7,691	
o)	SFY17 Total Adjusted Grant (row e – n):		\$104,640
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *HOPE COMMUNITY RESOURCES*

Program: *CBHTR*

Grant #: *602-208-1773*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$76,598
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$76,598
h)	Amount of System Proportional Reduction to Grant:	\$5,245	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$76,598
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$37,624
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$15,538	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$5,245	
o)	SFY17 Total Adjusted Grant (row e – n):		\$71,353
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *HOPE COMMUNITY RESOURCES*

Program: *CBHTR*

Grant #: *602-208-1716*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$500,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$500,000
h)	Amount of System Proportional Reduction to Grant:	\$34,236	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$500,000
k)	Agency Medicaid Expansion Payments Received:		\$37,624
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$15,538	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$15,538	
n)	SFY17 Total Grant Reduction (row h + m):	\$49,774	
o)	SFY17 Total Adjusted Grant (row e – n):		\$450,226
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	9.95%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *INTERIOR AIDS ASSOCIATION*

Program: *CBHTR*

Grant #: *602-208-1742*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$256,903
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$198,201
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$58,702
h)	Amount of System Proportional Reduction to Grant:	\$4,019	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$198,201
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$58,702
k)	Agency Medicaid Expansion Payments Received:		\$26,291
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$10,858	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$10,858	
n)	SFY17 Total Grant Reduction (row h + m):	\$14,877	
o)	SFY17 Total Adjusted Grant (row e – n):		\$242,026
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.79%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *IONIA, INC.*

Program: *ADULT RURAL PEER SUPPORT*

Grant #: *602-200-1702 (602-200-1603)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$112,331
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$112,331
h)	Amount of System Proportional Reduction to Grant:	\$7,691	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$112,331
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$7,691	
o)	SFY17 Total Adjusted Grant (row e – n):		\$104,640
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *JUNEAU ALLIANCE FOR MENTAL HEALTH, INC.*

Program: *CBHTR*

Grant #: *602-208-1775*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,327,580
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$137,074
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,190,506
h)	Amount of System Proportional Reduction to Grant:	\$81,516	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$137,074
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$1,190,506
k)	Agency Medicaid Expansion Payments Received:		\$17,199
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$7,103	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$7,103	
n)	SFY17 Total Grant Reduction (row h + m):	\$88,619	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,238,961
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.68%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *JUNEAU YOUTH SERVICES*

Program: *CBHTR*

Grant #: *602-208-1774*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,019,576
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$57,703
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$961,873
h)	Amount of System Proportional Reduction to Grant:	\$65,861	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,019,576
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$65,861	
o)	SFY17 Total Adjusted Grant (row e – n):		\$953,715
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.46%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *JUNEAU YOUTH SERVICES*
Program: *RCCY*
Grant #: *602-230-1702 (602-230-1604)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$58,400
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$58,400
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$58,400
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$58,400
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *JUNEAU YOUTH SERVICES*

Program: *RCCY*

Grant #: *602-230-1702 (602-230-1605)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$102,200
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$102,200
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$102,200
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$102,200
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *JUNEAU YOUTH SERVICES*

Program: *RCCY*

Grant #: *602-230-1702 (602-230-1606)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$43,800
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$43,800
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$43,800
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$43,800
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *JUNEAU YOUTH SERVICES*

Program: *RCCY*

Grant #: *602-230-1702 (602-230-1607)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$58,400
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$58,400
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$58,400
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$58,400
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***KENAI PENINSULA COMMUNITY CARE CENTER***

Program: ***CBHTR***

Grant #: ***602-208-1761***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$14,757
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$14,757
h)	Amount of System Proportional Reduction to Grant:	\$1,010	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$14,757
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$1,010	
o)	SFY17 Total Adjusted Grant (row e – n):		\$13,747
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***KENAI PENINSULA COMMUNITY CARE CENTER***

Program: ***RCCY***

Grant #: ***602-230-1705 (602-230-1608)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***KENAI PENINSULA COMMUNITY CARE CENTER***

Program: ***RCCY***

Grant #: ***602-230-1705 (602-230-1610)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***KENAITZE INDIAN TRIBE***

Program: ***CBHTR***

Grant #: ***602-208-1746***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$74,410
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$74,410
h)	Amount of System Proportional Reduction to Grant:	\$5,095	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$74,410
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$16,241
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$5,095	
o)	SFY17 Total Adjusted Grant (row e – n):		\$69,315
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *KETCHIKAN INDIAN COMMUNITY*

Program: *CBHTR*

Grant #: *602-208-1739*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$14,047
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$14,047
h)	Amount of System Proportional Reduction to Grant:	\$962	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$14,047
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$196,208
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$962	
o)	SFY17 Total Adjusted Grant (row e – n):		\$13,085
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***KODIAK AREA NATIVE ASSOCIATION***

Program: ***BTKH***

Grant #: ***602-205-1701***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$123,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$123,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$123,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$109,630
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$123,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *MANILAQ ASSOCIATION*

Program: *CBHTR*

Grant #: *602-208-1701*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,326,301
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$294,058
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,032,243
h)	Amount of System Proportional Reduction to Grant:	\$70,679	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$363,394
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$962,907
k)	Agency Medicaid Expansion Payments Received:		\$5,427
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$2,241	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$2,241	
n)	SFY17 Total Grant Reduction (row h + m):	\$72,921	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,253,380
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.50%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *MANILAQ ASSOCIATION*

Program: *RCCY*

Grant #: *602-230-1706 (602-230-1611)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$5,427
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$2,241	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***MAT-SU HEALTH SERVICES, INC.***

Program: ***CBHTR***

Grant #: ***602-208-1724***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,722,347
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$252,652
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,469,695
h)	Amount of System Proportional Reduction to Grant:	\$100,632	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$783,088
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$939,259
k)	Agency Medicaid Expansion Payments Received:		\$142,976
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$59,046	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$59,046	
n)	SFY17 Total Grant Reduction (row h + m):	\$159,678	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,562,669
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	9.27%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***METLAKATLA INDIAN COMMUNITY***

Program: ***CBHTR***

Grant #: ***602-208-1754***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NARCOTIC DRUG TREATMENT CENTER***

Program: ***CBHTR***

Grant #: ***602-208-1777***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$928,150
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$877,525
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$50,625
h)	Amount of System Proportional Reduction to Grant:	\$3,466	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$877,525
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$50,625
k)	Agency Medicaid Expansion Payments Received:		\$111,450
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$46,026	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$46,026	
n)	SFY17 Total Grant Reduction (row h + m):	\$49,493	
o)	SFY17 Total Adjusted Grant (row e – n):		\$878,657
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.33%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDANCE*

Program: *CBHTR*

Grant #: *602-208-1778*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$50,163
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$50,163
h)	Amount of System Proportional Reduction to Grant:	\$3,435	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$50,163
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$6,125
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$3,435	
o)	SFY17 Total Adjusted Grant (row e – n):		\$46,728
p)	Percent Reduction to the Starting Grant Amount (row n ÷e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NOME COMMUNITY CENTER, INC.***

Program: ***RCCY***

Grant #: ***602-230-1707 (602-230-1612)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$102,200
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$102,200
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$102,200
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$102,200
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *NORTHERN HOPE CENTER*

Program: *CBHTR*

Grant #: *602-208-1712*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$100,000
h)	Amount of System Proportional Reduction to Grant:	\$6,847	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$6,847	
o)	SFY17 Total Adjusted Grant (row e – n):		\$93,153
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NORTH SLOPE BOROUGH***

Program: ***CBHTR***

Grant #: ***602-208-1728***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$756,154
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$553,046
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$203,108
h)	Amount of System Proportional Reduction to Grant:	\$13,907	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$566,056
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$190,098
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$13,907	
o)	SFY17 Total Adjusted Grant (row e – n):		\$742,247
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	1.84%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NORTH SLOPE BOROUGH***

Program: ***RCCY***

Grant #: ***602-230-1708 (602-230-1613)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$116,800
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$116,800
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$116,800
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$116,800
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NORTON SOUND HEALTH CORPORATION***

Program: ***CBHTR***

Grant #: ***602-208-1781***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$163,121
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$67,365	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$100,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NORTON SOUND HEALTH CORPORATION***

Program: ***CBHTR***

Grant #: ***602-208-1779***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,164,619
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$147,120
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,017,499
h)	Amount of System Proportional Reduction to Grant:	\$69,670	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$178,246
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$986,373
k)	Agency Medicaid Expansion Payments Received:		\$163,121
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$67,365	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$67,365	
n)	SFY17 Total Grant Reduction (row h + m):	\$137,035	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,027,584
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	11.77%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NORTON SOUND HEALTH CORPORATION***

Program: ***BTKH***

Grant #: ***602-205-1708***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$225,250
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$225,250
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$225,250
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$163,121
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$67,365	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$225,250
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***NUGEN'S RANCH (ALASKA ADDICTION REHAB SERVICES)***

Program: ***CBHTR***

Grant #: ***602-208-1734***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$964,740
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$964,740
h)	Amount of System Proportional Reduction to Grant:	\$66,057	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$964,740
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$66,057	
o)	SFY17 Total Adjusted Grant (row e – n):		\$898,683
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***PARTNERS FOR PROGRESS***

Program: ***CBHTR***

Grant #: ***602-208-1794***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$200,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$125,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$75,000
h)	Amount of System Proportional Reduction to Grant:	\$5,135	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$125,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$75,000
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$5,135	
o)	SFY17 Total Adjusted Grant (row e – n):		\$194,865
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	2.57%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***PARTNERS FOR PROGRESS***

Program: ***CBHTR***

Grant #: ***602-227-1703***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$265,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$265,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$265,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$265,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***PENINSULA COMMUNITY HEALTH SERVICES OF ALASKA***

Program: ***CBHTR***

Grant #: ***602-208-1744***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$510,465
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$243,750
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$266,715
h)	Amount of System Proportional Reduction to Grant:	\$18,262	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$347,441
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$163,024
k)	Agency Medicaid Expansion Payments Received:		\$89,101
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$36,797	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$36,797	
n)	SFY17 Total Grant Reduction (row h + m):	\$55,059	
o)	SFY17 Total Adjusted Grant (row e – n):		\$455,406
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	10.79%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***PENINSULA COMMUNITY HEALTH SERVICES OF ALASKA***

Program: ***BTKH***

Grant #: ***602-205-1706***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$160,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$160,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$160,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$89,101
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$36,797	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$160,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PETERSBURG MENTAL HEALTH SERVICES*
Program: *TRAUMA INFORMED BEHAVIORAL HEALTH SERVICES*
Grant #: *602-232-1702 (602-232-1609)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$110,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$110,000
h)	Amount of System Proportional Reduction to Grant:	\$7,532	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$110,000
k)	Agency Medicaid Expansion Payments Received:		\$7,335
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$3,029	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$1,293	
n)	SFY17 Total Grant Reduction (row h + m):	\$8,825	
o)	SFY17 Total Adjusted Grant (row e – n):		\$101,175
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	8.02%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PETERSBURG MENTAL HEALTH SERVICES*

Program: *CBHTR*

Grant #: *602-208-1722*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$354,443
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$191,800
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$162,643
h)	Amount of System Proportional Reduction to Grant:	\$11,136	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$206,800
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$147,643
k)	Agency Medicaid Expansion Payments Received:		\$7,335
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$3,029	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$1,736	
n)	SFY17 Total Grant Reduction (row h + m):	\$12,872	
o)	SFY17 Total Adjusted Grant (row e – n):		\$341,571
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	3.63%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***POLARIS HOUSE***

Program: ***CBHTR***

Grant #: ***602-208-1793***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$100,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$100,000
h)	Amount of System Proportional Reduction to Grant:	\$6,847	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$6,847	
o)	SFY17 Total Adjusted Grant (row e – n):		\$93,153
p)	Percent Reduction to the Starting Grant Amount (row n ÷e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *RCCY*

Grant #: *602-230-1709 (602-230-1614)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$102,200
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$102,200
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$102,200
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$102,200
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *RCCY*

Grant #: *602-230-1709 (602-230-1615)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *RCCY*

Grant #: *602-230-1709 (602-230-1616)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *RCCY*

Grant #: *602-230-1709 (602-230-1617)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *RCCY*

Grant #: *602-230-1709 (602-230-1618)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *RCCY*

Grant #: *602-230-1709 (602-230-1619)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$219,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$219,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$219,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$219,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *CBHTR*

Grant #: *602-208-1750*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$99,480
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$99,480
h)	Amount of System Proportional Reduction to Grant:	\$6,812	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$99,480
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$6,812	
o)	SFY17 Total Adjusted Grant (row e – n):		\$92,668
p)	Percent Reduction to the Starting Grant Amount (row n ÷e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PRESBYTERIAN HOSPITALITY HOUSE*

Program: *BTKH*

Grant #: *602-205-1702*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$103,500
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$103,500
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$103,500
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$103,500
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PROVIDENCE CRISIS RECOVERY CENTER*

Program: *CBHTR*

Grant #: *602-208-1713*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,051,191
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$1,051,191
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,051,191
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$7,770
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,051,191
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PROVIDENCE CRISIS RECOVERY CENTER*

Program: *RCCY*

Grant #: *602-230-1713 (602-230-1624)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$116,800
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$116,800
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$116,800
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$7,770
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$116,800
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PROVIDENCE KODIAK ISLAND COUNSELING CENTER*

Program: *CBHTR*

Grant #: *602-208-1747*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$740,474
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$505,866
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$234,608
h)	Amount of System Proportional Reduction to Grant:	\$16,064	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$621,196
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$119,278
k)	Agency Medicaid Expansion Payments Received:		\$16,486
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$6,808	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$6,808	
n)	SFY17 Total Grant Reduction (row h + m):	\$22,872	
o)	SFY17 Total Adjusted Grant (row e – n):		\$717,602
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	3.09%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *PROVIDENCE VALDEZ COUNSELING CENTER*

Program: *CBHTR*

Grant #: *602-208-1748*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$322,510
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$92,025
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$230,485
h)	Amount of System Proportional Reduction to Grant:	\$15,782	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$130,256
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$192,254
k)	Agency Medicaid Expansion Payments Received:		\$6,360
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$2,627	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$2,627	
n)	SFY17 Total Grant Reduction (row h + m):	\$18,408	
o)	SFY17 Total Adjusted Grant (row e – n):		\$304,102
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.71%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***RAILBELT MENTAL HEALTH & ADDICTIONS***

Program: ***CBHTR***

Grant #: ***602-208-1729***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$246,652
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$184,883
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$61,769
h)	Amount of System Proportional Reduction to Grant:	\$4,229	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$184,883
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$61,769
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$4,229	
o)	SFY17 Total Adjusted Grant (row e – n):		\$242,423
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	1.71%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***RAINFOREST RECOVERY CENTER***

Program: ***CBHTR***

Grant #: ***602-208-1718***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$668,243
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$668,243
h)	Amount of System Proportional Reduction to Grant:	\$45,756	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$0
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$668,243
k)	Agency Medicaid Expansion Payments Received:		\$131,618
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$54,356	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$54,356	
n)	SFY17 Total Grant Reduction (row h + m):	\$100,111	
o)	SFY17 Total Adjusted Grant (row e – n):		\$568,132
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	14.98%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *RESIDENTIAL YOUTH CARE*
Program: *RCCY*
Grant #: *602-230-1710 (602-230-1620)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$116,800
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$116,800
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$116,800
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$116,800
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *RESIDENTIAL YOUTH CARE*
Program: *RCCY*
Grant #: *602-230-1713 (602-230-1621)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *RESIDENTIAL YOUTH CARE*

Program: *CBHTR*

Grant #: *602-208-1753*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$45,548
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$45,548
h)	Amount of System Proportional Reduction to Grant:	\$3,119	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$45,548
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$3,119	
o)	SFY17 Total Adjusted Grant (row e – n):		\$42,429
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *RESIDENTIAL YOUTH CARE*

Program: *BTKH*

Grant #: *602-205-1703*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$103,500
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$103,500
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$103,500
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$103,500
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *RURAL ALASKA COMMUNITY ACTION PROGRAM*

Program: *CBHTR*

Grant #: *602-208-1798*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$300,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$100,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$200,000
h)	Amount of System Proportional Reduction to Grant:	\$13,694	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$100,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$200,000
k)	Agency Medicaid Expansion Payments Received:		\$5,444
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$2,248	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$2,248	
n)	SFY17 Total Grant Reduction (row h + m):	\$15,943	
o)	SFY17 Total Adjusted Grant (row e – n):		\$284,057
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	5.31%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *SALVATION ARMY (CLITHEROE CENTER)*

Program: *CBHTR*

Grant #: *602-208-1736*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$3,233,314
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$1,063,164
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$2,170,150
h)	Amount of System Proportional Reduction to Grant:	\$148,594	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,063,164
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$2,170,150
k)	Agency Medicaid Expansion Payments Received:		\$6,457
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$2,667	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$2,667	
n)	SFY17 Total Grant Reduction (row h + m):	\$151,260	
o)	SFY17 Total Adjusted Grant (row e – n):		\$3,082,054
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	4.68%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *SEAVIEW COMMUNITY SERVICES*

Program: *CBHTR*

Grant #: *602-208-1745*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$359,725
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$56,728
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$302,997
h)	Amount of System Proportional Reduction to Grant:	\$20,747	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$56,728
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$302,997
k)	Agency Medicaid Expansion Payments Received:		\$27,559
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$11,381	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$11,381	
n)	SFY17 Total Grant Reduction (row h + m):	\$32,128	
o)	SFY17 Total Adjusted Grant (row e – n):		\$327,597
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	8.93%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *SET FREE ALASKA*

Program: *CBHTR*

Grant #: *602-208-1783*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$50,180
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$50,180
h)	Amount of System Proportional Reduction to Grant:	\$3,436	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$50,180
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$78,580
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$3,436	
o)	SFY17 Total Adjusted Grant (row e – n):		\$46,744
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *SITKA COUNSELING AND PREVENTION SERVICES*

Program: *CBHTR*

Grant #: *602-208-1788*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,031,479
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$122,790
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$908,689
h)	Amount of System Proportional Reduction to Grant:	\$62,219	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$525,149
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$506,330
k)	Agency Medicaid Expansion Payments Received:		\$320,271
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$132,265	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$132,265	
n)	SFY17 Total Grant Reduction (row h + m):	\$194,484	
o)	SFY17 Total Adjusted Grant (row e – n):		\$836,995
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	18.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUND ALTERNATIVES (CORDOVA COMMUNITY MEDICAL CLINIC)***

Program: ***CBHTR***

Grant #: ***602-208-1751***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$355,598
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$63,293
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$292,305
h)	Amount of System Proportional Reduction to Grant:	\$20,015	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$167,854
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$187,744
k)	Agency Medicaid Expansion Payments Received:		\$4,865
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$2,009	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$2,009	
n)	SFY17 Total Grant Reduction (row h + m):	\$22,024	
o)	SFY17 Total Adjusted Grant (row e – n):		\$333,574
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.19%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUTH PENINSULA BEHAVIORAL HEALTH SERVICES, INC.***

Program: ***CBHTR***

Grant #: ***602-208-1707***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$362,492
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$174,052
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$188,440
h)	Amount of System Proportional Reduction to Grant:	\$12,903	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$195,331
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$167,161
k)	Agency Medicaid Expansion Payments Received:		\$68,611
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$28,335	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$28,335	
n)	SFY17 Total Grant Reduction (row h + m):	\$41,238	
o)	SFY17 Total Adjusted Grant (row e – n):		\$321,254
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	11.38%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUTH PENINSULA BEHAVIORAL HEALTH SERVICES, INC.***

Program: ***SUP EMP***

Grant #: ***602-226-1704***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$107,545
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$107,545
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$107,545
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$68,611
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$28,335	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$107,545
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUTH PENINSULA BEHAVIORAL HEALTH SERVICES, INC.***

Program: ***BTKH***

Grant #: ***602-205-1710***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$85,650
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$85,650
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$85,650
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$68,611
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$28,335	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$85,650
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUTHCENTRAL FOUNDATION (ANCHORAGE)***

Program: ***CBHTR***

Grant #: ***602-208-1709***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,013,085
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$37,297
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$975,788
h)	Amount of System Proportional Reduction to Grant:	\$66,814	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$198,433
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$814,652
k)	Agency Medicaid Expansion Payments Received:		\$1,436,413
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$593,208	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$478,348	
n)	SFY17 Total Grant Reduction (row h + m):	\$545,162	
o)	SFY17 Total Adjusted Grant (row e – n):		\$467,923
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	53.81%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUTHCENTRAL FOUNDATION (MCGRATH)***

Program: ***CBHTR***

Grant #: ***602-208-1703***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$298,160
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,871
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$224,289
h)	Amount of System Proportional Reduction to Grant:	\$15,357	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$102,548
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$195,612
k)	Agency Medicaid Expansion Payments Received:		\$1,436,413
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$593,208	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$114,860	
n)	SFY17 Total Grant Reduction (row h + m):	\$130,217	
o)	SFY17 Total Adjusted Grant (row e – n):		\$167,943
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	43.67%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM***

Program: ***CBHTR***

Grant #: ***602-208-1759***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,154,562
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$262,313
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$892,249
h)	Amount of System Proportional Reduction to Grant:	\$61,094	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$262,313
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$892,249
k)	Agency Medicaid Expansion Payments Received:		\$302,679
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$125,000	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$125,000	
n)	SFY17 Total Grant Reduction (row h + m):	\$186,094	
o)	SFY17 Total Adjusted Grant (row e – n):		\$968,468
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	16.12%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *TANANA CHIEFS CONFERENCE, INC.*

Program: *CBHTR*

Grant #: *602-208-1715*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,419,860
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$610,267
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$809,593
h)	Amount of System Proportional Reduction to Grant:	\$55,434	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$672,158
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$747,702
k)	Agency Medicaid Expansion Payments Received:		\$301,992
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$124,716	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$124,716	
n)	SFY17 Total Grant Reduction (row h + m):	\$180,150	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,239,710
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	12.69%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***VOLUNTEERS OF AMERICA OF ALASKA***

Program: ***CBHTR***

Grant #: ***602-208-1714***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$1,369,786
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,369,786
h)	Amount of System Proportional Reduction to Grant:	\$93,791	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,369,786
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$93,791	
o)	SFY17 Total Adjusted Grant (row e – n):		\$1,275,995
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***VOLUNTEERS OF AMERICA OF ALASKA***

Program: ***BTKH***

Grant #: ***602-205-1709***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$270,211
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$270,211
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$270,211
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$270,211
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *YOUTH ADVOCATES OF SITKA*

Program: *CBHTR*

Grant #: *602-208-1740*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$199,017
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$199,017
h)	Amount of System Proportional Reduction to Grant:	\$13,627	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$199,017
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$13,627	
o)	SFY17 Total Adjusted Grant (row e – n):		\$185,390
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: *YOUTH ADVOCATES OF SITKA*

Program: *RCCY*

Grant #: *602-230-1711 (602-230-1622)*

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$73,000
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$73,000
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$73,000
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$0
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$0	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$73,000
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***YUKON-KUSKOKWIM HEALTH CORPORATION***

Program: ***CBHTR***

Grant #: ***602-208-1708***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$2,583,227
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$653,659
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$1,929,568
h)	Amount of System Proportional Reduction to Grant:	\$132,121	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$1,026,347
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$1,556,880
k)	Agency Medicaid Expansion Payments Received:		\$304,674
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$125,824	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$125,824	
n)	SFY17 Total Grant Reduction (row h + m):	\$257,944	
o)	SFY17 Total Adjusted Grant (row e – n):		\$2,325,283
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	9.99%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***YUKON-KUSKOKWIM HEALTH CORPORATION***

Program: ***RCCY***

Grant #: ***602-230-1712 (602-230-1623)***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$116,800
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$116,800
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$0
h)	Amount of System Proportional Reduction to Grant:	\$0	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$116,800
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$304,674
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$125,824	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$0	
o)	SFY17 Total Adjusted Grant (row e – n):		\$116,800
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	0.00%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.

SFY 2017 Treatment & Recovery Grantee Funding Summary Sheet

GRANTEE: ***YUKON-KUSKOKWIM HEALTH CORPORATION***

Program: ***BETHEL SOBERING CENTER***

Grant #: ***602-203-1701***

Statewide SFY 2017 Grant Funding Reductions:

a)	Statewide System Proportional Reduction: Allocated Proportionally Across All Eligible ¹ Grant Funds	\$3,066,237	
b)	Statewide Medicaid Expansion Population Payments (Payments made to grantees between 9-1-2015 to 5-31-2016)		\$6,997,523
c)	Statewide Medicaid Expansion Reduction: Allocated Based on Agency Percentage of Total Medicaid Expansion Payments (excludes agencies that received Medicaid expansion payments but did not have grant funds eligible for this reduction)	\$2,713,416	
d)	Total Statewide Grant Funding Reduction (row a + c):	\$5,779,653	

Grantee SFY 2017 Grand Award Funding Summary:

e)	SFY17 Starting Grant Amount:		\$822,142
f)	SFY17 Grant \$\$ Held Harmless from System Proportional Reduction:		\$0
g)	SFY17 Grant \$\$ Subject to System Proportional Reduction:		\$822,142
h)	Amount of System Proportional Reduction to Grant:	\$56,293	
i)	SFY17 Grant \$\$ Held Harmless from Medicaid Expansion Reduction:		\$822,142
j)	SFY17 Grant \$\$ Subject to Medicaid Expansion Reduction:		\$0
k)	Agency Medicaid Expansion Payments Received:		\$304,674
l)	Agency Total Amount of Medicaid Expansion Reduction [agency reduction is allocated across the agency's eligible grant(s)]:	\$125,824	
m)	Amount of Medicaid Expansion Reduction to Grant:	\$0	
n)	SFY17 Total Grant Reduction (row h + m):	\$56,293	
o)	SFY17 Total Adjusted Grant (row e – n):		\$765,849
p)	Percent Reduction to the Starting Grant Amount (row n ÷ e)	6.85%	

¹ Please see the accompanying "Quick Reference Guide to the Grant Reduction Allocation Process" for what DBH defines as funds "eligible" for a reduction in either the proportional or the Medicaid expansion reduction process.