SAMPLER OF STAKEHOLDER OUTREACH

Attached are the following sample documents:

- A List of Meetings with Groups to Discuss Executive Order to Reorganize the Department of Health and Social Services by Date
- A List of Internal Stakeholder Meetings by Division
- Some of the slide presentations shared via zoom/teams/in meetings with groups:

Group	Presentation Date
APCA	3/2/2021
Alaska Children's Trust	3/4/2021
Alaskans Together for Medicaid Roundtable	3/5/2021
Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse	3/24/2021
Tanana Chief Conference	10/21/2021
Alaskans Together for Medicaid	12/7/2021
ASHNHA	12/10/2021
Alaska Children's Trust	12/14/2021
API Governing Body	1/20/2022
Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse	2/7/2022
Town Hall Hosted by Children's Trust	2/7/2022

- A sample of some of the correspondence generated by the questions from stakeholders:
  - Letter from Alaska Native Health Board (ANHB) 2/26/2021
  - Letter from DHSS to ANHB 3/3/2021
  - Follow up response to questions raised at the Alaskans Together for Medicaid Roundtable Q&A 3/5/2021
  - National Alliance for Mental Illness emailed questions and DHSS response in preparation for 1/6/2022 meeting.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES: Meetings* with Stakeholder Groups to Discuss Executive Order to Reorganize DHSS by Date

ENTITY	ENGAGEMENT DATES
Alaska State Hospital and Nursing Home Association (ASHNHA)	12/4/2020
Alaska Native Tribal Health Consortium (ANTHC)	12/4/2020
Rasmuson Foundation	12/4/2020
Casey Family Foundation	12/17/2020
National Association Mental (NAMI)	12/18/2020
Alaska Mental Health Trust Authority	12/18/2020
Alaska Native Health Board	12/18/2020
Alaska Native Tribal Health Consortium (ANTHC)	12/18/2020
Alaska Federation of Natives (AFN)	12/18/2020
Governor's Council on Disabilities and Special Education	12/22/2020
Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse	12/22/2020
Alaska Behavioral Health Association	12/22/2020
Alaska Commissioner on Aging	12/22/2020
Tribal State Collaborative Group	1/4/2021
Alaska Children's Trust	1/6/2021
Alaska Federation of Natives (AFN)	1/8/2021
Key Coalition	1/12/2021
Alaska Association on Developmental Disabilities	1/12/2021
Hope Community Resources	1/12/2021
Arc of Anchorage	1/12/2021
ASSETS	1/12/2021
Access Alaska	1/12/2021
REACH	1/12/2021
SAIL	1/12/2021
Alaska Association on Developmental Disabilities	1/12/2021
Center for Blind Adults	1/12/2021
Alaska State Hospital and Nursing Home Association (ASHNHA)	1/14/2021
INTERNAL: FMS Finance and Management Services	1/20/2021
Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse	1/21/2021
INTERNAL: HCS Health Care Services	1/21/2021
INTERNAL: SDS Senior & Disabilities Services	1/22/2021
INTERNAL: BH Behavioral Health	1/22/2021
INTERNAL: DJJ Division of Juvenile Justice	1/26/2021
Alaska Mental Health Trust Authority	1/28/2021
Alaska State Chamber of Commerce	1/28/2021
INTERNAL: OCS Office of Children's Services	2/1/2021
INTERNAL: DPA Division of Public Assistance	2/1/2021
Alaska Behavioral Health Association	2/4/2021
INTERNAL: API Alaska Psychiatric Institute	2/4/2021
Alaska Native Health Board	2/5/2021
INTERNAL: DPA Division of Public Assistance	2/5/2021
INTERNAL: APH Alaska Pioneer Homes	2/11/2021
Alaska Children's Trust	2/12/2021

DEPARTMENT OF HEALTH AND SOCIAL SERVICES: Meetings* with Stakeholder Groups to Discuss Executive Order to Reorganize DHSS by Date

Mat Su Chapter of Mature American Citizens (AMAC)	2/13/2021
Anchorage Chapter of Mature American Citizens	2/13/2021
Alaska Commissioner on Aging	2/17/2021
Casey Family Foundation	2/22/2021
Alaska State Hospital and Nursing Home Association (ASHNHA)	2/25/2021
Alaska Native Health Board	3/3/2021
Alaska Children's Trust	3/4/2021
Mat Su Health Foundation	3/5/2021
Alaska Public Health Association	3/5/2021
Anchorage Neighborhood Health Center	3/5/2021
Alaska Primary Care Association	3/5/2021
Alaskans Together for Medicaid	3/5/2021
Casey Family Foundation	3/8/2021
Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse	3/10/2021
Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse	3/24/2021
Alaska Children's Trust	3/31/2021
Governor's council on Disabilities and Special Education	5/14/2021
Alaska Children's Trust	6/8/2021
Medicaid Task Force	6/11/2021
AgeNet	6/11/2021
Kodiak Senior Center	6/11/2021
Seward Senior Center	6/11/2021
Tribal Medicaid Task Force	6/11/2021
Tanana Chiefs Conference	7/14/2021
Alaska Municipal League (AML)	8/4/2021
Alaska Native Health Board	8/11/2021
Anchorage Senior Center	8/13/2021
Rasmuson Foundation	8/16/2021
ANC Republican Women	9/8/2021
Alaska Juvenile Justice Advisory Committee	9/14/2021
Kenaitze	9/21/2021
Tanana Chiefs Conference	10/21/2021
Facing Foster Care	10/25/2021
Commonwealth North	10/28/2021
Alaska Native Health Board	11/8/2021
Facing Foster Care	11/20/2021
Alaska State Hospital Nursing Home Association (ASHNHA)	11/30/2021
Alaska Children's Trust	12/14/2021
Tribal State Collaborative Group	12/18/2021
Key Coalition	12/21/2021
Governor's Council on Disabilities and Special Education	1/3/2022
Recover Alaska Governance Council	1/4/2022
INTERNAL: HCS Health Care Services	1/4/2022
Pioneer Homes	1/5/2022
National Alliance on Mental Illness (NAMI)	1/6/2022

DEPARTMENT OF HEALTH AND SOCIAL SERVICES: Meetings* with Stakeholder Groups to Discuss Executive Order to Reorganize DHSS by Date

INTERNAL: OCS Office of Children's Services	1/6/2022
INTERNAL: DBH Division of Behavioral Health	1/7/2022
INTERNAL: FMS Finance Management Services	1/7/2022
Governor's Council on Disabilities and Special Education (GCDSE)	1/17/2022
INTERNAL: DJJ Division of Juvenile Justice	1/19/2022
Alaska Juvenile Justice Advisory Committee	1/21/2022
Alaska Behavioral Health Association (ABHA)	2/7/2022

*This is NOT a comprehensive list. This list of groups and dates does not take into account:

- All Multi-group/regional meetings such as conferences and gatherings that were attended by the Commissioner and/or any of his leadership staff where reorganization may have been discussed.
- The phone calls and emails that were exchanged in the set-up of Town Halls/Zoom Meetings/Microsoft Teams Meetings. Some groups sent questions in advance, some did not.
- Reorganization conversations that flowed naturally out of other meetings focused on different subjects such as Medicaid, Tribal Compacting, and or other Legislation such as Crisis Now.

DEPARTMENT OF HEALTH AND SOCIAL SERVICESSUMMARY OF TOWN HALLS ON REORGANIZATION VIA ZOOM OR TEAMS BY DIVISION

	Division	Date	Begin	End	Attendees
1	Finance Management Services (FMS)	1/20/21	2:30PM	3:20PM	165
2	Health Care Services (HCS)	1/21/21	10:30AM	11:09AM	90
3	Senior & Disabilities Services (SDS)	1/22/21	11:00AM	11:40AM	130
4	Division of Behavioral Health (DBH)	1/22/21	2:00PM	2:37PM	*
5	Division of Juvenile Justice (DJJ)	1/26/21	8:30AM	8:58AM	35
		1/26/21	1:00PM	1:32PM	25
6	Office of Children's Services (OCS)	1/26/21	10:30AM	11:26AM	220
		2/1/21	11:00AM	11:40AM	130
7	Division of Public Assistance (DPA)	2/1/21	1:00PM	1:24PM	87
		2/5/21	9:30AM	10:15AM	*
8	Division of Public Health (DPH)	2/3/21	1:00PM	1:53PM	354
9	Alaska Psychiatric Institute (API)	2/4/21	9:00AM	9:35AM	45
10	Alaska Pioneer Homes (APH)	2/11/21	11:00AM	11:35AM	31
1	Finance Management Services (FMS)	1/7/22	11:00AM	11:35AM	125
2	Health Care Services (HCS)	1/4/22	2:30PM	3:00PM	74
3	Senior & Disabilities Services (SDS)	12/17/22	11:00AM	11:30AM	100
4	Division of Behavioral Health (DBH)	1/7/22	9:00AM	9:22AM	51
5	Division of Juvenile Justice (DJJ)	1/19/22	2:00PM	2:28PM	52
6	Office of Children's Services (OCS)	1/6/22	2:30PM	3:00PM	119
7	Division of Public Assistance (DPA)	1/20/22	1:00PM	2:00PM	252
		2/11/22	10:30AM	11:00AM	174
8	Division of Public Health (DPH)	1/28/22	10:00AM	10:40PM	277
9	Alaska Psychiatric Institute (API)	1/20/22	11:00AM	11:36AM	46
10	Alaska Pioneer Homes (APH)	1/5/22	11:00AM	11:25AM	25

NOTES:

Present at every meeting: Commissioner Adam Crum, Deputy Director Heather Carpenter, and Program Coordinator II Christine Marasigan

Leadership depending on division: Deputy Commissioner (Al Wall or Clinton Lasley), Division Directors (Heidi Hedberg, Gennifer Moreau, Renee Gayhart, John Lee, Shawnda O'Brien, Heidi Hamilton, Kim Guay, Tracy Dompeling), Assistant Director Sylvan Robb, Chief Medical Officer Dr. Anne Zink, Executive Director Scott York, Communications Director Clinton Bennett, Policy Advisor Laura Russell, and Special Assistant Christy Vogeley.

AGENDA:

Each meeting began with a brief introduction from the Commissioner, an overview of what the Executive Order is, what reorganization would mean for the Department of Health and Social Services, followed by comments from the appropriate division director, and a general Q & A session facilitated by Carpenter. Each meeting ended with an encouragement to view additional information at the reorganization website, to bring any questions or concerns to division heads, and or email any additional questions or concerns to the internal staff specific email address.

Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

ARCTIC SLOPE NATIVE ASSOCIATION

BRISTOL BAY AREA HEALTH CORPORATION

CHICKALOON VILLAGE TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN INDIAN COMMUNITY

KODIAK AREA NATIVE ASSOCIATION

MANIILAQ ASSOCIATION

METLAKATLA INDIAN COMMUNITY

MT. SANFORD TRIBAL CONSORTIUM

NATIVE VILLAGE OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE OF TYONEK

NINILCHIK TRADITIONAL COUNCIL

NORTON SOUND HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL FOUNDATION

SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM HEALTH CORPORATION

VALDEZ NATIVE TRIBE

February 26, 2021

The Honorable Adam Crum
Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, AK 99503-5923

RE: Executive Order 119 - Reorganization of the Department of Health & Social Services

Dear Commissioner Crum,

Thank you for meeting with the Alaska Native Health Board[1] during our February Mega Meeting. The virtual format and time constraints limited our ability to truly engage in issues, including the Governor's Executive Order 119 on the reorganization and bifurcation of the Department of Health and Social Services (DHSS).

The proposed reorganization presents a significant change from the way the Department has historically done business and coordinates services for Alaskans. Given the limited information, the gravity of the decision to split the Department cannot be understated. This decision presents a number of hard questions that that need more clarity before it can be fully supported. The change will have real impacts for the people we serve and our communities as a whole. It is a decision that must not be rushed or taken lightly, but must be carefully evaluated and developed before implementation begins. Poverty, geography, lack of providers, travel logistics and systemic issues already present challenges in access to care. We must work together to solve these problems.

Due to the lack of details provided on this bifurcation, our Members are very skeptical about the outcome of this, and want to share a number of concerns with the proposal.

First, we are alarmed that the Governor released Executive Order 119 before receiving any input from the affected communities or Tribal governments. Specifically, Tribes and tribal organizations were not consulted on the implications of the proposal, especially on the potential impacts for the child welfare system. Given systemic disproportionality that 65% of children in State care are Alaska Native, and Tribes and tribal organizations work to administer many of the programs within their regions for these children, Tribes should have been fundamentally involved in the decision-making process. Similarly, Tribes should have been consulted regarding continuity of care, especially behavioral health care for Alaska Natives referred to the Alaska Psychiatric Institute (API) and the Division of

[1] ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System, which is comprised of tribal health programs that serve all of the 229 tribes and over 177,000 Alaska Native and American Indian people throughout the state. As the statewide tribal health advocacy organization, ANHB helps Alaska's tribes and tribal programs achieve effective consultation and communication with state and federal agencies on matters of concern.

Juvenile Justice. Our Members are concerned with the process used to determine that this reorganization is necessary and appropriate, and the lack of details on the planning efforts related to the decision.

ANHB Members are particularly concerned about the separation of the State Medicaid Program as well as the Division of Behavioral Health from the Office of Children's Services (OCS) and API. This reorganization raises serious concerns about the ability of these programs to coordinate support for their respective beneficiaries while also maintaining compliance with all regulations, including HIPAA. Beneficiaries of these programs are an exceptionally vulnerable population who are already challenged by the complexities of accessing services. At this point, it is unclear how these two departments will work together in administering the Medicaid program, nor how such bifurcation will improve outcomes.

The Governor's press release explains the focus of the new Department of Family and Community Services will be early intervention and prevention. Yet, the new Department includes OCS, API, Division of Juvenile Justice, and Pioneer Homes—all institutions that are reactive and do not focus on early intervention or prevention. Instead, it is the Division of Behavioral Health and other service providers that will remain in the Department of Health that provide the services aimed at prevention so that individuals do not end up in State custody. Thus, it is hard for us to discern how the stated justification and proposed action align. Further, we are concerned because the Division of Public Assistance is already under-resourced and has significant challenges to meet it current workload. This split will likely make it harder to coordinate eligibility and benefits for those in State custody, including for foster children in OCS custody or patients at API. If there is a plan for improving coordination despite the bifurcation, it should be available now and shared with the public and legislature.

We also note that the timeframe to implement the bifurcation and stand up the new Department is incredibly short, being only approximately four months away. The amount of analysis, feasibility, and disaggregation of co-mingled support processes that needs to occur to make this happen would be daunting even with a 12-month timeline. This very aggressive timeframe for reorganization coupled with little information that has been shared raises public concerns about how this will impact current and future services.

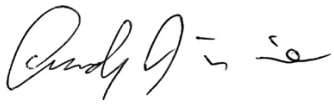
Moreover, undertaking this bifurcation in the current economic climate and in the middle of a global pandemic seems especially challenging. Reallocating resources away from DHSS to stand up the new Department will compromise both entities and any operational efficiencies that could occur will take time to achieve. In the near term, we are more likely to face inefficiencies attributed to start-up time and lost resources; not to mention additional funding that may be needed from the legislature. At this time, we cannot afford such setbacks.

In recognition of these issues, we have attached a list of questions (Appendix A) concerning this reorganization that we believe can help begin a discussion of the Executive Order and highlight a number of our concerns as described above.

We look forward to your responses to these questions. We also hope you will consider putting these plans on hold until the public is given time to review the Department's full implementation

plans and provide comment on what changes are most likely to lead to better health outcomes. After all, we value our partnership with the Department and hope to continue working together to improve quality of care for all Alaskans.

Sincerely,



Andrew Jimmie, Tribally-Elected Leader of the Village of Minto
Chairman
Alaska Native Health Board

Attachments: Appendix A

CC: The Honorable David Wilson, Senate HSS Chair
The Honorable Shelley Hughes, Senate HSS Vice Chair
The Honorable Tiffany Zulkosky, House HSS Co-Chair
The Honorable Liz Snyder, House HSS Co-Chair
The Honorable Bert Stedman, Senate Finance Co-Chair
The Honorable Click Bishop, Senate Finance Co-Chair
The Honorable Neal Foster, House Finance Co-Chair
The Honorable Kelly Merrick, House Finance Co-Chair
Alaska Bush Caucus
Heather Carpenter, Health Care Policy Advisor, DHSS

Appendix A:
ANHB Questions regarding Executive Order 119 on the Reorganization of the Department of Health and Social Services

1. How will the new Department carryout tribal consultation required under Section 1902(a)(73) and Section 2107(e)(1) of the Social Security Act when responsibility for the Single State Agency functions are with DHSS?

2. Will the new Department of Family and Community Services create a Tribal Section with a dedicated tribal manager to work with Tribes/Tribal organizations similar to the existing Tribal Section at DHSS?

3. How will the two Departments ensure that beneficiaries are not dropped while moving from one jurisdiction to another?

4. How will the administrative services organization work across both Departments to connect beneficiaries to care?

5. Will tribal Medicaid administrative claiming (TMAC) agreements be impacted? Will TMAC activities to clients in the new Department be covered, or will new agreements be required with the new Department? If new agreements will be needed, will new rates need to be developed?

6. How will the new Department of Family and Community Services focus on early intervention and prevention when early intervention services are located in the Division of Behavioral Health, which will remain at the new Department of Health?

7. Regarding API, what measures will be put in place for step up/down services if responsibility is split between two departments?

8. How will 1115 waiver services issues be resolved if they fall into two departments? Currently, programmatic differences in Medicaid are decided by the Commissioner. How will this work with two different departments each with their own Commissioner? Will the Governor or Legislature instead decide?

9. What will happen to regional offices for divisions such as OSC and DPA given the proposals for reduced staffing as part of the bifurcation?

10. How will the two departments handle changes to the Medicaid State Plan, other required State Plans and waivers, and regulations across two agencies and multiple divisions?

11. How will recipients of new DFCS services be connected to and enrolled in Medicaid, when appropriate?

12. What steps and/or activities has the Department taken to start planning for this transition?

13. What is the justification for this hurried timeline, which leaves little room for detailed analysis and evaluation, particularly during a pandemic where true engagement is curtailed?

14. What will the new organizational charts look like? Will the State of Alaska have two commissioners, two divisions of financial management, deputy commissioners and special assistants?

15. What will be structure of the IT and personnel divisions?

16. The administration has previously expressed an interest in privatization of state services. Is the proposed bifurcation seen as a path for privatization of the 24/7 programs and facilities (e.g., API, Pioneer Homes)?

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services

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March 3, 2021

Andrew Jimmie, Tribally-Elected Leader of the Village of Minto
Chairman
Alaska Native Health Board
4000 Ambassador Drive, Suite 101
Anchorage, AK 99508
Via Email: ajjimmie@hotmail.com

RE: Executive Order 119 – Reorganization of the Department of Health and Social Services

Dear Chairman Jimmie,

Thank you for the opportunity to meet with the Alaska Native Health Board (ANHB) during the February Mega Meeting to discuss Executive Order (EO) 119 which proposes to reorganize the Department of Health and Social Services (DHSS).

I appreciate the opportunity to further discuss the ANHB concerns at our planned virtual Town Hall meeting March 3, 2021. DHSS has the largest budget and the highest number of employees of all state departments. The department offers hundreds of programs and services and serves Alaskans from all ages and regions of the state. The goal of the executive order is to provide proactive, efficient leadership and management of programs to achieve better outcomes for Alaskans. This reorganization offers opportunities to improve services to Alaskans by having a more focused management which will lead to innovation and improved work processes.

Please see the attached document prepared in response to the questions asked Feb. 26, 2021. We will continue to make department leadership available to answer ongoing questions from ANHB leadership and members as we prepare for this transition.

Sincerely,

Adam Crum
Commissioner

Attachments: Appendix A: Q&A regarding EO 119
Appendix B: EO 119 Transition Plan

CC: The Honorable David Wilson, Senate HSS Chair
The Honorable Shelley Hughes, Senate HSS Vice Chair
The Honorable Tiffany Zulkosky, House HSS Co-Chair
The Honorable Liz Snyder, House HSS Co-Chair
The Honorable Bert Stedman, Senate Finance Co-Chair
The Honorable Click Bishop, Senate Finance Co-Chair
The Honorable Neal Foster, House Finance Co-Chair
The Honorable Kelly Merrick, House Finance Co-Chair
Alaska Bush Caucus
Heather Carpenter, Health Care Policy Advisor, DHSS
Miles Baker, Legislative Director, Office of Governor Mike Dunleavy

Answers to questions from the Alaska Native Health Board regarding Executive Order 119 (EO 119) on the reorganization of the Department of Health and Social Services

1. How will the new Department carryout tribal consultation required under Section 1902(a)(73) and Section 2107(e)(1) of the Social Security Act when responsibility for the Single State Agency functions are with DHSS?

The Department of Health (DOH) will contain all the Medicaid divisions and will continue to carry out Tribal consultation as required by the Social Security Act.

2. Will the new Department of Family and Community Services create a Tribal Section with a dedicated tribal manager to work with Tribes/Tribal organizations similar to the existing Tribal Section at DHSS?

The Department of Family and Community Services (DFCS) will work closely with Tribal partners and is committed to continuing in the framework of Tribal consultation. Section 136 of the executive order also assigns responsibility for the Alaska Tribal Child Welfare Compact to DFCS.

The Department of Health and Social Services (DHSS) has currently requested Tribal consultation to discuss ways to improve outcomes at the Office of Children's Services (OCS). During this consultation, DHSS has requested a discussion on a proposed vision to elevate the Alaska Tribal Child Welfare Compact to the Commissioner's Office. DFCS has a vision to create a Tribal section with a dedicated Tribal manager within the new Commissioner's Office. This vision would give the Commissioner's Office a more active role in the Alaska Tribal Child Welfare Compact. The Tribal section would also start looking at ways to increase collaboration with Tribal partners, Division of Juvenile Justice (DJJ), Alaska Psychiatric Institute (API), and Division of Alaska Pioneer Homes (AKPH). The Tribal section would assist with Tribal stakeholder involvement for strengthening ways families can receive help in navigating the child welfare system, improving family resiliency globally across programs. The Tribal section would also have more engagement with each of the division's identified Tribal liaisons. This proposal, if agreed upon with Tribal partners, would create a department level focus within the Commissioner's Office. A position to supervise this body of work has been proposed in the DFCS Commissioner's Office, and the current program officer position dedicated to the implementation of the Compact would also become part of the Commissioner's Office team. DHSS hopes to further refine this vision of the new Tribal Office through Tribal consultation.

3. How will the two Departments ensure that beneficiaries are not dropped while moving from one jurisdiction to another?

DHSS currently has many different beneficiaries who receive services from different or multiple divisions. For example, all children who are in OCS custody are also eligible for Medicaid. OCS currently has eligibility technicians on staff in their division who coordinate Medicaid eligibility with Division of Public Assistance (DPA) staff for OCS youth. Communication and agreements between OCS and DPA will remain in place and the two divisions will continue their current collaborations in Medicaid and other program areas.

DHSS also works with other state departments to ensure beneficiaries receive services and are not dropped while moving between jurisdictions. One example is the Division of Juvenile Justice frequently works with the Department of Education & Early Development and local school districts to ensure that youth at DJJ facilities continue to receive an education.

DHSS is currently able to complete this work through a variety of mechanisms, including but not limited to:

- Current law – which is not being changed substantively under the EO – will continue to provide for the cooperation and coordination between divisions and departments. These provisions are in effect and will remain in effect should the EO be approved.
- Business associate agreements (BAA) are used when different departments and divisions need to share information to ensure beneficiaries receive services. When required, under HIPAA, DOH and DFCS will have these business associate agreements in place.
- Memorandums of agreement (MOA) and memorandums of understanding (MOU) are also currently used, which allow divisions to share information and collaborate on behalf of beneficiaries. When required, these will continue to be used to ensure there is no interruption in services to beneficiaries.
- Additional documents that will be used to assist in the continuation of services if the EO is approved include court orders and releases of information. While some of the releases may point to DHSS, most if not all are directed to individual divisions or programs and since those names are not changing, there will be no need to update those documents prior to the change to the two departments.

Finally, the transition from one department to two was clearly considered in drafting the EO, and those considerations can be found in the transition provision at the end of the EO (see sections 131-145). The goal is to avoid any disruption to services and processes in the move from one department to two. Providers and recipients should see no difference in who they interact with in the department on June 30 to July 1. These

transition provisions, which will allow for the transition and continuity of operations, include:

a. Pending litigation
b. Grants and contracts
c. Pending applications or certifications
d. Payments
e. Continued eligibility for programs
f. License applications and enforcement
g. Federally approved state plans and waivers
h. Alaska Tribal Child Welfare Compact
i. Instructions to the revisors of statutes and regulations
j. Employment
k. Membership of boards and commissions
l. Regulations
m. Confidentially and information sharing

4. How will the administrative services organization work across both Departments to connect beneficiaries to care?

The administrative services organization (ASO) works with Medicaid enrolled providers, to administer Medicaid behavioral health services, delivered to Medicaid eligible individuals for whom the services are medically necessary. The proposed reorganization does not change that. The Division of Behavioral Health (DBH) will continue to oversee the ASO vender, Optum, and there will be no change in how the ASO does business as a result.

There are currently multiple cross-departmental touch points for the Medicaid population (e.g., Department of Corrections and Department of Education and Early Development), and those cross-departmental touch points are invisible to the Medicaid beneficiary.

With business associate agreements, there should be no disruption to data sharing used for monitoring outcomes associated with the ASO.

5. Will Tribal Medicaid administrative claiming (TMAC) agreements be impacted? Will TMAC activities to clients in the new Department be covered, or will new agreements be required with the new Department? If new agreements will be needed, will new rates need to be developed?

TMAC agreements will not be impacted since they will remain in the Health Care Services Division in the Department of Health. No new agreements will be required.

6. How will the new Department of Family and Community Services focus on early intervention and prevention when early intervention services are located in the Division of Behavioral Health, which will remain at the new Department of Health?

The Office of Children's Services invests in several early intervention and prevention programs that include:

- Two grant programs that provide for support services to families prior to being involved in the child welfare system.
- A contract was recently awarded that provides for developing plans of safe care with families of infants with prenatal substance abuse exposure along with prevention work that connects appropriate services to families.
- In-home case planning and management.
- Through the Alaska Tribal Child Welfare Compact, co-signers receive screened out Protective Services Reports, to identify and provide support to their Tribal member families.
- OCS will continue to work with the Senior and Disabilities Division's Early Intervention & Infant Learning Program.
- OCS will continue to work with DBH for 1115 waiver prevention services.

In general, the Division of Juvenile Justice by statute is a reactionary division. It only has jurisdiction over a minor if/when they commit a delinquent offense that is referred to the division at intake. That said, below are ways that the division involves itself with prevention activities and efforts.

- RurAL CAP Youth Development Culture Programs. The division has a small amount of federal funding to put towards prevention mini grants administered by the Rural Alaska Community Action Program (RurAL CAP). These six-month mini grants are provided to Tribal communities to support activities such as youth leadership and culture camps focusing on language, music, dance, crafts and subsistence. Because this is federal money provided for this purpose and not dependent on DBH for implementation, these prevention efforts will continue as long as DJJ has the federal funding to support them.
- DJJ employees, depending on the venue and location, participate in prevention activities in their communities, as more of a partnership with other agencies to support intervention efforts. For instance, Nome Juvenile Probation is partnering with other agencies in Nome to support Child Abuse Prevention Month. DJJ was able to secure funds through the marijuana tax funds to purchase prizes for youth to win who participate in positive, pro-social activities occurring in the community. These types of activities will not change with DBH and DJJ being in separate departments.

7. Regarding API, what measures will be put in place for step up/down services if responsibility is split between two departments?

Each of the divisions will continue to function as they do currently for patient care and coordination. DBH uses grant funds to help support placement for individuals that are transitioning out of institutional care. People who are being discharged from API are a priority population for these grant funds.

DBH also contracts with an administrative services organization (ASO) for utilization management, referrals and care management.

Currently, DHSS has a complex placement team with employees from multiple divisions including DBH, HCS, SDS, OCS and DJJ to assist in finding placement for both youth and adults that have complex needs. In addition, the Complex Behavior Collaborative (CBC), which is a part of DBH, helps providers meet the needs of Medicaid clients with complex needs who are often aggressive, assaultive and difficult to support. The CBC program offers consultation and training to providers and clients' natural supports, including family members.

A BAA between DOH and DFCS will ensure that this work and collaboration will continue. DHSS is currently able to complete this work through a variety of mechanisms, including but not limited to:

- Current law – which is not being changed substantively under the EO – will continue to provide for the cooperation and coordination between divisions and departments. These provisions are in effect and will remain in effect should the EO be approved.
- Business associate agreements (BAA) are used when different departments and divisions need to share information to ensure beneficiaries receive services. When required, under HIPAA, DOH and DFCS will have these business associate agreements in place.
- Memorandums of agreement (MOA) and memorandums of understanding (MOU) are also currently used, which allow divisions to share information and collaborate on behalf of beneficiaries. When required, these will continue to be used to ensure there is no interruption in services to beneficiaries.
- Additional documents that will be used to assist in the continuation of services if the EO is approved, include court orders and releases of information. While some of the releases may point to DHSS, most if not all are directed to individual divisions or programs and since those names are not changing, there will be no need to update those documents prior to the change to the two departments.

8. How will 1115 waiver services issues be resolved if they fall into two departments? Currently, programmatic differences in Medicaid are decided by the Commissioner. How will this work with two different departments each with their own Commissioner? Will the Governor or Legislature instead decide?

Medicaid programs (waivers and state plan) serve Medicaid eligible individuals and reimburse Medicaid enrolled providers. There are cross-departmental touch points for Medicaid, notably Department of Corrections and Department of Education & Early Development, but there are touchpoints across most state departments. The proposed reorganization does nothing to change the requirement to notice the public for any changes or work with federal and Tribal partners to identify impact to individuals and providers.

9. What will happen to regional offices for divisions such as OSC and DPA given the proposals for reduced staffing as part of the bifurcation?

There is no proposal for reduced staffing as part of the reorganization. Additionally, while DPA has reduced staffing in its budget, the services provided will remain the same. DPA is consolidating three Anchorage Offices to one location at the University Center Mall to provide consistent and efficient management and oversight of the eligibility work. The offices that are conciliated at the University Center Mall are the Long-Term Care Office, Muldoon Office, and Gambell Office. OCS does have three offices that are proposed to close in the Governor's Budget. These proposed closures are not related to the executive order.

It is important to highlight that OCS has eligibility technicians on staff in their division, who coordinate Medicaid eligibility for OCS youth. Communication and agreements between OCS and DPA will remain in place and the two divisions will continue their current collaborations in Medicaid and other program areas.

10. How will the two departments handle changes to the Medicaid State Plan, other required State Plans and waivers, and regulations across two agencies and multiple divisions?

The proposed departmental reorganization maintains the existing Medicaid divisions (HCS, DBH, SDS, DPA) in the proposed Department of Health. The Medicaid State Plan coordinator will remain in the Commissioner's Office at the Department of Health. Revisions to the Medicaid State Plan, waiver and demonstrations will continue in the same way they do under the existing organizational structure. The Medicaid State Plan coordinator will continue to monitor proposed regulations from both new departments for any impact on the Medicaid State Plan. In the unlikely event that a proposed regulation package from the Department of Family and Community impacts the Medicaid State Plan, the coordinator will ensure that completion of the appropriate analysis and revisions occur.

11. How will recipients of new DFCS services be connected to and enrolled in Medicaid, when appropriate?

DFCS will not be offering any new services as part of the EO that are not currently provided by DHSS as a whole. DFCS will continue to provide the services that are currently being provided by API, OCS, DJJ and Alaska Pioneer Homes. Additionally, work related to the involuntary commitment statutes will be the responsibility of DFCS. This includes overseeing secure transport and designated evaluation, stabilization, and treatment (DES/DET) facilities (these programs will move from DBH to DFCS). The current DES/DET coordinator that was created in FY 2021 will be assigned to the DFCS Commissioner's office.

The Office of Children's Services currently has a MOA with the Division of Public Assistance in which OCS staff have access to the DPA Medicaid eligibility software. OCS staff use these systems to determine Medicaid and Title IV-E eligibility for children in custody of the department, investigations of child abuse and neglect, case management services and Alaska Public Safety Information Network (APSIN) and criminal justice agency searches. DFCS and DOH will have a BAA in place to ensure this collaboration continues.

Currently, many residents at the Pioneer Homes are enrolled in a Medicaid waiver program. The Pioneer Homes are a certified Medicaid waiver provider. Residents who potentially qualify for a Medicaid waiver follow the same process to get approved as all Alaska residents. The Pioneer Homes assist residents and their power of attorney (POA) by explaining the process. Pioneer Homes provide a list of care coordinators that assist residents and POA with the process. Residents do not receive any special considerations from Senior and Disabilities Services Division. This will continue to be the case under DFCS.

12. What steps and/or activities has the Department taken to start planning for this transition?

Please see the attached Department of Health and Social Services Transition Plan in Appendix B.

13. What is the justification for this hurried timeline, which leaves little room for detailed analysis and evaluation, particularly during a pandemic where true engagement is curtailed?

The State of Alaska arrived at the decision to reorganize DHSS into two departments after over a year of analysis and dialog with our legal team and division directors. This decision was not made in haste or without significant time and consideration of how to address the needs of Alaskans without disrupting services and internal processes. This has been a topic discussed by previous administrations and legislatures for many years. DHSS is one of the only mega-agencies left in the United States.

Prior to putting forth the executive order, meaningful engagement was given by all division directors, who are the subject matter experts in DHSS programs and processes. These discussions informed the final decision to keep all divisions intact and able to conduct their business without significant change to their day-to-day operations.

The State is making every effort to provide transparency and meet concerns by participating in legislative hearings, town halls with all employees, meetings with union leadership, and upcoming meetings with external stakeholders.

The split into two separate departments will improve operations and delivery of services. This split will also allow each department to have commissioners with expertise in the work they oversee. It is impossible to find one commissioner with expertise in Medicaid, public health, child welfare, and running 24-hour facilities like API, Juvenile Justice, and the Pioneer Homes. The pandemic itself has highlighted the need for this change. Future potential changes to divisional structure or programs would take place separately from the departmental reorganization (for example, the current consultations regarding potential internal reorganization at OCS).

14. What will the new organizational charts look like? Will the State of Alaska have two commissioners, two divisions of financial management, deputy commissioners and special assistants?

Each new department will have a fully functional Commissioner's Office with a commissioner, deputy commissioner and special assistants. Each department will also have its own department support services, which includes financial management, personnel, grants, information technology, public information, etc.

See the following pages for the current DHSS organization chart, and the proposed Department of Health and Department of Family and Community Services org charts:

Alaska Department of Health and Social Services

Adam Crum, Commissioner

Chief Medical Officer
Anne Zink M.D.

PUBLIC HEALTH
Director: Heidi Hedberg

- Chronic Disease Prevention & Health Promotion
- Epidemiology
- Health Analytics and Vital Records
- Office of Substance Misuse & Addiction Prevention
- Public Health Nursing
- Rural & Community Health Systems
- State Medical Examiner's Office
- State Public Health Laboratories
- Women's, Children's & Family Health

- Alaska Council on Emergency Medical Services
- Alaska Vaccine Assessment Council
- Child Fatality Review Committee
- Maternal and Child Death Review Committee
- SHARP Advisory Council

Deputy Commissioner
Medicaid & Health Care Policy
Albert E. Wall

- Medicaid Director
- Rate Review
- Medicaid Program Integrity

BEHAVIORAL HEALTH
Director: Gennifer Moreau

- Alaska Mental Health Board
- Advisory Board on Alcoholism and Drug Abuse
- Suicide Prevention Council

HEALTH CARE SERVICES
Director: Renee Gayhart

- Accounting Recovery
- Background Check
- Certification & Licensing
- Health Facility Survey
- Medicaid Management Information System (MMIS)
- Quality Assuarance
- Tribal Health

- Medical Care Advisory Committee
- Pharmacy/Therapeutics Comm.

PUBLIC ASSISTANCE
Director: Shawnda O'Brien

SENIOR & DISABILITIES SVCS
Director: John Lee

- Governor's Council on Disabilities and Special Education
- Alaska Commission on Aging

Chief Data Officer
Heidi Lengdorfer

Public Information
Clinton Bennett
Communications Director

Legislative Relations
Suzanne Cunningham

Health Care Policy Advisor
Heather Carpenter

Policy Advisor
Laura Russell

Regulations

Deputy Commissioner
Family, Community & Integrated Services
Clinton Lasley

ALASKA PIONEER HOMES
Director: Heidi Hamilton

- Alaska Pioneer Homes Advisory

ALASKA PSYCHIATRIC INSTITUTE
Chief Executive Officer: Scott York

CHILDREN'S SERVICES
Director: Kim Guay

JUVENILE JUSTICE
Director: Tracy Dompeling

- Juvenile Justice Advisory Committee

Assistant Commissioner
Finance & Management Services
Sylvan Robb

- Administrative Services
- Human Resources
- Budget
- Finance
- Grant, Contracts and Facilities
- Information Technology Services
- Medicaid, Allocations and Audit Services

- *Boards and Commissions reflected on this organization chart act in an advisory capacity to those divisions they are aligned with.*

Updated 02/19/21

Department of Health

Commissioner

Chief Medical Officer

PUBLIC HEALTH

- Chronic Disease Prevention & Health Promotion
- Epidemiology
- Health Analytics and Vital Records
- Office of Substance Misuse & Addiction Prevention
- Public Health Nursing
- Rural & Community Health Systems
- State Medical Examiner's Office
- State Public Health Laboratories
- Women's, Children's & Family Health
  - Alaska Council on Emergency Medical Services
  - Alaska Vaccine Assessment Council
  - Child Fatality Review Committee
  - Maternal and Child Death Review Committee
  - SHARP Advisory Council

Deputy Commissioner

- Medicaid Director
- Medicaid Program Integrity

BEHAVIORAL HEALTH

- *Behavioral Health Treatment and Recovery Grants*
- *Alcohol Safety Action Program*
- *Behavioral Health Administration*
- *Behavioral Health Prevention and Early Intervention*
- *Residential Child Care*
  - Alaska Mental Health Board
  - Advisory Board on Alcoholism and Drug Abuse
  - Suicide Prevention Council

SENIOR & DISABILITIES SVC

- Senior and Disabilities Community Based Grants
- Early Intervention/ Infant Learning Programs
- Senior and Disabilities Services Administration
- General Relief/Temporary Assisted Living
  - Governor's Council on Disabilities and Special Education
  - Alaska Commission on Aging

HEALTH CARE SERVICES

- Catastrophic and Chronic Illness Assistance
- Health Facilities Licensing and Certification
- Residential Licensing
- Medical Assistance Administration
  - Medical Care Advisory Committee
  - Pharmacy/Therapeutics Comm.

Commissioner's Staff

- Legislative Liaison
- Medicaid State Plan
- Office of Rate Review
- Policy Advisors
- Public Information
- Regulations

PUBLIC ASSISTANCE

- Alaska Temporary Assistance Program
- Adult Public Assistance
- Child Care Benefits
- General Relief Assistance
- Tribal Assistance Programs
- Permanent Fund Dividend Hold Harmless
- Energy Assistance Program
- Public Assistance Administration
- Public Assistance Field Services
- Fraud Investigation
- Quality Control
- Work Services
- Women, Infants and Children
- Senior Benefits Payment Program

Assistant Commissioner
FINANCE & MANAGEMENT SVC

- Budget
- Revenue & Finance
- Human Resources
- Information Technology Services
- Grants & Contracts
- Medicaid, Allocations and Audit Services

Chief Data Officer

- Data Surveillance
- HIE
- Medicaid Systems Oversight and Management

Total Estimated PCNs from DHSS — 1439

Department of Family & Community Services

Commissioner

Deputy Commissioner

ALASKA PIONEER HOMES

- *Alaska Pioneer Homes Payment Assistance*
- *Alaska Pioneer Homes Management*
- *Pioneer Homes*
  - *Alaska Pioneer Homes Advisory Board*

OFFICE OF CHILDREN'S SERVICES

- *Children's Services Management*
- *Children's Services Training*
- *Front Line Social Workers*
- *Family Preservation*
- *Foster Care Base Rate*
- *Foster Care Augmented Rate*
- *Foster Care Special Need*
- *Foster Care Licensing*
- *Subsidized Adoptions & Guardianship*
- *Tribal Child Welfare Compact*
- *Indian Child Welfare (ICWA) & Tribal Partnerships*

JUVENILE JUSTICE

- *Long-Term Treatment*
- *Detention*
- *Probation Services*
- *Delinquency Prevention*
- *Youth Courts*
- *Juvenile Justice Health Care*
  - *Juvenile Justice Advisory Committee*

ALASKA PSYCHIATRIC INSTITUTE

- Acute, Inpatient Psychiatric Treatment
- Forensic Restorative Treatment
- Governing Body

Assistant Commissioner
FINANCE & MANAGEMENT SVC

- Budget
- Grants, Contracts and Facilities
- Human Resources
- Information Technology Services
- Revenue, Finance and Allocation

Commissioner's Staff

- Policy Advisors
- Legislative Liaison
- Regulations
- DES/DET Coordination
- Public Information
- Tribal Child Welfare Contract

Total Estimated PCNs from DHSS — 1823

15. What will be structure of the IT and personnel divisions?

The structure of IT will eventually be reflected in both departments. There will be some IT staff moved to the Department of Family and Community for support. The Department of Health's IT will continue with the same five areas it operates now, just on a slightly smaller scale. These services areas are: Business Applications, Network Services, Customer Service, Planning, and Technical/Security. DFCS will have Business Applications, Network Services, and Customer Service. The Planning and Security functions for DFCS will be provided by DOH IT staff initially as the optimum HIPAA status of the new department is determined. This restructure will untangle IT services gradually based on the different areas while focusing on minimizing service impact to the two departments. IT is working hard to ensure a smooth transition so that there is seamless service for staff and enables Alaskans to not even notice the transition.

Personnel services throughout the State of Alaska were consolidated into the Department of Administration this year in response to Administrative Order 305, which established a statewide human resources consolidation. Neither department will have a personnel division however, each department will retain two senior human resources staff to facilitate high level planning and strategic thinking.

16. The administration has previously expressed an interest in privatization of state services. Is the proposed bifurcation seen as a path for privatization of the 24/7 programs and facilities (e.g., API, Pioneer Homes)?

There are no plans to privatize any programs, facilities or divisions under Executive Order 119.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of
Health and Social Services

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Department of Health and Social Services Transition Plan
Implementation of Executive Order 119
Establishing the Department of Health and the Department of Family and Community Services

What follows is the transition plan established for the implementation of Executive Order 119, establishing the Department of Health and the Department of Family and Community Services. There are a number of work processes and staff that are involved with the transition plan – these are primarily the behind-the-scenes items necessary for departmental operations and these do not affect the normal services and programs provided by the current divisions of the Department of health and Social Services. This is not an exhaustive list, but a higher-level overview. This is a combination of department wide transition plans and section specific transition plans, with the majority of the work being performed by Finance and Management Services (also known as Department Support Services).

Pre-November 2020

- Internal discussion, research, analysis, and vetting of reorganization concepts and plans.

November 2020

- Begin work with the Department of Law to draft the Executive Order for the re-organization of the Department of Health and Social Services (DHSS) into the Department of Health (DOH) and the Department of Family and Community Services (DFCS). The leadership team of DHSS met with the Department of Law three times a week regarding the drafting of the Executive Order. Informal and formal meetings also occurred with Deputy Commissioners, Division Directors, Deputy Directors, and policy advisors.

December 2020

- Consulted with Information Technology (IT) on HIPAA security and compliance aspects of reorganizational decisions.
- Stakeholder engagement with federal agencies, tribal organizations, vendors/customers, other state agencies, and employee unions.
- Department email to all staff from Commissioner; Department Support Services (DSS) email from Assistant Commissioner.
- Internal and external feedback emails established and publicized to respond to comments and concerns, and suggestions.
- Press conference December 22, 2020 with Governor Dunleavy to announce Executive Order 119.

January 2021

- Department of Law finalized Executive Order 119.
- Executive Order transmitted to the Senate on January 20, 2021.
- Internal town hall events scheduled with each division to discuss impacts and answer questions from DHSS employees. Please see the attached stakeholder engagement schedule, which includes the employee town hall schedule.
- Continued engagement with stakeholder groups. Please see the attached stakeholder engagement schedule.
- Review usage data to determine correct allocation of support staff for each department.
- Conduct an inventory of signage requiring replacement at all facilities and estimate cost of replacement in facilities and offices.
- Establish plan for IT licensing split and preliminary budget breakout.
- Identify IT services easily split and determine the time and cost allocation.
- Prepare organizational charts for the Governor's Amended FY2022 Budget.
- Review historical data and usage data to project one-time expenditures for the Governor's Amended FY2022 Budget.
- Determine expenditure allocations and corresponding revenue allocation for the Governor's Amended FY2022 Budget.
- Determine appropriate department for existing capital projects.
- Begin updating policy and procedures to facilitate application to DOH and DFCS.
- Begin work with IT/ Business Applications for creating new departments in the GEMS grant management system.
- Begin talks with Division of Finance (DOF) at Dept. of Administration and Office of Management and Budget (OMB) about updates to IRIS and Alaska Budget System (ABS) to facilitate the creation of two departments in each system.

February 2021

- Prepare budget amendments and submit to OMB for approval before submitting to the Legislature by statutory deadline.
- Submit requests to Classification Services for any positions in the Partially Exempt Service that require Personnel Board approval.
- Post SFY22 grant solicitations with reorganization information.
- Begin re-allocating capital funding to the appropriate department and division.
- Break out IT enterprise licensing, divisional use only licenses, and PCN-specific client access licenses.
- Identify organizational impact for IT Governance and Portfolio Management System for DOH and DFCH.
- Continue stakeholder engagement through DHSS public employee townhalls, virtual session fly-in and townhall meetings with various stakeholder groups.

March 2021

- DOF updates the payroll financial structure for positions in both departments.
- Negotiate Letters of Agreement and/or Memoranda of Understanding regarding layoff organizational units and references to DHSS in all collective bargaining agreements and active Letters of Agreement to reflect DOH and DFCS.

- Begin Public Assistance Cost Allocation Plan statistical updates in preparation for transition to DOH and DFCS.
- Register DFCS on SAM.gov, the federal government's system for award management.
- Define IRIS security and workflow for DOH and DFCS.
- Identify IRIS appointing authority/security contacts.
- Begin work on designing organizational units in the accounting system for tracking activities related to the new departments and each of the divisions.
- Begin work on designing chart of account element for expenditure tracking i.e.: activity, function, location codes.
- Create new security and folders in ALDER, the reporting system from IRIS.
- Begin work on designing cost allocation structures (activity codes) for DFCS in CapPLUS, cost allocation software, to pool costs for distribution through the CapPLUS Allocation Process.
- Establish a plan for how records tied to DHSS in GEMS, the Revised Program log, and other shared information systems will continue to be available to appropriate staff for records retention and reference for continuity.
- Finalize plan for shared resources on IT Governance and Portfolio Information Management System.
- Finalize HIPAA entity determination and draft plan for DOH and DFCS department security office and privacy office service alignment.
- Create a support matrix for IT Help Desk Coverage for DOH and DFCS.
- Update Web Help Desk.
- Notify all federal partners of reorganization; begin transition meetings.
- Meet with federal partners to determine requirements stemming from the reorganization.
- Meet with DOF to ensure continuity of accounting and payroll functions through transition.
- Develop public education and awareness plan for beneficiaries, customers, vendors, and grantees.
- Continue stakeholder engagement through DHSS townhall meetings with various stakeholder groups, attend virtual session fly-ins as requested to discuss EO.
- Commissioner's office and Public Information Team (PIT) create and update public facing information webpage on the DHSS homepage for easy access to information regarding the reorganization.

April 2021

- Submit draft position descriptions to Human Resources for new positions and positions that will be reclassified.
- Work with Department of Administration to establish separate profiles for DOH and DFCS in Workplace Alaska.
- Appear before Personnel Board regarding any requests for Partially Exempt positions.
- Establish CapPLUS cost allocation structures (activity codes) for DFCS to pool costs for distribution through the CapPLUS Allocation Process.
- Begin design of the Human Resource Management (HRM) Home Unit structure for tracking personal service expenditure by division in the HRM system.
- Complete IRIS chart of account assessment and updates for Medicaid; Title IV-E; and allocable activity codes.

- Establish and finalize Reimbursable Services Agreements (RSA) required for DFCS Medicaid claiming and reporting.
- Establish internal audit protocols to ensure single state audit compliance for awardees of two departments.
- Create reports in GEMS for each new department while maintaining DHSS reports for retention.
- Identify department liaisons to work with on shared IT enterprise licensing and finalize direction on hybrid solution to determine HIPAA compliant accounts.
- Update existing sites domain name system (DNS) names and certificates.
- Begin the process of renaming and changing email addresses for all resource mailboxes, distribution groups, and associated access security groups.
- Continue work with DOF to ensure robust plan to transition into FY2022.
- Continue meetings with federal partners on reorganization transition.
- Finalize outreach and education plan to beneficiaries, customers, vendors and grantees of DHSS.
- Continue stakeholder engagement through DHSS public employee townhalls, townhall meetings with various stakeholder groups.

May 2021

- Receive completed classification actions for reclassed positions.
- Begin recruiting for DSS vacancies created by reorganization for both departments.
- Setup new appropriations in IRIS after passage of appropriation bills.
- Begin department delegation of authority updates in preparation for reorganization to DOH and DFCS.
- Begin FY2022 budgeted/unbudgeted RSA requests.
- Begin labor distribution profile (LDP) setup for both DSS divisions, and IRIS HRM home unit setup.
- Work with DOF to update E-Travel profiles and one card hierarchy updates.
- In conjunction with DOF, develop plan to update field warrants and the single audit.
- Contract notification letter to all vendors regarding name change, effective 7/1/2021.
- Draft necessary Reimbursable Services Agreements (RSA) for any shared work for facilities staff.
- Review Office of Civil Rights Corrective Action Plan requirements and identify end users and compliance to ensure proper licensing and cost.
- Continue meetings with federal partners on reorganization transition.
- Implementation of outreach and education plan to beneficiaries, customers, vendors, and grantees of DSS.
- Continue stakeholder engagement through DHSS public employee townhalls, townhall meetings with various stakeholder groups.

June 2021

- Select candidates for vacant positions, obtain hire approval, and make job offers for both departments.
- Ensure Automated Authorized Budget (Auto AB) loads budget correctly in IRIS.
- Plan office moves to split Finance and Management staff into DOH and DFCS teams including the Commissioner's Office.
- Draft plan for core service chargebacks.

- Submit the Public Assistance Cost Allocation Plan (PACAP) amendments to US Department of Health and Human Services Cost Allocation Services amending the existing plan and creating a plan for DFCS.
- Establish RSAs with other state agencies for services.
- Work with Department of Transportation and Public Facilities (DOTPF) to assign state equipment fleet vehicles to the appropriate department.
- Update lease agreements with private lessors to reflect new departments.
- Update occupancy agreements for state buildings with DOTPF.
- Issue grant awards to recipients as DHSS.
- Work with DOTPF to update construction delegations.
- Establish plan for reappropriation for DHSS by DOH and DFCS staff.
- Work with DOA to update American with Disabilities Act (ADA) delegations for ADA coordinators for each of the departments.
- Establish Service Level Agreements (SLA) between the two new departments and the Office of Procurement and Property Management (OPPM), Office of Information Technology, Division of Personnel and Labor Relations, Shared Services of Alaska, and DOT Division of Facilities Services.
- Separate out licensing in State of Alaska Enterprise Technology License Agreements and Enterprise Agreements contracts to ensure compliance in both departments.
- Finalize plan for Department Security Office and Privacy Office service alignment for both departments.
- Outreach and education to beneficiaries, customers, vendors, and grantees of DSS.
- Finalize implementation of requirements from federal partners.

July 2021

- July 1, 2021 the Department of Health and the Department of Family and Community Services are established.
- Onboard new hires and transfers for each department.
- Implement reappropriation plan for DHSS to each of the respective departments.
- Create Management Plan budget scenario for DOH and DFCS.
- Comprehensive Annual Financial Report (CAFR) reporting to DOF.
- Amend or update grant agreements issued in June with new department names.
- Begin coordinated work to update domain name system names and certificates.
- Implement new help desk support matrix in Web Help Desk.
- Implement plan for automatically updating display name on email accounts and continue to monitor for when this function can be taken over by the normal IRIS process.
- Implement plan for resource mailbox, distribution group, and security group remediation for each department.
- Meet with new DFCS Leadership to discuss options for shared IT Governance and Portfolio Information Management System.

August 2021

- Complete budget reappropriation for DHSS.
- Copy IRIS Charts of Accounts from FY2021 into FY2022.
- Finalize necessary RSAs for each of the departments.
- Based on HIPAA entity determination and DOH/DFCS Commissioner priorities, establish plan for IT licensing controls and management of accounts that can be split.

- Begin implementation of approved strategies for IT Governance and Portfolio Management.

September – December 2021

- FY2023 budget development including new department narratives and performance measures for DOH and DFCS.
- Open item adjustments for DSS encumbrances.
- CAFR reporting.
- Complete final DHSS Single State Audit responses.
- Create two separate Operating Grant books for both departments.
- Continue implementation of approved IT strategies for Governance and Portfolio Management.

January – March 2022

- Confirm correct reports established for audit reporting for both departments.
- Post SFY2023 grant solicitations for the two new departments.
- Work with DOF to establish new department in IRIS for FY23 implementation.
- Finalize Department Security Office and Privacy Office service alignment, provide IT guidance for each department.

April 2022 and Beyond

- Finalize FY2021 Title IV-E federal reporting and transition to DFCS.
- Allocation of FY2021 indirect audit chargeback costs and FY2022 Statewide shared costs to two departments.
- Finalize design on organizational units in the accounting system for tracking activities related to the new departments and visions in preparation for May establishment.
- Negotiate and finalize outstanding PACAP amendments for DHSS and two new departments.
- Complete final DHSS Single State Audit responses for SFY2021.
- IRIS chart of account assessment and updates for DOH allocable activity codes and Medicaid for both departments.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services

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Alaskans Together for Medicaid
Executive Order 119 Roundtable Discussion Questions

1. **Can you explain the timeline on EO119 and when it could become effective? When did the clock start for the legislature's review, and when must they take action if desired? And howdoes stakeholder engagement fit within this timeline?**

   Once an Executive Order is introduced, the legislature has sixty days to disapprove the Executive Order by resolution concurred on by a majority of the members in joint session. During this time, the legislature can hold hearings, take public comment, and otherwise engage with the public regarding the proposal. If the legislature takes no action or does not disapprove the resolution by a majority, the Order becomes law. In the case of Executive Order 119, this date is March 21. The provisions of the Executive Order, namely the division of the Department of Health and Social Services into two departments, will be effective July 1, 2021. The Executive Order has transition provisions to ensure the continuity of important items such as state plans and waivers, department agreements, legal settlements, the Tribal Child Welfare Compact, and confidentiality of information are not interrupted.

2. **When the Administration decided to proceed with this proposal, why was an Executive Order selected as the vehicle? Why not do it through the budget process, allowing for amplecommittee review?**

   An executive order (EO) is the proper constitutional authority available to the Governor under Article III, Section 23 of the state constitution, which holds that

   > [t]he governor may make changes in the organization of the executive branch or in the assignment of functions among its units which he considers necessary for efficient administration. Where these changes require the force of law, they shall be set forth in executive orders.

   No substantive law can be changed through an executive order. It is simply a mechanism to better align functions for better services to constituents. Every statute referenced in EO 119 is current law, and the EO just points each existing statute to the name of the appropriate department (once DHSS becomes two departments).

   A bill would have been needed if we were proposing adding new services or deleting services, which we are not doing. Had we proposed a more complicated approach – such as changing and/or combining different

functions and duties of many different divisions into new divisions – legislation may have been the appropriate tool for that purpose.

Although it is not a bill, the Executive Order process still provides opportunity for legislative review, committee hearings, and public input. The Executive Order was referred to the Health and Social Services Committee and the Finance Committee in both the House and the Senate. Rep. Zulkosky has indicated that she will hold public testimony on the Executive Order, and we believe that the Senate Finance Committee will as well. Comments may be submitted to both committees verbally or in writing. As it has been part of formal legislative proceedings, documentation of these submissions will be part of the record for the Executive Order and will be archived as such.

DHSS has committed to engaging with stakeholders and actively soliciting input. This dialogue, which has been valuable throughout the town halls and other communications thus far, will continue throughout the transition.

3. **Why propose making these major changes now, in the midst of a pandemic?**

Reorganization of DHSS has been a topic of discussion by previous administrations and legislatures for many years. As currently structured, DHSS is one of the only "mega-agencies" left in the United States.

The State of Alaska arrived at the decision to reorganize DHSS into two departments after over a year of analysis and dialogue with our legal team and division directors. This decision was not made in haste or without significant time and consideration of how to address the needs of Alaskans without disrupting services and internal processes.

Prior to putting forth the Executive Order, meaningful engagement was had with all division directors, who are the subject matter experts in DHSS programs and processes. These discussions informed the final decision to keep all divisions except our Finance and Management Services Division intact and able to conduct their business without significant change to their day-to-day operations. Future potential changes to divisional structure or programs would take place separately from the departmental reorganization (for example, the current consultations regarding potential internal reorganization at OCS). Future potential changes to actual operations will be made through ongoing dialogue with community partners, providers, boards, commissions, and professional associations.

The State is making every effort to provide transparency and meet concerns by participating in legislative hearings, town halls with all employees, meetings with union leadership, and upcoming meetings with external stakeholders.

The pandemic itself has highlighted the need for this change. The split into two separate departments will improve operations and delivery of services and will provide each department with a commissioner who has expertise in the work of that department. It is impossible to find one commissioner with expertise in Medicaid, public health, child welfare, and running 24-hour facilities like API, Juvenile Justice, and the Pioneer Homes.

Simply put, there is never an easy time for major change at DHSS. The breadth of DHSS' work is such that aside from the pandemic, at any given moment it will be grappling with one or more other crises (such as earthquakes or fires). Every such need deserves adequate attention, and we can no longer afford to postpone taking the steps to give all divisions strategic leadership with the capacity to focus on innovative solutions.

4. **It would be helpful to better understand why you split the departments in this way. Can youshare how you arrived at this current configuration for the split?**

The decision to split DHSS is to better align the services that each new department will provide. The configuration was based on the core functions of each divisions and aligning similar services. The divisions that will be a part of DOH are the regulatory, compliance, and claims processing divisions within DHSS. Divisions that will be a part of DFCS are those that operate 24/7 facilities and/or provide direct services to Alaskans 24/7.

The Department of Health (DOH) will have focus and oversight on health care services, payment, and public health, as well as more time to work with all stakeholders to improve and implement innovation for the single largest budget item in the state, Medicaid. The Divisions of Behavioral Health, Health Care Services, and Senior and Disability Services, provide regulatory oversight, claims processing, facility licensing and the enforcing of Medicaid and state regulations. The Division of Public Health aligns with these other divisions with its important focus on chronic conditions and other efforts that together with Medicaid can help reduce the cost of health care overall.

The Department of Family and Community Services (DFCS) will have an aligned focus of supporting and improving our child welfare system and our facilities that serve Alaskans around the clock. DFCS divisions provide 24/7 care for specific populations and are in the role of a direct care provider. For example, Alaska Psychiatric Institute (API) and the Alaska Pioneer Homes (AKPH) provide care for patients and elders, and when eligible can bill Medicaid for the services provided – in much the same way that hospitals and clinics work. The involvement of Health Care Services (HCS) is to process those claims to Medicaid, the same as they would for any other provider in the state.

5. **We understand you hope to create efficiencies within State operations. That aside, how do you envision this reorganization benefitting individuals who depend on State services? How will our communities benefit from this proposal? How will this help improve service delivery?**

The split into two separate departments will improve operations and delivery of services, and will provide each department with a commissioner and staff who have expertise in the work of that department. This will provide the expanded capacity and ability of the Commissioner and team to focus on a consistent mission set of Medicaid and public health or child welfare, and running 24-hour facilities like API, Juvenile Justice, and the Pioneer Homes.

The benefit to communities can be illustrated with two specific examples. First, each department will have increased capacity to identify opportunities for systems improvement, which will create more efficient delivery of services. Second, the capacity of departmental leadership to engage with stakeholders and

individual beneficiaries will be greatly expanded. The recent town hall discussions that have been held with provider and advocacy groups have clearly demonstrated the value of direct engagement between stakeholders and department leadership. Continuing feedback, including suggestions for improvement, will allow each department to improve service delivery.

This is only the first step to improving services and outcomes for those we serve. After July 1, both departments will continue to have robust dialogue and insight from beneficiaries and provider groups on how we can innovate and change the system of care together. Only with the reorganization created in the Executive Order is there enough bandwidth created to sustain long-term such truly meaningful dialogue for all divisions and departmental leadership.

6. **Could you help walk us through what would occur with a patient who experiences acute stress and has behavioral health needs? For example, if they are in crisis and picked up forevaluation, but there is no room at API. How would their care be coordinated between thetwo departments?**

Each of the divisions will continue to function as they do currently for patient care and coordination. The Division of Behavioral Health (DBH) uses grant funds to help support placement for individuals that are transitioning out of institutional care.

DBH also contracts with an administrative services organization (ASO) for utilization management, referrals, and care management. The proposed reorganization does not change that. DBH will continue to oversee the ASO vender, Optum, and there will be no change in how the ASO does business as a result.

Currently, DHSS has a complex placement team with employees from multiple divisions including DBH, HCS, SDS, OCS and DJJ to assist in finding placement for both youth and adults that have complex needs. In addition, the Complex Behavior Collaborative (CBC), which is a part of DBH, helps providers meet the needs of Medicaid clients with complex needs who are often aggressive, assaultive, and difficult to support. The CBC program offers consultation and training to providers and clients' natural supports, including family members.

Cross-divisional and cross-departmental collaboration would be used to help find this person a placement, if needed, and ensure that they receive the best level of care for their needs. In many instances, this could result in a person moving to a voluntary placement at a more suitable level of care than API. If placement at a DET (such as API) is needed, the team works together to facilitate transfer.

Planning for the reorganization has prioritized continuity of service, and there should be no disruption to data sharing or patient coordination between the divisions in the Department of Health (DOH) and the Department of Family and Community Services (DFCS). There are multiple mechanisms in place to ensure this work and collaboration will continue without interruption, including:

- Current law – which is not being changed substantively under the EO – will continue to provide for the cooperation and coordination between divisions and departments. These provisions are in effect and will remain in effect should the EO be approved.
- Business associate agreements (BAA) are used when different departments and divisions need to

share information to ensure beneficiaries receive services. When required, under HIPAA, DOH and DFCS will have these business associate agreements in place.

- Memorandums of agreement (MOA) and memorandums of understanding (MOU) are also currently used, which allow divisions to share information and collaborate on behalf of beneficiaries. When required, these will continue to be used to ensure there is no interruption in services to beneficiaries.
- Additional documents that will be used to assist in the continuation of services if the EO is approved, include court orders and releases of information. While some of the releases may point to DHSS, most if not all are directed to individual divisions or programs and since those names are not changing, there will be no need to update those documents prior to the change to the two departments.

In the example given of a person experiencing an acute behavioral health crisis, the systems currently in place would be utilized while receiving increased support at the Commissioner level. For example, a specific team for DES/DET coordination will be placed in the DCFS Commissioner's office. We offer the following specific high-level overview:

> In general, when an individual is picked up for evaluation, arrives at a hospital on their own, or is brought in by family/friends, they are typically admitted to the emergency room and evaluated by a licensed clinician. The clinician is often the one to complete the Petition for Order Authorizing Hospitalization for Evaluation, also known as the MC100. Upon review and approval of a MC100 Petition by the courts, an MC305 Order Authorizing Hospitalization for Evaluation is signed by a judge. Once the MC305 is signed, it is sent to the Designated Evaluation and Stabilization / Designated Evacuation and Treatment Coordinator (DES/DET Coordinator) and all facilities the patient is being referred to. Peace Health in Ketchikan is a DES facility. API, Bartlett Regional Hospital, Fairbanks Memorial Hospital, and Mat-Su Regional Medical Center are the DET facilities in the state.
>
> Once the DES/DET Coordinator receives a copy of the MC305 Order they begin tracking the patient's current location and bed availability at each facility. The DES/DET Coordinator communicates with each facility daily and completes a Status Report for Transportation for the Courts for any individual that is not able to get into a facility within 24 hours of the Order being signed. The individual might experience a delay due to weather, waitlists, medical concerns, or alternative reasons which are identified on the Status Report that is turned into the Court every day. While the individual is waiting for placement, they typically remain in the petitioning facilities emergency room until they can be transported. The DES/DET Coordinator continues to communicate with the DES/DET facilities they are being ordered to as well as the hospital to ensure the individual still meets criteria for a Title 47 legal status hold. If there are continued delays or concerns, the Coordinator can work with the emergency room staff to add additional facilities to the Order, assist with travel, or ensure a secondary evaluation is completed as needed. The Coordinator has also been able to work with Petitioners to ensure that a patient is able to go to a DET that best fits the needs of the patient, even if that facility is not the closest facility to the patient's current location.

Currently, the Division of Behavioral Health (DBH) manages agreements with the DES/DET facilities and manages the contract for secure transportation for those on a Title 47 legal hold. The DES/DET Coordinator

is in the Commissioner's Office. Under the EO, the management of DES/DET agreements, secure transportation, and the DES/DET coordinator will be in the DFCS Commissioner's Office.

7. **How will this reorganization be beneficial from a provider perspective? How will it bebeneficial from a patient's perspective?**

   Providers will have more frequent opportunities for direct engagement with department leadership, in settings such as continued town halls between providers and the Commissioner's office. This ongoing dialogue will allow the department to be more attuned to provider needs with more capacity to respond quickly.

   Additionally, due to the expanded capacity and ability of the Commissioner to focus on a consistent mission set, there will be more time and resources to support innovation in Medicaid and other areas. This will allow us to invest in vital work including long term Medicaid sustainability and pilot projects such as health homes, global budgets, and other provider led initiatives.

   Providers often experience uncertainty and cycles based in part on the limited capacity to plan long-term while addressing immediate problems. This needs to change. Due to federal suspension of certain requirements during the public health emergency, we are uniquely positioned at this moment in time to interrupt one such cycle. Typically, every 2-3 years immediate rate cuts are demanded of the Medicaid program so the department pulls the lever of provider rate cuts and/or withholding of inflation. Once this happens then takes a year more to rebuild relationship, then the cycle starts over again as administrations and legislatures change. Our goal is to break this cycle by working together this year to put forward regional based solutions and innovations that move our healthcare system forward.

8. **With the proposed cut to DPA staffing and the bifurcation of the department – how will vulnerable Alaskans receive the application support they need to maintain their benefits aswe move into a recovery phase? How will Alaskans who rely on Medicaid, SNAP, senior benefits, child care, other assistance programs be impacted by the proposed department split? How will you assure this will not result in additional access barriers?**

   There is no proposal for reduced staffing as part of the reorganization. Additionally, while DPA has reduced staffing in its budget, the services provided will remain the same. By changing training structures, implementing enhanced systems, and improving alignment of programs and support functions within the divisions, DPA will be able to maintain the same level of support for Alaskans.

   DPA is consolidating three Anchorage Offices to one location at the University Center Mall to provide consistent and efficient management and oversight of the eligibility work. The offices that are conciliated at the University Center Mall are the Long-Term Care Office, Muldoon Office, and Gambell Office.

   Regarding the reorganization of the department, communication between DPA and other divisions, including those at other departments, will continue through the use of appropriate agreements and existing

communication paths. Since there will be no change in division operations due to the reorganization, the divisions' move to another department should be essentially invisible to beneficiaries – that is, members of the public will see no change in who they contact, methods of contact, or systems used for assistance.

9. **What other avenues did you consider to achieve your goals, other than this particular reorganization?**

In the second session of the 31st Alaska State Legislature, the department did propose the addition of a Deputy Commissioner position and support staff. Ultimately, this request was not approved, although one executive support position was approved. Afterwards, department leadership reflected on the feedback from the ten divisions that support the operations, programs, and services that the department provides to Alaskans on a daily basis. With this in mind, leadership returned to the concept of reorganizing DHSS into two departments which would align functions of programs and services.

With the reorganization of DHSS, a department that serves hundreds of thousands of Alaskans daily, there will be a cabinet level position in the Department of Health with a direct focus on health care services, payment, and public health. There will be a cabinet level position in the Department of Family and Community Services with a direct focus on our child welfare system and our facilities that serve Alaskans around the clock. Each of these departments require a different skill set of their Commissioners. As stated in another portion of this response, it is impossible to find one commissioner with depth of expertise in Medicaid, public health, child welfare, and running 24-hour facilities like API, Juvenile Justice, and the Pioneer Homes. The Alaskans that we serve deserve Cabinet level focus and expertise for all programs. The leadership of each department will have the opportunity to focus on work processes, maximizing efficiencies, incorporating innovative ideas, with the mission of improving outcomes for the Alaskans that we serve.

10. **It would be helpful to understand the evaluation process that led you to take this direction. What is your statement of need? What are the costs and benefits of this plan, and what are the expected outcomes?**

As previously stated, DHSS is stretched too thin over too many subject areas. No other department in the state comes close to the number of personnel, budget, or services that DHSS is responsible for. For example, the DHSS budget is equivalent to that of 12 other state departments, the court system, the legislature, and the Governor's office. The number of personnel in DHSS equals that of 7 other state departments combined.

In our research, it became clear that it is not standard practice to have this type of "mega-agency" providing health and community services. Wyoming, for example, breaks these services into two departments. South Dakota spreads them across four departments.

There is an undeniable need in this state to improve outcomes. With OCS, there is a 52% turnover rate for case carrying workers. Conservative estimates show that this costs $13 million a year to the state and the high turnover results in children staying in foster care too long while families are delayed in working plans, decreasing family resiliency. In Medicaid, we have 4-5% annual growth for the most expensive budget item in the state. Alaska is one of last remaining fee for service states, and we must collaborate on solutions for

value-based care. SB 74 (2016 law) provided authorities to implement many innovations – but these goals have not been achieved because of the lack of bandwidth to work effectively with stakeholders and federal partners.

The work that is done at DHSS touches nearly all Alaskans. The breadth and span of this work is tremendous. To truly improve outcomes in a variety of areas, we must narrow the focus for the leadership team in order to better support each division.

The two departments will have different missions and tasks.

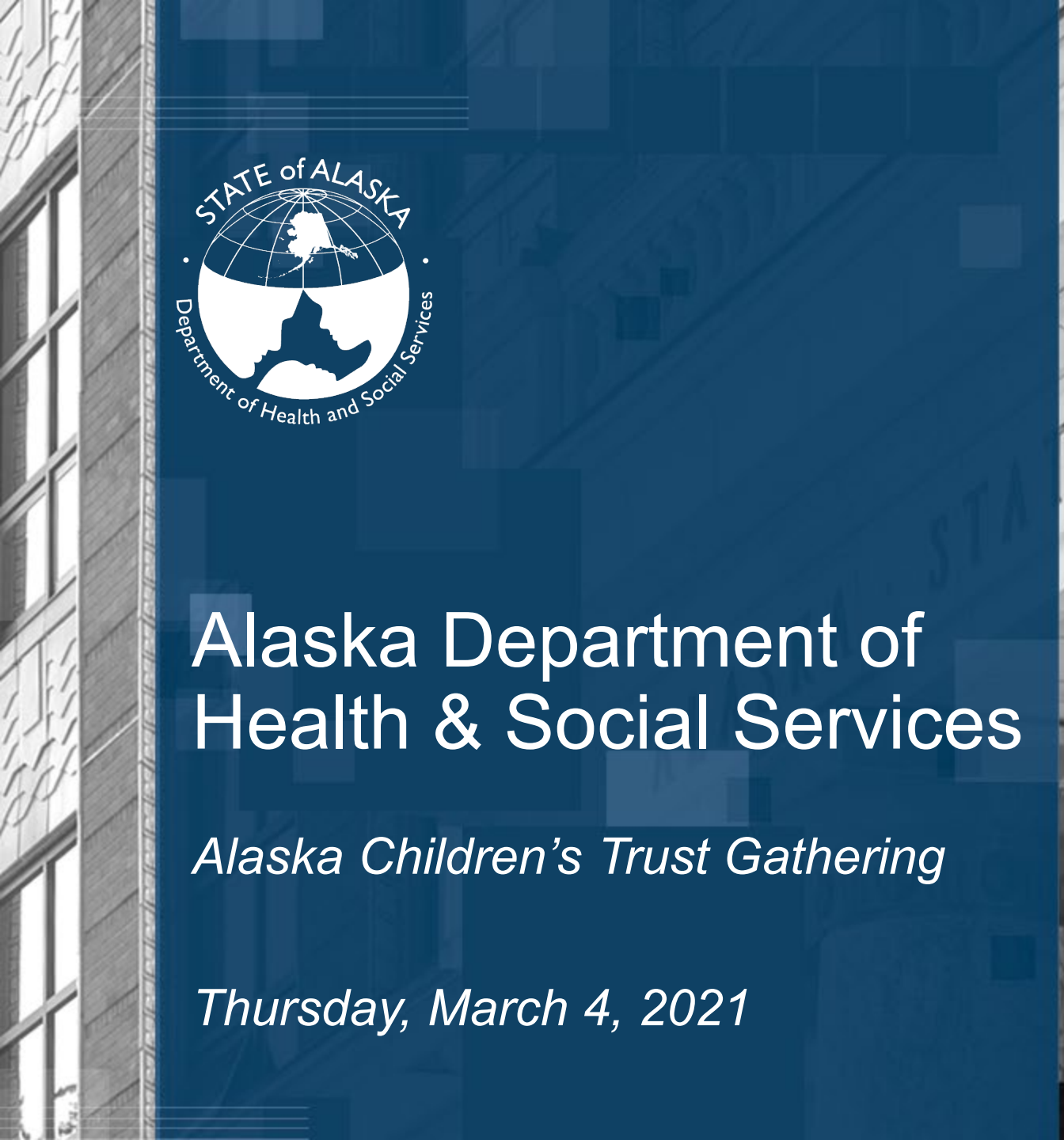
The Department of Health (DOH) will have focus and oversight on health care services, payment, and public health, as well as more time to work with all stakeholders to improve and implement innovation for the single largest budget item in the state, Medicaid. The Divisions of Behavioral Health, Health Care Services, and Senior and Disability Services, provide regulatory oversight, claims processing, facility licensing and the enforcing of Medicaid and state regulations.

The Department of Family and Community Services (DFCS) will have an aligned focus of supporting and improving our child welfare system and our facilities that serve Alaskans around the clock. DFCS divisions provide 24/7 care for specific populations and are in the role of a direct care provider. For example, Alaska Psychiatric Institute (API) and the Alaska Pioneer Homes (AKPH) provide care for patients and elders, and when eligible can bill Medicaid for the services provided – in much the same way that hospitals and clinics work. The involvement of Health Care Services (HCS) is to process those claims to Medicaid, the same as they would for any other provider in the state.

The Alaskans that we serve deserve this attention. By narrowing the span of control, by aligning the divisions and focusing on long term system improvements and stakeholder engagement, this will allow us the opportunity to work better for Alaskans. The leadership of each department will be able to focus on work processes, maximizing efficiencies, incorporating innovative ideas, with the mission of improving outcomes for the Alaskans that we serve.

We will measure success in several different ways. We expect to see a decrease in the turnover rate for OCS case carrying employees. We expect to devote more resources to working with Tribal partners on the implementation of the Alaska Tribal Child Welfare Compact, which can help to transform the child welfare system. We expect that API will return to full capacity and have a more stable workforce so that it is no longer relying on locums to provide care. We expect that DOH will be able to focus more on chronic health prevention.

On the Medicaid side, we can take advantage of more opportunities for innovation due to increased leadership capacity and time spent with ongoing stakeholder engagement. Additionally, we will continue our efforts with efficiencies at DPA that include a new training structure to include peer level supports and increase case review processes, fully implement the Electronic Document Management (EDM) and ongoing enhancements, and online applications for assistance programs.



STATE of ALASKA
Department of Health and Social Services

Alaska Department of Health & Social Services

Alaska Children's Trust Gathering

Thursday, March 4, 2021

Reorganization for DHSS

Department of Health and Social Services

Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Department of Health

Commissioner's Office & FMS
Division of Health Care Services
Division of Public Assistance
Division of Behavioral Health
Division of Senior & Disabilities Services
Division of Public Health

Department of Family & Community Services

Commissioner's Office & FMS
Office of Children's Services
Alaska Pioneer Homes
Division of Juvenile Justice
Alaska Psychiatric Institute

More Questions or Suggestions?

Questions on how reorganization will impact stakeholders or providers can be sent to:

dhssreorg@alaska.gov

Alaska Department of Health & Social Services

Alaska Behavioral Health Association
Discussion on DHSS Reorganization

Wednesday, March 24, 2021

Reorganization for DHSS

Department of Health and Social Services

Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

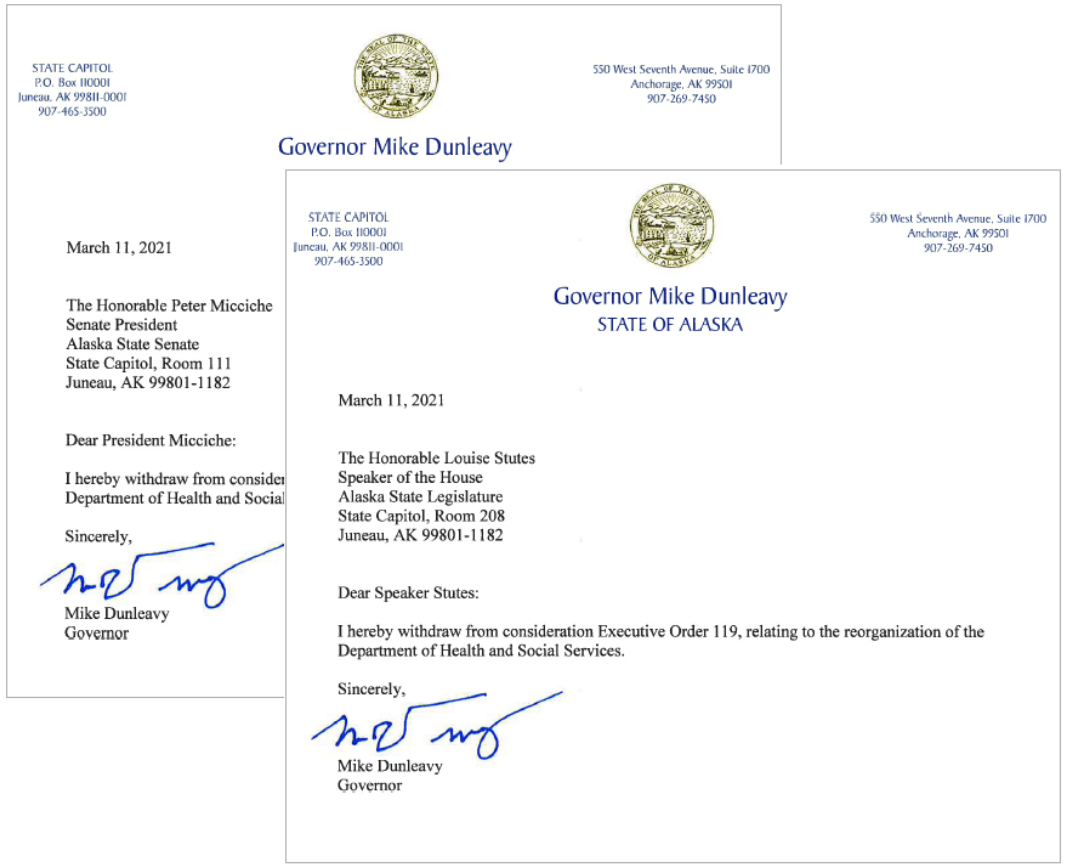
Department of Health

Commissioner's Office & FMS
Division of Health Care Services
Division of Public Assistance
Division of Behavioral Health
Division of Senior & Disabilities Services
Division of Public Health

Department of Family & Community Services

Commissioner's Office & FMS
Office of Children's Services
Alaska Pioneer Homes
Division of Juvenile Justice
Alaska Psychiatric Institute

What's next now that EO 119 is Withdrawn?



STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500

550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907-269-7450

Governor Mike Dunleavy

March 11, 2021

The Honorable Peter Micciche
Senate President
Alaska State Senate
State Capitol, Room 111
Juneau, AK 99801-1182

Dear President Micciche:

I hereby withdraw from consider
Department of Health and Social

Sincerely,

Mike Dunleavy
Governor

STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500

550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907-269-7450

Governor Mike Dunleavy
STATE OF ALASKA

March 11, 2021

The Honorable Louise Stutes
Speaker of the House
Alaska State Legislature
State Capitol, Room 208
Juneau, AK 99801-1182

Dear Speaker Stutes:

I hereby withdraw from consideration Executive Order 119, relating to the reorganization of the Department of Health and Social Services.

Sincerely,

Mike Dunleavy
Governor

- Governor Dunleavy and DHSS are still committed to working towards the reorganization into two departments.
- There were technical problems with EO 119 that we are working on addressing with Dept of Law and Legislative Legal
- DHSS will continue to have robust stakeholder engagement and meetings so all understand the reorganization and how this will benefit Alaskans

More Questions or Suggestions?

Questions on how reorganization will impact stakeholders or providers can be sent to:

dhssreorg@alaska.gov

Alaska Department of Health & Social Services

DHSS Reorganization - Alaska Children's Trust Gathering

Commissioner Adam Crum

Tuesday, June 8, 2021

Purpose

- Goal: Provide proactive, efficient leadership and management of programs to achieve better outcomes for Alaskans.

- The reorganization will align current functions and programs.
  - The Department of Health will focus on the health and wellbeing of Alaskans, service eligibility for Alaskans, and payments to providers.
  - The Department of Family and Community Services will focus on direct care and services to Alaskans.

For Comparison

Dept. of Health & Social Services (DHSS)

3,263 Total employees

Total budget: $3,407,847,800

Dept. of Transportation & Public Facilities
Dept. of Corrections
Dept. of Revenue
Dept. of Administration
Dept. of Public Safety
Dept. of Fish & Game

Dept. of Labor & Workforce Development
Dept. of Natural Resources
Dept. of Law
Dept. of Commerce, Community & Economic Develop.
Dept. of Environmental Conservation
Dept. of Military and Veterans Affairs
Office of the Governor

Judiciary
Legislature

Total budget for above Departments $3,110,833,400

Reorganization of DHSS

Department of Health and Social Services
Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Department of Health
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Department of Family & Community Services
Commissioner's Office & FMS
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Division of Juvenile Justice
Alaska Psychiatric Institute

How will the reorganization benefit Alaskans?

- Reduced span of control increases the ability for each department to focus on innovation and improved work processes.
- Reform the Medicaid system to improve services.

How will the reorganization benefit the Alaskan Children and Families?

- Increase the ability to engage and collaborate with Tribes, communities, faith-based organizations, and other partners to build up prevention services.

- The reorganization will allow more oversight of Divisions, which will increase consistency and support for Alaskans.

THANK YOU FOR YOUR PATIENCE!

State of Alaska | myAlaska | My Government | Resident | Business in Alaska | Visiting Alaska | State Employees

Alaska Department of Health and Social Services

search

Health and Social Services

The Department of Health and Social Services website is currently unavailable. Additional information will be provided as it becomes available.

- Critical COVID-19 information – including vaccine appointment scheduling and the data dashboards – can still be accessed.
- The COVID-19 vaccine helpline is available at 907-646-3322 from 9 a.m. - 6:30 p.m. on weekdays, and 9 a.m. - 4:30 p.m. on weekends.
- For all other services telephone assistance is available during regular business hours (8 a.m. - 4:30 p.m.) at 907-269-7800. Specific service and office contact numbers are attached.

Need help with COVID-19 questions or requests?

- Find vaccine appointments
- Health care providers should direct clinical questions to the Section of Epidemiology at 907-269-8000.
- Questions regarding DHSS COVID response, including advisories, can be sent to covidquestions@alaska.gov.
- If you are a member of a media and have a question, please contact Clinton.Bennett@alaska.gov or 907-269-4996 for resources and contacts.

Alaska Careline

If you are feeling hopeless or having thoughts of self-harm or suicide, reach out for help right away. Call the Alaska Careline at 877-266-4357 or text 4help to 839863. Or call the National Suicide Prevention Lifeline at 800-273-8255.

Health and Social Services

Office of the Commissioner
907-269-7800
Alaska Pioneer Homes
907-465-4416
Alaska Psychiatric Institute
907-269-7100
Behavioral Health
800-465-4828
Finance and Management Services
907-465-3030
Health Care Services
907-465-1617
Juvenile Justice
907-465-2212
Office of Children's Services
907-269-4000
Office of Substance Misuse and Addiction Prevention
907-334-2602
Public Assistance
888-876-2477
Public Health
907-465-3090
Senior and Disabilities Services
800-478-9996

The DHSS website has been down following a cyber attack.

- We are working to bring services back online.
- Remember, you can always call!
- Department of Public Assistance has a new call center number: 888-876-2477

Coming Soon:
DHSS Reorganization website

After the townhall, you can send questions and comments to:

dhssreorg@alaska.gov

Thank you for your time!

Please type your questions and answers into the chat box.

We will answer as many as we can with the remaining time.

We want to do more public meetings and townhalls.

Are you interested in having us speak to your group?

Is there a group you think we should talk to?

Let us know, we want to hear from you!

Alaska Department of Health & Social Services

Presentation to Tanana Chiefs Conference – Executive Board of Directors

Thursday, October 21, 2021

Reorganization for DHSS

Department of Health and Social Services

Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Department of Health

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Alaska Psychiatric Institute

More Questions or Suggestions?

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dhssreorg@alaska.gov

Alaska Department of Health & Social Services

Alaskans Together for Medicaid Reorganization Discussion

Tuesday, December 7, 2021

Reorganization Vision

Goal: Provide proactive, efficient leadership and management of programs to achieve better outcomes for Alaskans

Align Current Functions & Programs

1. Direct Care and Services to Alaskans in State Administered Programs
2. Eligibility for Alaskans & Payment to Providers

Focus Management to Improve Outcomes

1. Innovation
2. Work Processes

For Comparison

Dept. of Health & Social Services

$3,410,758,400 - FY2022 GOV Amended

3249 Total PCNs

Dept. of Transportation & Public Facilities
Dept. of Corrections
Dept. of Revenue
Dept. of Administration
Dept. of Public Safety
Dept. of Fish & Game

Dept. of Labor & Workforce Development
Dept. of Natural Resources
Dept. of Law
Dept. of Commerce, Community & Economic Develop.
Dept. of Environmental Conservation
Dept. of Military and Veterans Affairs
Office of the Governor

Judiciary
Legislature

$3,288,000,000 FY2022 GOV Amended

Time for Change

- DHSS is too big and too many subjects to do all of them well
- DHSS areas of concern can affect the entire state
  - See – cyberattack; COVID-19; child welfare case worker turnover; API census
- Reorg will make DHSS more nimble and able to pursue initiatives and efficiencies to better serve Alaskans.

Reorganization for DHSS

Department of Health and Social Services

Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Department of Health

Commissioner's Office & FMS
Division of Health Care Services
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Division of Senior & Disabilities Services
Division of Public Health

Department of Family & Community Services

Commissioner's Office & FMS
Office of Children's Services
Alaska Pioneer Homes
Division of Juvenile Justice
Alaska Psychiatric Institute

More Questions or Suggestions?

Questions on how reorganization will impact stakeholders or providers can be sent to:

dhssreorg@alaska.gov

Alaska Department of Health & Social Services

Reorganization Discussion with ASHNHA

Friday, December 10, 2021

Reorganization Vision

Goal: Provide proactive, efficient leadership and management of programs to achieve better outcomes for Alaskans

Align Current Functions & Programs

1. Direct Care and Services to Alaskans in State Administered Programs
2. Eligibility for Alaskans & Payment to Providers

Focus Management to Improve Outcomes

1. Innovation
2. Work Processes

For Comparison

Dept. of Health & Social Services

$3,410,758,400 - FY2022 GOV Amended

3249 Total PCNs

Dept. of Transportation & Public Facilities
Dept. of Corrections
Dept. of Revenue
Dept. of Administration
Dept. of Public Safety
Dept. of Fish & Game

Dept. of Labor & Workforce Development
Dept. of Natural Resources
Dept. of Law
Dept. of Commerce, Community & Economic Develop.
Dept. of Environmental Conservation
Dept. of Military and Veterans Affairs
Office of the Governor

Judiciary
Legislature

$3,288,000,000 FY2022 GOV Amended

Time for Change

- DHSS is too big and too many subjects to do all of them well
- DHSS areas of concern can affect the entire state
  - See – cyberattack; COVID-19; child welfare case worker turnover; API census
- Reorg will make DHSS more nimble and able to pursue initiatives and efficiencies to better serve Alaskans.

Reorganization for DHSS

Department of Health and Social Services

Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Department of Health

Commissioner's Office & FMS
Division of Health Care Services
Division of Public Assistance
Division of Behavioral Health
Division of Senior & Disabilities Services
Division of Public Health

Department of Family & Community Services

Commissioner's Office & FMS
Office of Children's Services
Alaska Pioneer Homes
Division of Juvenile Justice
Alaska Psychiatric Institute

More Questions or Suggestions?

Questions on how reorganization will impact stakeholders or providers can be sent to:

dhssreorg@alaska.gov

Alaska Department of Health & Social Services

Reorganization Discussion with ACT Board Members

Tuesday, December 14, 2021

Reorganization Vision

Goal: Provide proactive, efficient leadership and management of programs to achieve better outcomes for Alaskans

Align Current Functions & Programs

1. Direct Care and Services to Alaskans in State Administered Programs
2. Eligibility for Alaskans & Payment to Providers

Focus Management to Improve Outcomes

1. Innovation
2. Work Processes

For Comparison

Dept. of Health & Social Services

$3,410,758,400 - FY2022 GOV Amended

3249 Total PCNs

Dept. of Transportation & Public Facilities
Dept. of Corrections
Dept. of Revenue
Dept. of Administration
Dept. of Public Safety
Dept. of Fish & Game

Dept. of Labor & Workforce Development
Dept. of Natural Resources
Dept. of Law
Dept. of Commerce, Community & Economic Develop.
Dept. of Environmental Conservation
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Reorganization for DHSS

Department of Health and Social Services

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Alaska Department of Health & Social Services

Reorganization Discussion with Alaska Behavioral Health Association

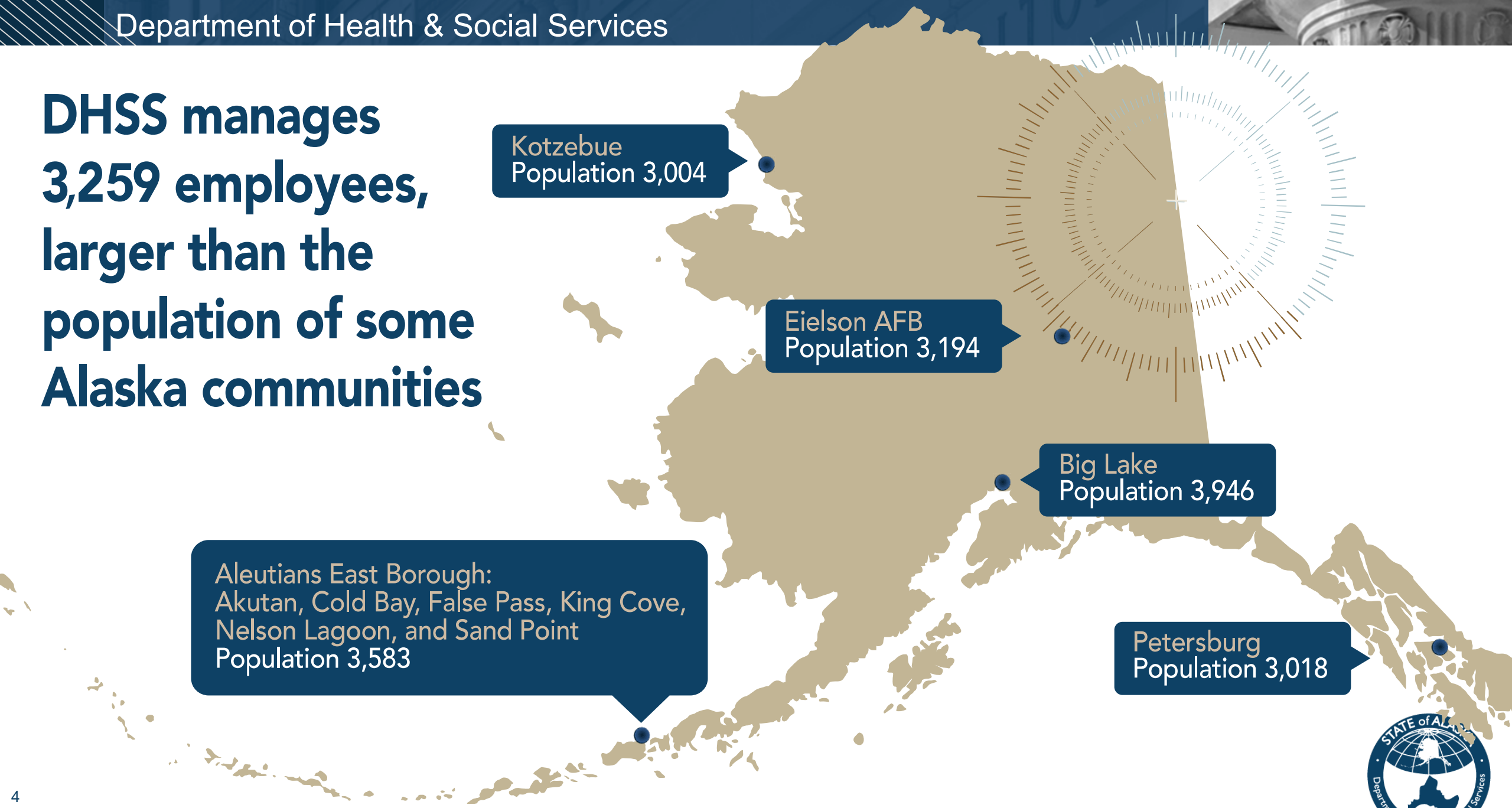
Monday, February 7, 2022

Serving Alaskans in all stages of life

DHSS Today

- FY2022 GOV Amended Budget: $3,410,758,400
- Positions (PCNs): 3,259
- Programs/Services
  - Over 100 programs that serve Alaskans directly
- Major Categories of Services
  - Regulatory/Claims Processing/Eligibility for Services
  - Public Health Services
  - Protecting Vulnerable Alaskans, Children, Families (Service/Provider/Provider Based)

DHSS manages 3,259 employees, larger than the population of some Alaska communities

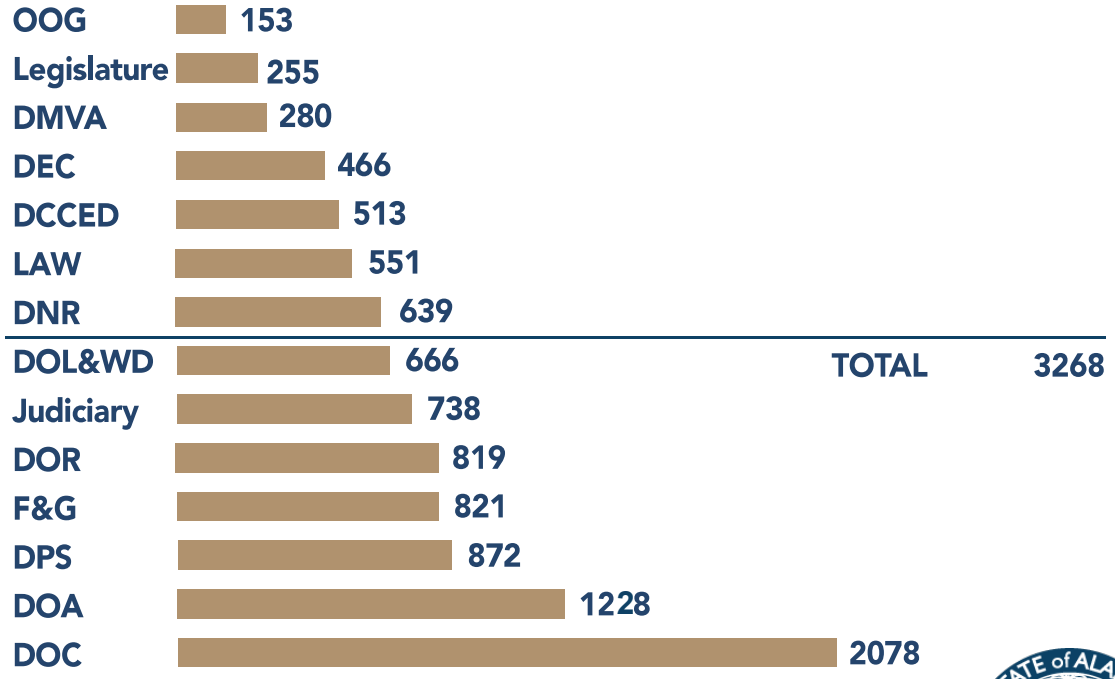


Population numbers are from 2021 Department of Labor & Workforce Development's Cities and Census Designated Places (CDP) July 2021

DHSS is much larger than most State Departments

VS

Some DHSS Divisions	
Public Health	426
Office of Children's Services	587
Alaska Pioneer Homes	421
Public Assistance	458
Juvenile Justice	427
Alaska Psychiatric Institute	324



DHSS budget is more than 12 state agencies combined

Data Source: FY2022 Management Plan

Excludes COVID Funds

$3,300,674.0

Department of Transportation and Public Facilities
Department of Corrections
Department of Revenue
Department of Administration
Department of Public Safety
Department of Fish & Game
Department of Labor & Workforce Development
Department of Natural Resources
Department of Law
Department of Environmental Conservation
Department of Military & Veterans Affairs
Commerce, Community & Economic Development
Office of the Governor
Judiciary
Legislature

$3,441,891.3

Department of Health & Social Services

DHSS Works Collaboratively Across Departments

Reorganizing DHSS will improve communication and services across State of Alaska services.

<u>Department of Corrections</u>

- Coordination with behavioral health services
- Child welfare and juvenile justice supports

<u>Department of Education</u>

- Early childhood development
- After school program and public health grants

<u>Department of Public Safety</u>

- Crisis stabilization
- Child welfare and vulnerable adults
- Background check unit

Executive Order Vision

The Reorganization of DHSS

Goal: Provide proactive, efficient leadership and management of programs to achieve better outcomes for Alaskans

Align Current Functions & Programs

1. Direct Care and Services to Alaskans in State Administered Programs
2. Eligibility for Alaskans & Payment to Providers

Focus Management to Improve Outcomes

1. Innovation
2. Work Processes

Reorganization for DHSS

Department of Health & Social Services

- Commissioner's Office
- Finance & Management Services
- Health Care Services
- Behavioral Health
- Senior & Disabilities Services
- Public Assistance
- Public Health

- Alaska Psychiatric Institute
- Juvenile Justice
- Alaska Pioneer Homes
- Office of Children's Services

Department of Health

- Commissioner's Office
- Finance & Management Services
- Health Care Services
- Behavioral Health
- Senior & Disabilities Services
- Public Assistance
- Public Health

Department of Family & Community Services

- Commissioner's Office
- Finance & Management Services
- Alaska Psychiatric Institute
- Juvenile Justice
- Alaska Pioneer Homes
- Office of Children's Services

Department of Family & Community Services
Commissioner

Deputy Commissioner
Clinton Lasley

ALASKA PIONEER HOMES
Director Heidi Hamilton

- Alaska Pioneer Homes Payment Assistance
- Alaska Pioneer Homes Management
- Pioneer Homes
  - *Alaska Pioneer Homes Advisory Board*

OFFICE OF CHILDREN'S SERVICES
Director Kim Guay

- Children's Services Management
- Children's Services Training
- Front Line Social Workers
- Family Preservation
- Foster Care Base Rate
- Foster Care Augmented Rate
- Foster Care Special Need
- Foster Care Licensing
- Subsidized Adoptions & Guardianship
- Tribal Child Welfare Compact
- Indian Child Welfare (ICWA) & Tribal Partnerships

INPATIENT MENTAL HEALTH

- DES/DET services

ALASKA PSYCHIATRIC INSTITUTE
Chief Executive Officer: Scott York

- Acute, Inpatient Psychiatric Treatment
- Forensic Restorative Treatment
- Governing Body

JUVENILE JUSTICE
Director Tracy Dompeling

- Long-Term Treatment
- Detention
- Probation Services
- Delinquency Prevention
- Youth Courts
- Juvenile Justice Health Care
  - *Juvenile Justice Advisory Committee*

Assistant Commissioner
FINANCE & MANAGEMENT SERVICES
Marian Sweet

- Budget
- Grants, Contracts and Facilities
- Human Resources
- Information Technology Services
- Revenue, Finance and Allocation

Commissioner's Staff

- Policy Advisors
- Legislative Liaison
- Regulations
- DES/DET Coordination
- Public Information
- Department Reorganization Liaison
- Tribal Liaison

Total PCNs — 1,820

Department of Health

Commissioner Adam Crum

Chief Medical Officer
Anne Zink M.D.

PUBLIC HEALTH
Director Heidi Hedberg

- Chronic Disease Prevention & Health Promotion
- Epidemiology
- Health Analytics and Vital Records
- Office of Substance Misuse & Addiction Prevention
- Public Health Nursing
- Rural & Community Health Systems
- State Medical Examiner's Office
- State Public Health Laboratories
- Women's, Children's & Family Health
  - *Alaska Council on Emergency Medical Services*
  - *Alaska Vaccine Assessment Council*
  - *Child Fatality Review Committee*
  - *Maternal and Child Death Review Committee*
  - *SHARP Advisory Council*

Deputy Commissioner
Albert E. Wall

- Medicaid Director
- Medicaid Program Integrity

BEHAVIORAL HEALTH
Director Gennifer Moreau

- BH Administration
- Prevention, Early Intervention, and Alcohol Safety Action Program
- Treatment and Recovery
- Medicaid Provider Assistance Services
- AK AIMS, Risk and Research Management
  - *Alaska Mental Health Board*
  - *Advisory Board on Alcoholism and Drug Abuse*
  - *Suicide Prevention Council*

HEALTH CARE SERVICES
Director Renee Gayhart

- Catastrophic and Chronic Illness Assistance
- Health Facilities Licensing and Certification
- Residential Licensing
- Medical Assistance Administration
  - *Medical Care Advisory Committee*
  - *Pharmacy/Therapeutics Comm.*

SENIOR & DISABILITIES SVC
Director John Lee

- Senior and Disabilities Community Based Grants
- Early Intervention/ Infant Learning Programs
- Senior and Disabilities Services Administration
- General Relief/Temporary Assisted Living
  - *Governor's Council on Disabilities and Special Education*
  - *Alaska Commission on Aging*

Commissioner's Staff

- Legislative Liaison
- Medicaid State Plan
- Office of Rate Review
- Policy Advisors
- Public Information
- Regulations
- Department Reorganization Liaison
- Tribal Liaison

PUBLIC ASSISTANCE
Director Shawnda O'Brien

- Alaska Temporary Assistance Program
- Adult Public Assistance
- Child Care Benefits
- General Relief Assistance
- Tribal Assistance Programs
- Permanent Fund Dividend Hold Harmless
- Energy Assistance Program
- Public Assistance Administration
- Public Assistance Field Services
- Fraud Investigation
- Quality Control
- Work Services
- Women, Infants and Children
- Senior Benefits Payment Program

Assistant Commissioner
FINANCE & MANAGEMENT SVC
Sylvan Robb

- Budget
- Revenue & Finance
- Human Resources
- Information Technology Services
- Grants & Contracts
- Medicaid, Allocations and Audit Services

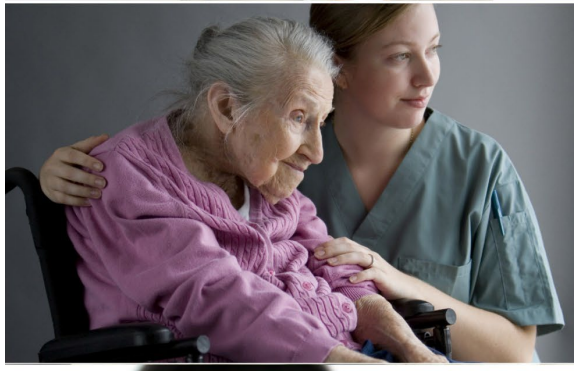
Chief Data Officer
Carrie Paykoc

- Data Surveillance
- HIE
- Medicaid Systems Oversight and Management

Total Estimated PCNs from DHSS — 1,446

Improved Services for Alaskans

- Service navigation will be easier for the public with two smaller departments
- Innovation will become more seamless as two departments will be better able to pursue initiatives and efficiencies to serve Alaskans
- Smaller bureaucracy for the public to navigate
- Easier for the legislature to oversee
- Successful department reorganizations have happened in the past
- DHSS is always changing to better serve the public



Improved Stakeholder Results

- More regular checks in with stakeholder groups
- More interaction with federal partners to better manage programs and seek flexibilities that benefit Alaska
- Better ability to manage crises and focus effort on long-range, strategic planning

Timeline for the Executive Order

- Executive Order 121 was introduced the first day of session January 18, 2022
- The legislature has 60 days to come together in a joint session to disapprove the reorganization.
- Upon approval, DHSS will continue implementation plans.
- Effective Date: July 1, 2022

What's Different about this EO?

- Additional time for employees, stakeholders, and constituents who utilize DHSS services to ask questions and be familiar with the change.
- Improved planning for the transition to two departments and continued stakeholder engagement regarding the transition.
- Concerns addressed that were raised by Legislative Legal and prior drafting errors corrected.
- Shorter Document.
- Another year into responding to COVID-19 has made it even more apparent that we must move forward with changes.

Department of Family & Community Services

- Office of Children's Services
- Division of Juvenile Justice
- Alaska Psychiatric Institute
- Pioneer Homes

Full Time Positions 1820
Total Budget: $430,759.2

Strategic Investment
GF Match - $434.3
Federal - $313.9
I/A - $1,188.9
Total = $1,937.1
New PCNs = 11
Reclassed PCNs = 10

Department of Health

- Medicaid
- Public Health
- Public Assistance
- Behavioral Health
- Health Care Services
- Senior & Disabilities

Full Time Positions 1446
Total Budget: $3,070,722.8

Source: FY2023 GOV

DHSS Reorganization Website reorg.dhss.alaska.gov

State of Alaska | myAlaska | My Government | Resident | Business in Alaska | Visiting Alaska | State Employees

Alaska Department of Health and Social Services
Office of the Commissioner

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Health and Social Services > Office of the Commissioner > DHSS Reorganization

Overview | FAQ's | Resources | Town Hall Meetings

Governor Dunleavy will introduce a new Executive Order (EO) on the first day of the 2022 legislative session to restructure the Department of Health and Social Services (DHSS) into two departments.

Restructuring DHSS into two departments allows for better alignment of mission sets and the time and space to work with providers, beneficiaries and federal partners to improve the system of care. The state is committed to ensuring continuity of services to beneficiaries and timely payments to providers. Avoiding such disruptions will be each department's highest priority.

More Questions or Suggestions?

Questions on how reorganization will impact stakeholders or providers can be sent to:

dhssreorg@alaska.gov

January 6, 2022 – NAMI presentation on DHSS Reorg

Questions from NAMI and Answers prepared by DHSS in preparation for Zoom meeting:

1. **Why does this split need to happen?**
    a. The work that the Department of Health and Social Services DHSS does is too important to not do well. The reorganization will give a structure that allows for better focus, management, and innovation.
    b. Alaska is one of the last mega agencies.

2. **What has changed from last year's proposal?**
    a. Technical errors were corrected in the original drafting of the Executive Order, as found in discussions with Leg Legal. Other than that, it is the original plan of separating the Department of Health and Social Services (DHSS) into two departments:
        i. Department of Health (DOH) – payment, process and programs
            1. Division of Behavioral Health
            2. Seniors and Disabilities Services
            3. Healthcare Services
            4. Division of Public Assistance
            5. Division of Public Health
        ii. Department of Family and Community Services (DFCS) – direct services
            1. Office of Children's Services
            2. Division of Juvenile Justice
            3. Alaska Psychiatric Institute
            4. Alaska Pioneer Homes
    b. Bills that were passed by the legislature last year such as moving paramedic licensing to DHSS from DCCED, has been taken into account for this year's proposal.

3. **What cost savings are expected as a result of the split?**
    a. There are no expected cost savings as a result of the restructuring. The motivation behind the reorg is not cost containment – it is to improve quality of services and systems.
    b. The primary intent is to align services and reduce the span of control. Right now there is one commissioner, two deputy commissioners, an assistant commissioner and a chief medical officer that makes up the Executive Leadership of DHSS. This is five people for over 3,500 employees – which is more than **<u>six</u>** other state departments combined; and a budget bigger than **<u>twelve</u>** other departments, the legislature, court system and Governor's office combined.
    c. There are some one-time and ongoing costs of about $2 million
        i. This is less than half of 1% of our overall budget
        ii. The Governor's budget has already been submitted with two different departments

iii. This change would create the time and capacity to innovate and implement programs such as the Crisis Now legislation, preparing for the state's aging population, and anticipating the state's future needs as we slowly navigate out of this pandemic.

4. **How many FTE's will be eliminated/added?**
    a. ZERO positions will be eliminated – again, this is not a cost savings measure, this is an appropriate size of government measure.
    b. The restructuring will require 10 new positions and 10 reclassified positions, all within the internal division of Finance and Management Services (FMS)

5. **How will the services the beneficiaries receive be enhanced by this split?**
    a. The restructuring process has been thoughtfully designed to not disrupt services to beneficiaries nor payments to providers. If the Executive Order passes and goes into effect on July 1, 2022, that will allow each commissioner's office bandwidth to more effectively engage with stakeholders in redesigning and improving systems of care.
    b. FMS Grants and Contracts will be able to recruit and retain employees easier, and therefore turnaround grants to providers who serve beneficiaries easier. We should also be able to pursue new grant funding opportunities easier with less staff turnover.

6. **What services will be eliminated by this split?**
    a. ZERO services will be eliminated by this.

7. **What stakeholder groups have you reached out to in preparation for this coming session?**
    a. We have made a concerted effort over the past year to meet with any and all groups that have interest in or concern about the proposed restructuring. Whenever a group has reached out with questions or concerns, we have tried to provide written information and/or present to their boards or general membership meetings.
    b. In addition to a year of engagement internally at DHSS on this reorganization – including multiple town halls with employees of every division, externally a sampling of meetings include:
        i. Developmental Disabilities
            1. Governor's council on Disabilities and Special Education
            2. Key Coalition
        ii. Medical Groups
            1. Alaska State Hospital and Nursing Home Association (ASHNA)
            2. Mat-Su Health Foundation
            3. Alaska Public Health Association
            4. Alaska Primary Care Association

iii. Behavioral Health
    1. Alaska Mental Health Trust Authority
    2. Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse
iv. Seniors
    1. American Association of Retired Persons (AARP) Alaska
    2. Alaska Commission on Aging
    3. Alaska Pioneer Homes
v. Tribal Health
    1. Alaska Native Health Board (ANHB)
    2. Alaska Native Tribal Health Consortium (ANTHC)
    3. Tanana Chiefs Conference
vi. Youth
    1. Alaska Children's Trust (ACT)
    2. Alaska Juvenile Justice Advisory Committee
    3. Facing Foster Care in Alaska

8. How will this split make it easier for beneficiaries to navigate the system?

a. Right now, it's not possible to dedicate the time and resources to make significant improvement or innovation in the system. Leadership and policy staff move from crisis to crisis and are unable to focus on long-term strategic planning and systems improvement. Narrowing the focus of each Commissioner's office allows greater oversight and support for all Divisions. This also allows for leadership to more quickly respond to beneficiary and stakeholder concerns, as well as innovative ideas.

9. How will the two departments work together any differently under this proposal than they do under the current department?

a. Under the reorganization, each of the divisions will continue to function as they do currently for client care and coordination. The reorganization does not change the goals or responsibilities of the divisions. Existing programs for the continuum of care will remain in place.
b. DHSS works with other state departments on a daily basis to ensure beneficiaries receive services and are not dropped while moving between jurisdictions. One example is how the Division of Juvenile Justice frequently works with the Department of Education & Early Development and local school districts to ensure that youth at DJJ facilities continue to receive an education.
c. Planning for the reorganization has prioritized continuity of service, and there should be no disruption to data sharing or client coordination between the divisions in the Department of Health (DOH) and the Department of Family and Community Services (DFCS). There are multiple mechanisms in place to ensure this work and collaboration will continue without interruption, including:
    i. Current law will continue to provide for the cooperation and coordination between divisions and departments.

ii. Business associate agreements (BAA) are used when different departments and divisions need to share information to ensure beneficiaries receive services. When required, under HIPAA, DOH and DFCS will have these business associate agreements in place.
iii. Memorandums of agreement (MOA) and memorandums of understanding (MOU) are also currently used, which allow divisions to share information and collaborate on behalf of beneficiaries.

10. How will the beneficiaries benefit from this Split?

a. See answers to question #5
b. Over time, more focus and better delivery of services for their needs
c. A timely response for existing needs and needs we will have time to anticipate and plan for instead of going from one crisis to another.
d. Long term planning for better use of resources and maximizing fund sources to support beneficiaries.

11. Where can we find more information other than what is currently provided?

a. Additional documents will be made available at the following website: https://dhss.alaska.gov/Commissioner/Pages/reorganization/default.aspx
reorg.dhss.alaska.gov – short link

b. You can always send in questions to the following email: dhssreorg@alaska.gov