



Below is the Department of Health and Social Services response to the questions we received from Speaker Stutes' office January 16, 2021, regarding the pre-introduction version of Executive Order 121. Thank you for your thoughtful review. The department looks forward to discussing this proposal with the House Health and Social Services committee.

Location	Primary Concern/Comment/Question	Response
Overall	Need detailed summaries of stakeholder engagement efforts, feedback, and integration into EO. Lack of detailed stakeholder engagement information was a primary critique of EO 119.	Lists of stakeholder and employee engagement meetings will be shared with the committee and posted on the department's reorganization website.
Overall	Generally, the EO is straightforward. The question is what are the operational implications and is it a good idea with respect to meeting needs of Alaskans?	<p>The vision and goals of the EO are to align services and narrow the span of control of each department. The primary objectives during the transition are to prevent the disruption of services to beneficiaries and continue timely payments to providers.</p> <p>The EO keeps the public facing divisions whole, with no change in leadership or services.</p>
Overall	EO itself does not address cost and budgetary implications. This info is needed.	The Governor's FY23 budget was released reflecting EO 121 within the budgets for DFCS and DOH. The budget information will be shared with the committee and posted on the department's reorganization website.
Overall	EO itself does not address how this split would be functionally implemented. This info is needed.	Implementation planning has been ongoing over the past year. The updated phased implementation plan will be shared with the committee and posted on the reorg website.

<p>Sec. 11, page 6</p>	<p>Why is the new DFCS commissioner not part of the Alaska Workforce Investment Board?</p> <p>Result of concern over substantive changes to board composition?</p>	<p>During the review of EO119, Legislative Legal asserted that adding both commissioners would be substantive change to law and unallowed in an executive order. EO 121 includes the DOH commissioner because of the relation to employment and work and public benefits.</p> <p>Adding the DFCS commissioner makes sense and could be accomplished via a stand-alone piece of legislation.</p>
<p>Sec. 12, page 7</p>	<p>Why should we wait until 2027 for the legislative finance division to submit a report analyzing DOH and DFCS indirect expenditures? DHSS is otherwise due for a report in 2023. The DoL memo also draws attention to this issue.</p>	<p>The most recent DHSS legislative finance evaluation was in 2021, so the next round would be 2027 for both new departments. Legislative Legal was consulted on this change indicated that the section retained the schedule alignment and not substantive change.</p>
<p>Sec. 13, page 7</p>	<p>Removal of a specific department reference could mean that the legislature could direct funds outside of DOH or DFCS. Is this a good plan?</p>	<p>There is no issue here, the cites in the statute/section direct where the funds can go. There is no authority to change where the funds go, it will go to the right division in the right department.</p>
<p>Sec. 14, page 7</p>	<p>Why is the new DFCS commissioner not part of the Alaska State Emergency Response Commission? It was included in EO 119. Result of concern over substantive changes to commission composition?</p>	<p>During the review of EO119, Legislative Legal asserted that adding both commissioners would be substantive change to law and unallowed in an EO. EO 121 includes the DOH commissioner because of the relation emergency planning functions in DOH.</p> <p>Adding the DFCS commissioner makes sense and could be accomplished via a stand-alone piece of legislation.</p>
<p>Sec. 27, page 17</p>	<p>Also important to include DFCS in reporting?</p>	<p>This is not a change to current state law; there is no requirement to report to DHSS per se, but to report on the comprehensive</p>

		mental health program, which has not changed in this EO.
Sec. 27, page 23	Moves Office of the Long-Term Care Ombudsman to DoR statutes.	The Long-Term Care Ombudsman is under the Dept. of Revenue (budgetarily and operationally). It was confusing to have them housed in AS 47 (current DHSS statutes).
Sec. 27, page 29	It is now only the DOH that shall comply with AS 15.07.055 to serve as a voter registration agency. Any impacts of concern?	No concern. This function through the Division of Public Assistance, which is in DOH.
Sec. 35, page 33	Governor's Council on Disabilities and Special Education only shares reports to DOH. May also wish to explicitly require reporting to DFCS.	<p>During the review of EO119, Legislative Legal asserted that adding both commissioners would be substantive change to law and unallowed in an executive order. EO 121 includes the DOH commissioner because of the DOH services related to these topics.</p> <p>Adding the DFCS commissioner makes sense and could be accomplished via a stand-alone piece of legislation.</p>
Sec. 35, page 36	What are the referenced budgetary reasons for locating the Statewide Independent Living Council in the DOH, as opposed to DFCS?	This is current law, this portion of the executive order was copied and moved to the DOH, the oversight department (see AS 47.80.300).
Sec. 35, page 37	Why is the new DFCS commissioner not part of the Alaska Commission on Aging? Result of concern over substantive changes to commission composition? If so, why DH rather than DFCS?	<p>During the review of EO 119, Legislative Legal asserted that adding both commissioners would be substantive change to law and unallowed in an EO. EO 121 includes the DOH commissioner because of the scope of work of the department.</p> <p>Adding the DFCS commissioner makes sense and could be accomplished via a stand-alone piece of legislation.</p>

Sec. 35, page 40	Note that Alaska Mental Health Board is located in DOH.	EO 121 moves all the advocacy boards out of AS 47 for clarity.
Sec. 36, pages 44-45	This section addresses fees collected by DFCS, but also references fees for services related to the community behavioral health system of care, and that these fees should be set after consultation with the AMHTA. What are the budgetary implications between departments? Is "consultation" adequate language?	The consultation language is in current statute; there has been no change in the EO as to how this works now or how it will work in the future if EO 121 goes into effect.
Sec. 41, page 49	Parts 15 and 16 address DOH duties relevant to older Alaskans. Any need to also include DFCS?	This question is unclear to the department.
Sec. 42, page 49	What will cooperation between the departments look like and involve?	As with all other departments, DOH and DFCS will work collectively and collaboratively to meet their respective missions and to support the sister department; this will be through both formal and informal processing.
Sec. 43, page 50	Duties pertaining to 47.05.065 (Legislative Findings Related to Children) and 47.05.100 (Monthly Reports Concerning Children) are given to both DH and DFCS. Intentional? Implications?	This was intentional because both need to be subject to this legislative intent in the provision of their services. The statute was replicated to make that clear.
Sec. 65, page 58, line 9	Are "applicable public assistance programs" defined for DFCS? Page 47 says that it's DOH that "administer adult public assistance, the Alaska temporary assistance program, and all other assistance programs". Does this create a conflict?	The public assistance programs are defined through the department's respective state plans. It is clear what applies to what department through that process and through other statutory references under AS 47.30.
Sec. 65, page 58, line 11	Does this need the same amount of detail as listed for DH on page 47?	No, each department has different roles and duties and obligations, these sections were tailored to effectuate the split, show intention and to avoid conflicts.

Sec. 65, page 62, items 1 and 2	Any other material sources appropriate?	No, these are the provisions that apply to DFCS.
Sec. 65, page 63, line 3	Any reason that DOH should also have this language?	See AS 47.05.012. DOH also has this language.
Sec. 78, page 69	How will the two departments coordinate the integrated comprehensive mental health program?	The concept of a comprehensive mental health program is complex. The Alaska Mental Health Trust coordinates this effort and will continue to do so after the EO goes into effect. All parties will continue to do the work that they are doing today, what will be different is that the services will be better managed at the Department level. Integration will happen organically as it does now between division but will also be formalized with MoA and MoUs and other agreements to assure that everything remains as is and the program continues to grow and evolve with the services that are brought on-line in the future.
Sec. 79, Sec. 47.32.010	This is another new section. Requires thoughtful review. Assisted living homes fall under DOH. How does this affect Pioneer Homes under DFCS? Similarly for residential psychiatric treatment centers and API under DFCS.	The change reduces the potential conflict of interest and improves oversight. Alaska Pioneer Homes are state facilities whereas assisted living homes are not.
Sec. 81	Some entities will now require licensure through both of the new departments. What are the anticipated impacts and what are their extent?	Entities will need to work with both departments to get licensure. Under the current system you have to work through different divisions and rules (licensing is not currently centralized). Any impact should be negligible.
Sec. 116, line 30	There is a remaining reference to the commissioner of health and social services. Needs to be updated.	This has been corrected in introduced version of EO121.

