Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

T 907.562.6006 F 907.563.2001 • 4000 Ambassador Drive, Suite 101 • Anchorage, Alaska 99508 • www.anhb.org

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.

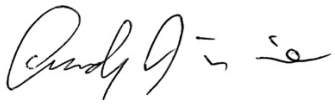
Moreover, undertaking this bifurcation in the current economic climate and in the middle of a global pandemic seems especially challenging. Reallocating resources away from DHSS to stand up the new Department will compromise both entities and any operational efficiencies that could occur will take time 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)?