



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health
and Social Services

OFFICE OF THE COMMISSIONER

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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,

A handwritten signature in dark ink, appearing to read "Adam Crum".

Adam Crum
Commissioner

Ltr to ANHB – DHSS reorganization

March 3, 2021

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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 vendor, 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 consolidated 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).

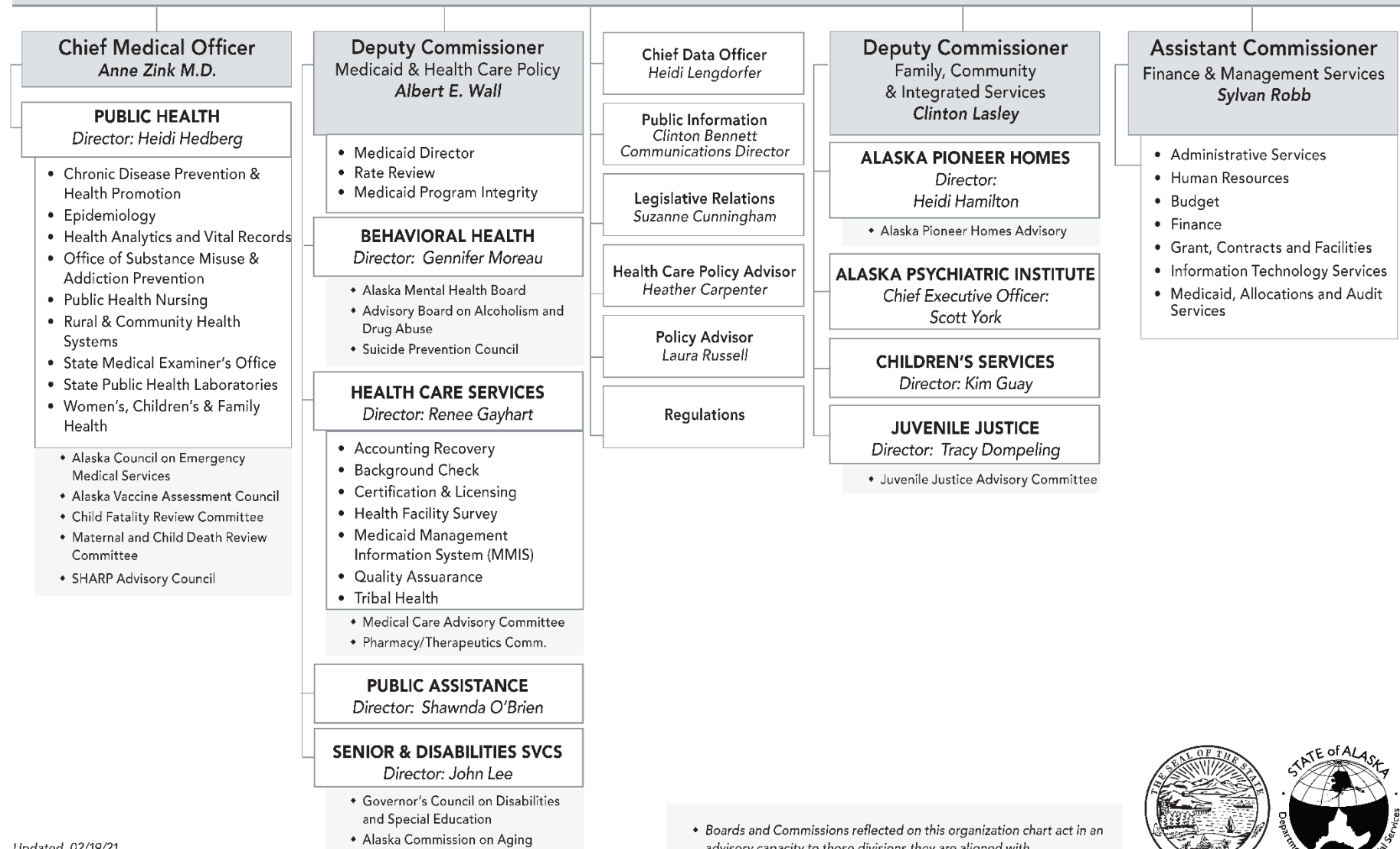
14. What will the new organizational charts look like? Will the State of Alaska have two commissioners, two divisions of financial management, deputy commissioners and special assistants?

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.

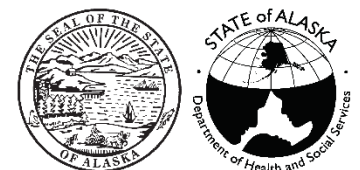
See the following pages for the current DHSS organization chart, and the proposed Department of Health and Department of Family and Community Services org charts:

Alaska Department of Health and Social Services

Adam Crum, Commissioner



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

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.

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

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.



**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 reorganization 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 reclassified 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.