



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

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State Plan Administration Designation and Authority	A1
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42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



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The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration

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42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The following divisions within the Department of Health and Social Services play a role in administering the Medicaid program. The Office of the Commissioner includes two Deputy Commissioners, and an Assistant Commissioner, supporting staff and additional units.

The Commissioner's Office is responsible for providing the leadership and direction to ensure an efficient and effective organization that is capable of fulfilling the functions and responsibilities designated by law.

Reporting directly to the Commissioner is the Division of Public Health, which administers and enforces State health regulations. Within the Office of the Deputy Commissioner for Medicaid and Health Care Policy is the Division of Health Care Services, which has been designated as the medical assistance unit. The Office of Medicaid Policy and Planning includes Program Review, which provides quality assurance and handles intergovernmental relations. The Office of Rate and Review makes recommendations to the Commissioner on all rates paid to providers. The Division of Senior and Disability Services provides the full range of care for seniors and the disabled in one agency through the administration of state and federal grant programs and all Medicaid Home and



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Community Based Waivers. The Division of Behavioral Health assumes all policy, program and administrative responsibility for mental health and substance abuse services. The Division of Alaska Pioneer Homes provides residential and pharmaceutical services in Sitka, Fairbanks, Anchorage, Ketchikan, Palmer, and Juneau for qualified Alaska seniors.

Within the Office of the Deputy Commissioner for Family, Community and Integrated Services is the Division of Public Assistance, the Division of Juvenile Justice, and the Office of Children's Services. The Division of Public Assistance develops health care eligibility policy for Medicaid, Chronic and Acute Medical Assistance (CAMA) programs, and Aid to the Blind, Disabled, and Old Age Assistance. Except for children in state custody, the Division of Public Assistance makes all eligibility determinations for Medicaid other than those eligibility determinations made by the Exchange. The Office of Children's Services determines Medicaid eligibility for children in state custody. DJJ is responsible for juveniles adjudicated under the criminal justice system in Alaska, including juveniles in parole status.

DHSS role and responsibility in Administrative Hearings: The DHSS Commissioner's, through a statutory delegation, tasks Administrative Law Judges at the Office of Administrative Hearings (OAH) to conduct a de novo review that is based upon facts and conclusions of law including the appropriate application of federal and state Medicaid law regulations or policies. An individual does have the ability to ask for "review" or comment on an OAH decision through the proposal for action process. What that means is that every party to the OAH decision, including consumers, has the ability to submit a written brief in support of, or in opposition of the OAH decision raising questions of both law and fact. This is not an appeal per se, but rather an ability to file objections or statement in support of findings of fact and conclusions of law made by the hearing officer, that are submitted to the Commissioner's office along with the proposed decision and any other documents or evidence submitted in the hearing process for final decision. The proposal for action is optional, if either party submits a proposal for action it must be submitted to the Commissioner's office for decision, if neither party present a proposal for action the OAH decision is final under operation of law. If the Commissioner's office or the OAH rules in favor of the department the consumer has the ability to appeal that decision to the Superior Court. If the OAH rules in favor of the consumer that is the end of the line there is no right for the department to appeal it's own decision. There is no difference in the "standard of review" all matters are reviewed de novo at all levels of the administrative process. A de novo review can also be requested at the Superior Court appeal level although that is the exception not the rule.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

All State health, human service, and public assistance agencies are housed within the single state agency, the Department of Health and Social Services.

The Office of Administrative Hearings, an independent office within the Department of Administration charged with providing adjudication services, regulatory review and training, provides Administrative Law Judges to conduct hearings in accordance with 7 AAC 49.010 – 7 AAC 49.180, 7 AAC 49.220 and 7 AAC 49.240. This office makes recommendations to the Department of Health and Social Services after considering hearings and appeals, on behalf of the Commissioner, regarding Medicaid applicants, recipients, or providers. The Administrative Law Judge would hear a case in accordance with 7 AAC 49.010 – 7 AAC 49.180, 7 AAC 49.220 and 7 AAC 49.240, and would prepare draft findings, conclusions, and order for the Commissioner of the Department of Health and Social Services. The Commissioner of the Department has final authority in deciding cases.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program



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Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The HHS appeals entity will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

State Plan Administration

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Assurances

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:



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- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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