

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | AK2022MS0004O | AK-22-0008

Package Header

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Submission Type Official

Initial Submission 8/12/2022

Approval Date 11/7/2022

Date

Superseded SPA ID 15-0009

Effective Date 7/1/2022

System-Derived

A. Single State Agency

1. State Name: Alaska

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid 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 Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Department of Health

4. This 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.)

B. Attorney General Certification:

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.

Name

Date Created

AG Certification Revised TN - State Plan for Title XIX
(Dept of Health - State Medicaid Agency)

11/1/2022 10:51 AM EDT



C. Administration of the Medicaid Program

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

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

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D. Additional information (optional)

References to the Department of Health and Social Services within the state plan, will as of the SPA effective date, refer to the new single state agency - The Department of Health.

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Eligibility Determinations and Fair Hearings

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

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

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. 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).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

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B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

a. Medicaid agency

d. Delegated governmental agency

i. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

ii. An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

(1) Name of entity:

HHS appeals agency

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

Yes

No

2. The state must assure the following with respect to delegations of authority to conduct fair hearings regarding eligibility based on applicable modified adjusted gross income (MAGI):

a. 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).

b. 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.

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

d. The delegated entity is capable of performing the delegated functions.

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

D. Additional information (optional)

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Division of Public Assistance (DPA) develops and implements eligibility policies for Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Chronic and Acute Medical Assistance (CAMA) programs, and Aid to the Blind, Disabled, and Old Age Assistance. Except for children in state custody, besides those eligibility determinations made by the Exchange, DPA makes all eligibility determinations for Medicaid. According to state and federal rules, in alignment with Title IV-E, the Office of Children's Services in the Department of Family and Community Services (DFCS) determines Medicaid eligibility for children and youth in state custody.

b. Fair Hearings (including expedited fair hearings)

Per a statutory delegation from the Department of Health (DoH) Commissioner, the Office of Administrative Hearings in the Department of Administration (OAH) conducts de novo reviews based on facts and conclusions of law, including the appropriate application of federal and state Medicaid law and regulations or policies. The OAH judge prepares a proposed decision for the final executive branch decisionmaker, including a commissioner or a commissioner designee. The end product is a final agency decision that can be appealed to Superior Court.

OAH receives a hearing request from the referring agency and sends a Notice of Assignment to the participants, identifying the administrative law judge assigned to hear the case and the specific statutes and/or regulations governing the proceeding. OAH staff sends a notice scheduling either the hearing itself or a case planning conference, depending on the type of case.

Certain cases - generally, cases concerning Medicaid eligibility and benefits - may be automatically eligible to participate in OAH's optional prehearing mediation process to determine whether a resolution to the dispute is possible without a hearing. In those cases, the parties also receive a notice of mediation session. In other cases, mediation may be available if requested by both parties.

An individual may ask for a review or comment on an OAH decision through the "proposal for action" process. Every party to an OAH hearing may submit a written brief in support of, or opposition to, the OAH proposed

decision, raising questions of both law and fact. This process is not an appeal per se but rather an ability to file objections or statements regarding findings of fact and conclusions of law made by the hearing officer. The proposal for action request goes to the Commissioner's Office with the OAH proposed decision and any other documents or evidence submitted in the hearing process for a final decision.

If the OAH recommends finding in favor of the consumer, and the commissioner or commissioner designee confirms the ruling, the department has no right to appeal. There is no difference in the "standard of review." Matters are reviewed de novo at all levels of the administrative process. A party may also request a de novo trial at the Superior Court appeal level. Some deference is given to factual findings, and legal issues are reviewed de novo (although the agency is given some deference as to its own regulations)

The state complies with 42 CFR § 431.244(f) regarding Medicaid fair hearings. When an administrative hearing is subject to a statutory or regulatory deadline for a decision, and that deadline is shorter than the deadline set in AS 44.64.060 (Procedure for Hearings), the hearing is given scheduling priority as a fast-track hearing. An administrative law judge assigned to hear a fast-track hearing may use reasonable means consistent with due process of law to meet the statutory or regulatory deadline. The reference to "means" includes combined prehearing and hearing procedures, negotiated stipulations, accelerated briefing and discovery schedules, oral motions, and expedited alternative dispute resolution efforts.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Division of Health Care Services assumes all policy, program, and administrative responsibility for Medicaid benefits and services except those responsibilities delineated below.

The Division of Behavioral Health assumes all policy, program, and administrative responsibility for Medicaid mental health and substance misuse services.

The Division of Senior and Disabilities Services provides the full range of care for seniors and people with disabilities in one agency through the administration of state and federal grant programs, all Medicaid Home and Community Based Waivers, and optional state plan services requiring an assessment for institutional level of care.

The Division of Public Health serves as a strategist for existing and emerging public health issues; protects all Alaskans' lives, health, and safety, prevents injury and chronic disease; serves as the trusted source of public health information; and strengthens essential public health partnerships, services, and infrastructure.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Medicaid state plan and policy oversight functions are within the Commissioner's Office. Decisions surrounding the advisability, viability, and pursuit of waivers or demonstrations occur within the Commissioner's Office.

The 1915(c) waivers are the responsibility of the Division of Senior and Disabilities Services, and the Division of Behavioral Health is responsible for and manages an 1115 waiver.

e. Administration, including budget, legal counsel

As the designated single state agency (SSA) for Medicaid, the DoH includes the Finance and Management Services (FMS) section under the direct supervision of an Assistant Commissioner who reports to the DoH Commissioner. FMS includes the following sections – budget, revenue & finance, human resources, information technology services, grants and contracts, and Medicaid allocations and audit services.

The Department of Law, via assistant attorney generals, acts as legal counsel for the DoH.

DoH Program Integrity Section –

The goal of Program Integrity is to reduce and eliminate fraud, waste, and abuse in the Medicaid Program. Core functions of Program Integrity include prevention, investigation, education, audit, recovery of improper payments, and cooperation with the Medicaid Fraud Control Unit (MFCU). Program Integrity is the primary Payment Error Rate

Measurement (PERM) program contact, manages the audit contract required under Alaska Statute (AS) 47.05.200, and has implemented the provider self-audit program which is an initiative required under AS 47.05.235. DOH Program Integrity chairs the department audit committee and works closely with the DOH Medicaid Division's Quality Assurance sections described below:

Division of Health Care Services – Quality Assurance Unit –

The Division of Health Care Services Quality Assurance section houses the Department Surveillance Utilization Review (SURS) function, the Medicaid beneficiary care management (lock-in) function, and is also responsible for Medicaid provider enrollment.

Division of Senior and Disabilities Services - Quality Assurance Section –

The quality assurance section within the Division of Senior and Disabilities Services division (SDS) monitors Personal Care and Home and Community-Based waiver agencies' compliance with federal and state requirements. SDS investigations frequently lead to overpayment referrals made to DOH Program Integrity, and referrals made to the Alaska MFCU for follow-up. SDS has implemented the Electronic Visit Verification (EVV) program for Personal Care Services (PCS) which is a powerful tool to ensure PCS services are provided in accordance with required standards.

Division of Behavioral Health – Medicaid Provider Assistance Unit –

The Division of Behavioral Health (DBH) Medicaid Provider Assistance (MPAS) Unit monitors Behavioral Health Provider's compliance with applicable requirements and works closely with the DOH Medicaid Program integrity on DBH providers' who need additional pre-payment or post-payment monitoring or audit.

Department of Law Medicaid Fraud Control Unit –

The Alaska Medicaid Fraud Control Unit (MFCU) has been part of the Attorney General's Office since January 1992. The unit, located in Anchorage, has statewide jurisdiction. It has the responsibility for investigating and prosecuting Medicaid fraud and the abuse, neglect, or financial exploitation of patients in any facility that accepts Medicaid funds. Authorities - 42 U.S.C. 1302, 1396a(a)(61), 1396b(a)(6), 1396b(b)(3), and 1396b(q).

f. Financial management, including processing of provider claims and other health care financing

Alaska Medicaid utilizes two contractors, (1) a fiscal agent and (2) an administrative services organization (ASO; for behavioral health services). Both contractors process service authorizations and claims according to federal- and state-approved policies and procedures.

g. Systems administration, including MMIS, eligibility systems

The Health Information Technology Unit within the Office of the DoH Commissioner coordinates all projects for state Medicaid and public health systems leveraging health information exchange, interoperability, and advanced data modernization efforts. Divisions manage and administer individual systems. The health IT unit works to align and weave together technical, policy, and funding efforts to advance state Medicaid and public health goals. The following is a high-level summary of the systems each division administers.

The Division of Health Care Services' Systems Unit administers the MMIS for health services (other than behavioral health) via a fiscal agent contractor. The Division of Behavioral Health administers AKAIMS, the behavioral health information system, and the ASO MMIS. The Division of Public Assistance utilizes two Medicaid eligibility systems, ARIES and EIS (legacy system). The Division of Senior and Disabilities Services administers home and community-based case management systems and tools. The Division of Public health administers public health registries such as the Vaccination Tracking System of Alaska (VakTrAK) and the Laboratory Information Management System (LIMS), and tools and systems for public health nursing while working toward modernizing all public health systems and data flows. Community-based providers such as the Alaska Psychiatric Institute and Pioneer Homes administer separate health information systems and electronic health records.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name

Date Created

Revised Orgchart (08-03-22)

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

Description of the functions the delegated entity performs in carrying out its responsibilities:

An Exchange appeals entity

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

An Exchange that is a government agency

The Federally-Facilitated Marketplace (FFM) determines Medicaid eligibility for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM does not assign an individual determined Medicaid eligible, whose income eligibility is determined using MAGI methodology to a specific eligibility group, determine cost-sharing (if applicable), or assign a benefits package – the single state agency performs these functions.

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

Yes

No

Name of agency:

Description of the Medicaid functions or activities conducted or coordinated with another executive agency:

Department of Family and Community Services

The DoH coordinates with the Department of Family and Community Services, including the Division of Juvenile Justice, Office of Children's Services, the Alaska Psychiatric Institute, and the Pioneer Homes, to ensure Medicaid coverage for eligible Alaskans served by its programs.

The Department of Law

The Department of Law acts as legal counsel for the Department of Health.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
The Department of Education and Early Development	The DoH collaborates with the Department of Education and Early Development through the Office of School Health and Safety in the Division of Public Health to address health care needs for children and youth in school settings.

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F. Additional information (optional)

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Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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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