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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 14-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

JUN 03 2014

William J. Streur, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 14-003-MM4

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-003-MM4. This transmittal describes the single state agency's delegation of appeals and determinations in accordance with the Affordable Care Act and updates the state's organizational structure.


This SPA is approved effective January 1, 2014.

The new pages, A-1 through A-3, should be placed in a separate section at the back of the state plan.

Also, the new page titled, "Superseding Pages of the State Plan Material", should be placed in a separate section in front of the state plan.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:
Gennifer Moreau-Johnson, gennifer.moreau-johnson@alaska.gov
Margaret Brodie, margaret.brodie@alaska.gov

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Alaska

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

14 - 003

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Administration of Medicaid

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 - Other, as specified
- Describe:
Did not wish to comment.

Signature of State Agency Official

Submitted By: Gennifer Moreau
Last Revision Date: May 23, 2014
Submit Date: Mar 18, 2014

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

14 -003

STATE:

Alaska

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

A1 - A3

**COMPLETE PAGES
SUPERSEDED:**

Page 1
Section 1.1 (pages 2-6)
Section 1.2 (page 7)
Section 1.3 (page 8)
Attachment 1.1-A (Attorney
General certification)
Attachment 1.2-A
(Organizational chart)
Attachment 1.2-B (Description
of the functions of the single
state agency)
Attachment 1.2-C (Description
of professional medical and
supporting staff)

**PARTIAL PAGES
SUPERSEDED:**

Section 1.4 (page 9)(State
Medical Care Advisory
Committee only. Tribal
consultation will remain in the
state plan.)



Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

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



Medicaid Administration

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

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

A2

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 Community Based Waivers. The Division of Behavioral Health assumes all policy, program and administrative responsibility for mental health and substance abuse services.



Medicaid Administration

Within the Office of the Deputy Commissioner for Family, Community and Integrated Services is the Division of Public Assistance 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. The Office of Children's Services determines Medicaid eligibility for children in state custody.

DHSS role and responsibility in Administrative Hearings: The review done by DHSS Commissioner's office is 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

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



Medicaid Administration

	Add
Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)	
<p>Type of entity that conducts fair hearings:</p> <p><input type="radio"/> An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act</p> <p><input type="radio"/> An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act</p> <p>Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Remove
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?	
<input type="radio"/> Yes <input type="radio"/> No	
State Plan Administration	
Assurances	A3
42 CFR 431.10 42 CFR 431.12 42 CFR 431.50	
Assurances	
<input checked="" type="checkbox"/> The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.	
<input checked="" type="checkbox"/> All requirements of 42 CFR 431.10 are met.	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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:	
<input type="checkbox"/> 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:	
<input type="checkbox"/> 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).	
<input type="checkbox"/> 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:	



Medicaid Administration

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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