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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 12, 2021

Adam Crum, Commissioner
Department of Health and Social Services
3601 C Street, Suite 902
Anchorage, AK 99503-7167

RE: Alaska State Plan Amendment (SPA) Transmittal Number 20-0008

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska's State Plan Amendment (SPA) Transmittal Number 20-0008. This amendment makes permanent the authority to allow various provider types to order laboratory and radiology services. In addition, the state adds coverage of heart and lung transplants for adults and all medically necessary transplants for children under 21 year of age within the inpatient hospital benefit.

We conducted our review of your submittal according to the statutory requirement in Title XIX of the Social Security Act and implementing regulations at 1905(a)(1) and 1905(a)(3). This letter is to inform you that Alaska's Medicaid SPA Transmittal Number 20-0008 is approved effective October 1, 2020.

If there are additional questions, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or at (206) 615-2542.

Sincerely,

 Digitally signed by James G. Scott - 5
Date: 2021.01.12 15:17:03 -06'00'

James G. Scott, Director
Division of Program Operations

cc:

Albert Wall, Deputy Commissioner, Medicaid & Health Care Policy

CC: emails

Albert Wall, Deputy Commissioner, Medicaid & Health Care Policy - a.wall@alaska.gov

Courtney King, SPA Coordinator - courtney.king@alaska.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0008	2. STATE AK
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2020	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the SSA; 42 CFR § 430.12	7. FEDERAL BUDGET IMPACT: a. FFY 21 \$ 1,483,630.35 b. FFY 22 \$ 1,483,630.35
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached Sheet to Attachment 3.1-A page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attached Sheet to Attachment 3.1-A page 1

10. SUBJECT OF AMENDMENT:
Revision of coverage language for Inpatient Hospital Services (organ transplants) and Laboratory & Radiology Services.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Does not wish to comment
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Courtney O'Byrne King Dept. of Health & Social Services 3601 C Street, Suite 902 Anchorage, AK 99503
13. TYPED NAME: Albert E. Wall	
14. TITLE: Medicaid Director; Deputy Commissioner AK DHSS	
15. DATE SUBMITTED: November 19, 2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: November 19, 2020	18. DATE APPROVED: January 12, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: <small>Digitally signed by James G. Scott - S Date: 2021.01.12 15:18:00 -06'00'</small>
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

1. INPATIENT HOSPITAL SERVICES: All hospitalizations must be physician-prescribed. The maximum hospital length of stay for any single admission is three days except for
 - a. Psychiatric admissions authorized by the department's utilization review contractor, and
 - b. Maternal and newborn hospital stays related to childbirth, which are limited to 48 hours of inpatient stay for a normal vaginal delivery and 96 hours of inpatient stay for a cesarean delivery.

Hospitals must secure a continued stay authorization from the division, or its designee, for patients to exceed the three-day maximum length of stay. The 48-hour and 96-hour maximum stay for maternal and newborn hospitalizations can be exceeded with a continued stay authorization.

Selected surgical procedures and medical diagnoses require preadmission certification from the department or its designee. Organ transplants must be prior authorized by the department or its designee. Coverage for organ transplants is limited to kidney, corneal, skin, bone, heart, lung, heart & lung, and bone marrow transplants for adults; and liver transplants for adults with biliary atresia or another form of end-stage liver disease. Children under 21 years of age will receive all medically necessary organ transplants. Coverage for transplants also extends to coverage for outpatient immunosuppressive therapy. Organ transplants and requisite related medical care will be covered at an available transplant center either within the state or at a transplant center located outside the state that has been authorized by the division.

2. a. OUTPATIENT HOSPITAL SERVICES: "Outpatient hospital services" excludes services not generally furnished by most hospitals in the state, such as outpatient psychiatric and substance abuse treatment services.
3. LABORATORY AND RADIOLOGY SERVICES: Laboratory and radiology services must be medically necessary and ordered by a physician or other licensed practitioners acting within their scope of practice. Medically necessary diagnostic mammograms are covered. Laboratory tests are performed by a laboratory certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA), at 42 CFR 493. Other laboratory and radiology services are furnished in an office or similar facility other than a hospital outpatient department or clinic and meet the State's provider qualifications. All medically necessary lab and radiology services are furnished without limitations. Selected laboratory and radiology services, however, require prior authorization.
4. a. NURSING FACILITY: Placement in a nursing facility providing a skilled level of nursing care requires prior authorization by the department.

b. EPSDT ENHANCED SERVICES:

1) Private Duty Nursing

Medicaid recipients under twenty-one (21) years of age may receive medically necessary private duty nursing services in accordance with 42 § CFR 440.80.

Private-duty nursing services are provided in a family setting, to Medicaid recipients under twenty-one (21) years of age experiencing a life-threatening illness and requiring more individual and continuous care than is available from a visiting nurse or is routinely provided by the nursing staff of a hospital, a skilled nursing facility or an intermediate care facility.

Private-duty nursing services are provided with the intent to prevent admission to, or promote early discharge from, an acute care or long-term care facility. Services must be provided in accordance with a plan of care approved by the recipients attending physician, and include,