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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 21-0007

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

September 28, 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 21-0007

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0007. This amendment proposes to move currently approved in-home peritoneal dialysis services from the clinic benefit to the home health and other licensed practitioner benefits without a change in reimbursement in accordance with the four-walls provisions in 42 CFR § 440.90(a).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Alaska Medicaid SPA 21-0007 was approved on September 28, 2021, with an effective date of November 1, 2021.

If you have any questions, please contact Maria Garza at 206-615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

 Digitally signed by
G. Scott -S
2021.09.28
13:05:00

James G. Scott, Director
Division of Program Operations

cc: Al Wall, Deputy Commissioner, a.wall@alaska.gov
Courtney King, SPA Coordinator, courtney.king@alaska.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 21-0007	2. STATE AK
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE November 1, 2021		

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: 42 CFR § 440.70; 42 CFR § 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 22 \$ 0 b. FFY 23 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached Sheet to Attachment 3.1-A, page 2 Attachment 4.19-B, page 1.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attached Sheet to Attachment 3.1-A, page 2 Attachment 4.19-C, page 1.2 P&I Attachment 4.19B, page 1.2

10. SUBJECT OF AMENDMENT:
This SPA moves in-home peritoneal dialysis services from the clinic benefit to the home health and other licensed practitioner benefits without a change in reimbursement.

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 c/o DHSS Commissioner's Office 3601 C Street, Suite 902 Anchorage, AK 99503
13. TYPED NAME: Albert E. Wall	
14. TITLE: Deputy Commissioner of DHSS – Medicaid Director	
15. DATE SUBMITTED: July 12, 2021	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: July 12, 2021	18. DATE APPROVED: September 28, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: Digitally signed by James G. Scott -S Date: 2021.09.28 13:57:06 -05'00'
21. TYPED NAME: James G. Scott	Director, Division of Program Operations

23. REMARKS:

9/10/21 P&I authorized via email to correct Box 9 reference to 4.19C.

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4. c. FAMILY PLANNING SERVICES: Fertility services not covered.
 5. a. PHYSICIAN SERVICES: Physicians' services are provided in accordance with regulations at 42 CFR 440.50. A surgical procedure that could be considered experimental, investigative, or cosmetic is not covered unless that procedure is medically necessary in the course of treatment for injury or illness and has been prior authorized by the medical review section of the division or its designee. A licensed physician provides services directly and supervises direct services provided by physician assistants, advanced nurse practitioners, certified registered nurse anesthetists, certified behavioral health aides I, II, and III, certified behavioral health practitioners, certified community health aides I, II, III, or IV, and certified community health practitioners.
 6. b. OPTOMETRIST SERVICES: Vision services are provided to recipients experiencing significant difficulties or complaints related to vision or if an attending ophthalmologist or optometrist finds health reasons for a vision examination. A second vision exam in a 12-month period must be prior authorized by the division or its designee.
 6. d.1 DIRECT ENTRY MIDWIFE SERVICES: Direct entry midwife services are those services for the management of prenatal, intrapartum, and postpartum care that a direct-entry midwife is authorized to provide under the scope of practice of her state license.
 6. d.2 In accordance with 42 CFR § 440.60, licensed and qualified pharmacists acting within their scope of practice as defined in state law. Pharmacists, pharmacy interns, and pharmacy technicians are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations. Qualified pharmacy interns and qualified pharmacy technicians are working under the supervision of a licensed pharmacist.
 6. d.3 In accordance with 42 CFR § 440.60(a), the following licensed providers acting within their scope of practice as defined by state law: Licensed Psychologists, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists.
 6. d.4 In accordance with 42 CFR § 440.60(a), nurses are covered for services within their scope of practice in accordance with state law. Nurses are supervised by licensed physicians, physician assistants, and advanced practice registered nurses. The licensed practitioners assume professional responsibility for the services provided by the unlicensed practitioner, and the licensed practitioner bills for the service.
 7. a-d. HOME HEALTH SERVICES: Home health services are offered in accordance with 42 CFR 440.70. Home health services must be ordered by the attending physician, nurse practitioner, or physician assistant operating within their scope of practice and must be prior authorized by the State Medicaid Agency or its designee. Medical supplies, equipment, and appliances include supplies, equipment, and appliances necessary for in-home dialysis.
 - c. Equipment and appliances that require prior authorization by the State Medicaid Agency or its designee are listed in the provider manual.

Other Licensed Practitioners

Licensed Behavior Analysts

The state Medicaid program reimburses for behavior analysis services through the supervising health care provider - who is a licensed behavior analyst operating within their scope of practice.

All covered services pay at the lesser of the provider's billed charges or the state maximum allowable for the procedures. State-developed fee schedule rates are the same for both governmental and private providers of behavior analysis services. Tribal behavioral health clinic encounter rates do not apply to services in this section.

The fee schedule and its effective date are published at <http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx>.

The fee schedule was last updated to be effective for services on or after July 1, 2019.

In SFY20, the payment rates will be 95% of the SFY19 rates.

In-Home Peritoneal Dialysis

Payment for in-home renal dialysis services is at a composite per treatment rate for peritoneal dialysis. No more than one treatment may be billed per day.

The rate for in-home dialysis is all-inclusive, except that the department pays separately for erythrocyte-stimulating agents and parenteral iron replacement products, which are reimbursable under the existing prescribed drug payment methodology.

The composite per treatment payment rate for peritoneal dialysis is adjusted annually each July 1st.

The composite per treatment payment rate for peritoneal dialysis is calculated as a statewide weighted average. The following are used to develop the statewide weighted average:

- a. Alaska Medicaid claims information from the MMIS that identifies the number of peritoneal dialysis treatments delivered to Alaska Medicaid recipients during the most recent calendar year for which timely filing has passed; and
- b. The average cost per treatment included on Medicare Cost Reports submitted by end-stage renal disease clinics providing in-home dialysis services for the calendar year aligning with a) above.

The cost of the peritoneal cost per treatment taken from the average cost of treatments value reported on the Computation of Average Costs per Treatment Basic Composite Cost worksheet for Home Program Continuous Ambulatory Peritoneal Dialysis (CAPD) and Home Program Continuous Cycling Peritoneal Dialysis (CCDP) portion of the Medicare Cost Reports (CS 265-11, worksheet D) submitted by end-stage renal disease clinics.

When the average cost of treatments from the *Computation of Average Costs per Treatment Basic Composite Costs* is reported as weekly costs on the Medicare Cost Reports submitted by end-stage renal disease clinics, the department divides peritoneal dialysis values by seven treatments a week to arrive at the average cost per daily treatment.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of in-home dialysis services. The agency's fee schedule, dated May 14, 2021, and effective for services provided on or after that date, is located on the Office of Rate Review website <http://dhss.alaska.gov/Commissioner/Pages/RateReview/Rate-Setting.aspx>. Providers of In-Home Peritoneal Dialysis annually, before July 1st, receive a letter from the department providing the updated reimbursement rate.