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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 13-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) HCFA 179
- 3) Approved SPA Page(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

12/11/13

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 13-009

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-009. With this SPA, Alaska has ensured that the state plan is in compliance with section 4107 of the Patient Protection and Affordable Care Act. That section provides for Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing.

As requested, this SPA is approved effective July 1, 2013.

If you have any additional questions or require any further assistance concerning this SPA, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or at Tania.Seto@cms.hhs.gov.

Sincerely,

/s/

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

e-cc:

Gennifer Moreau, Department of Health and Social Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13 - 009	2. STATE: Alaska
	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: July 1, 2013	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

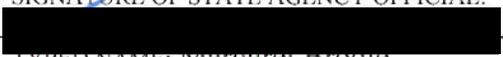
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 4107 of Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <u>0</u> b. FFY <u>2014</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 16 1 . a . (P & I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
Tobacco Cessation for Pregnant Women

11. GOVERNOR'S REVIEW (Check One):

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Does not wish to comment
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:
13. TYPED NAME: Margaret Brodie	Division of Health Care Services
14. TITLE: Director, Division of Health Care Services	4501 Business Park Blvd Bldg L
15. DATE SUBMITTED: 9/17/2013 (P&I)	Anchorage, Alaska 9503-7167

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/17/2013	18. DATE APPROVED: 12/11/13
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

9.17.13- state authorizes P&I change to box 15
12.06.13- state authorizes P&I change to box 8

4.d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services

Provided No Limitations With Limitations

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

Provided No Limitations With Limitations

Face-to-face Counseling Services provided:

- (i) By or under supervision of a physician
- (ii) By any other healthcare professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services: or
- (iii) Any health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (none are designated at this time)

Face-to-face Tobacco Cessation Counseling Services for Pregnant Women:

Provided No Limitations With Limitations

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt with a minimum of two (2) quit attempts per 12 month period should be described below.

Please describe any limitations