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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 14-001

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
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

MAY 28 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 14-001

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team recently approved State Plan Amendment (SPA) 14-001 effective January 1, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

The state will receive an approval letter for this SPA from the CMS Pharmacy Team. The Seattle Regional Office is also providing an additional copy as we were the recipient of the original, signed amendment request and we maintain the official Alaska State Plan. Enclosed you will find a copy of the official CMS form 179, amended page(s), and copy of the approval letter from the Pharmacy Team for your records.

If you have any questions concerning the Seattle Regional Office role in the processing of this SPA, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 28, 2014

Margaret Brodie
Director, Division of Health Care Services
Alaska Department of Health and Social Services
4501 Business Park Blvd, Suite 24, Bldg L
Anchorage, AK 99503-7167

Dear Ms. Brodie:

We have reviewed Alaska State Plan Amendment (SPA) 14-001, Prescribed Drugs, received in the Seattle Regional Office on March 13, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-001 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Alaska state plan will be forwarded by the Seattle Regional Office.

If you have any questions regarding this SPA, please contact Jessica Walker at (410) 786-2457.

Sincerely,


Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Carol J.C. Peverly, ARA, Seattle Regional Office
Maria Garza, Seattle Regional Office

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|--|---|---------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 14 - 001 | 2. STATE: Alaska |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 1927(d)(7) and Section 2502 of the ACA | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE: January 1, 2014 | |

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: [Redacted] Social Security Act, sections 1927(d)(2) 1927(d)(7) - section 2502 of the ACA. (P&I) | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$ <u>0</u> b. FFY <u>2015</u> \$ <u>0</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached Sheet to Attachment 3.1-A page 4.3 (P&I) Attached Sheet to Attachment 3.1A, page 4.2 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attached Sheet to Attachment 3.1-A page 4.3 (P&I) Attached Sheet to Attachment 3.1A, page 4.2 |

10. SUBJECT OF AMENDMENT:
Drugs removed from the excluded drug list.

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: [Redacted] | 16. RETURN TO: Division of Health Care Services 4501 Business Park Blvd, suite 24, Bldg L Anchorage, Alaska 99503-7167 |
| 13. TYPED NAME: Margaret Brodie | |
| 14. TITLE: Director, Division Health Care Services | |
| 15. DATE SUBMITTED: 3/13/14 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|----------------------------|------------------------------|
| 17. DATE RECEIVED: 3/13/14 | 18. DATE APPROVED: 5/28/2014 |
|----------------------------|------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014 | 20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted] |
| 21. TYPED NAME: Carol J.C. Peverly | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health |

23. REMARKS:

4/16/14: State authorizes P&I change to box 8 and 9
5/28/14: State authorizes P&I change to box 8 and 9
5/29/14: State authorizes P&I change to box 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency _____ Alaska _____

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

| Citation (s) | Provision (s) |
|---------------------------|---|
| 1927(d)(2) and 1935(d)(2) | 1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit -Part D. X The following excluded drugs are covered: X (a) agents when used for anorexia, weight loss, weight gain – limited to Megace Oral Suspension <input type="checkbox"/> (b) agents when used to promote fertility X (c) agents when used for cosmetic purposes or hair growth – limited to all cosmetic drugs <input type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds X (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride – limited to prescription Vitamins (oral vitamins, folic acid, Vitamin A, Vitamin Vitamin D, and analogs, Vitamin B complex when Medically necessary) X (f) non-prescription drugs – limited to laxatives and bismuth preparation, Vaginal antifungal creams and suppositories, Nonoxyl 9 contraceptives, Bacitracin topical ointment, loratadine, omeprazole |

TN No. 14-001
Supersedes TN
No.05-08

Approval Date: 5/28/2014
Effective Date: January 1, 2014