
Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

June 28, 2018

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

RE: Alaska State Plan Amendment (SPA) Transmittal Number 18-0003

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska State Plan Amendment (SPA) Transmittal Number 18-0003. This SPA adds reimbursement for autism services under Other Licensed Practitioners.

This SPA is approved effective July 1, 2018, as requested by the state.

If there are additional questions please contact me, or your staff may contact Bill Vehrs at bill.vehrs@cms.hhs.gov or at (503) 399-5682.

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

cc:
Jon Sherwood, DHSS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
18-0003

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2018

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 440.60

7. FEDERAL BUDGET IMPACT:

a. FFY 18 \$ 3,739,900
b. FFY 19 \$ 15,123,600

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A page 2
Attached Sheet to Attachment 3.1-A pages 2-2.1b (P&I)
Attachment 4.19-B page 1.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 3.1-A page 2
Attached Sheet to Attachment 3.1-A page 2-1b (P&I)

10. SUBJECT OF AMENDMENT:

This SPA adds reimbursement for autism services under Other Licensed Practitioner.

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jon Sherwood

14. TITLE: Department of Health and Social Services
Deputy Commissioner

15. DATE SUBMITTED: May 4, 2018

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5/4/18

18. DATE APPROVED: 6/28/18

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/18

20. SIGNATURE

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

Digitally signed by David L. Meacham -S
DN: cn=US, o=U.S. Government, ou=HHS

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 5 a. Physician services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided with: No limitations
 X Limitations

5. b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided with: X No limitations
 Limitations

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.

- a. Podiatrist Services:

Provided with No limitations
 Limitations
Not Provided X

- b. Optometrist Services:

Provided with No limitations
 X Limitations
Not Provided

- c. Chiropractor Services:

Provided with No limitations
 Limitations
Not Provided X

- d. Other Licensed Practitioner
Services:

Provided with No limitations
 X Limitations
Not Provided

The Alaska Medicaid Program allows for limited, interceptive, and comprehensive orthodontic treatment. Except for a recipient with a cleft palate, the recipient must display hygiene adequate to begin and successfully complete treatment. The recipient must be caries-free during the six months prior to treatment.

(6) Emergency Hospital Services

Emergency hospital services, as defined in 42 CFR 440.170(e), are covered for recipients under age 21.

(7) Behavior Analysis Services

In accordance with 1905(a)(6), Alaska covers the services of a Licensed Behavior Analyst pursuant to their scope of practice within the state.

In accordance with 1905(a)(6), Alaska covers the services of a Licensed Assistant Board Certified Behavior Analysts (BCBA) pursuant to their scope of practice within the state.

In accordance with 1905(a)(6), Alaska covers the services of a Behavior Technician working under the supervision of a Licensed Behavior Analyst pursuant their scope of practice within the state. The Licensed Behavior Analyst bills for all Behavior Technician services furnished.

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 are paid 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 is 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, 2018.