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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 19-0008

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



Western Division - Regional Operations Group

January 21, 2020

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 19-0008

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska's State Plan Amendment (SPA) Transmittal Number 19-0008. This SPA adds licensed Psychologist and Licensed Social Workers, as Medicaid practitioners eligible to receive reimbursement.

This SPA is approved effective October 1, 2019.

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,

A large black rectangular redaction box covers the signature of David L. Meacham.

David L. Meacham
Deputy Director

cc:
Albert Wall, DHSS, Deputy Commissioner
Courtney King, DHSS, SPA Coordinator

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

1. TRANSMITTAL NUMBER:
19-0008

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 01, 2019

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(a); 42 CFR 447.201; 42 CFR 440.302

7. FEDERAL BUDGET IMPACT:
a. FFY 20 (P&I) \$ ~~5,779,000~~ \$565,208
b. FFY 21 (P&I) \$ ~~5,779,000~~ \$565,208

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.a (P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

Add Licensed Clinical Social Workers and Licensed Psychologists to other licensed practitioner benefit.

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:

[Redacted Signature]

16. RETURN TO:

13. TYPED NAME: Albert E. Wall

14. TITLE: Deputy Commissioner, Dept. of Health & Social Services

15. DATE SUBMITTED: October 25, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/25/2019

18. DATE APPROVED: 1/21/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:
David L. Meacham

22. TITLE:
Deputy Director

8, cn=David L. Meacham -S
Date: 2020.01.23 11:31:47 -0800

23. REMARKS:

12/20/19-State authorizes a P&I change to block #8.
12/26/19-State authorizes a P&I change to block #7.

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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 TOBACCO CESSATION: Tobacco cessation is provided as face-to-face counseling by a qualified pharmacist to a recipient with a prescription for such service. All counseling encounters must follow general Medicaid documentation requirements for the service provided. Qualified pharmacists are those who have attended at least one continuing education course on Tobacco Cessation in accordance with federal public health guidelines found in the United States Department of Health and Human Services Public Health Services Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence. Such treatment may include discussing challenges to and strategies for success, behavior triggers, alcohol use, relapse and coordination with prescriber to ensure the correct therapy is employed.
 6. d.3 Qualified pharmacists providing administration of preventive vaccines, as authorized under "Other Licensed Practitioners" at 42 CFR 440.60, will be paid an administration fee for administering vaccines to recipients age 19 years old and above. Qualified pharmacists may administer all medically necessary vaccines, either by injection or intranasally, as authorized by the State within the scope of their practice.
 6. d.4 In accordance with § 42 CFR 440.60(a), the following licensed providers are covered within their scope of practice as defined by state law: Licensed Psychologists and Licensed Clinical Social Workers.
 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 and must be prior authorized by the State Medicaid Agency or its designee.
 - 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 Psychologists

The state Medicaid program reimburses for services provided by a licensed psychologist 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 and its effective date are published at <http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx> .

Licensed Clinical Social Workers

The state Medicaid program reimburses for services provided by a licensed clinical social worker 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 and its effective date are published at <http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx> .