Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

September 20, 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 21-0002

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0002. This amendment proposes to expand coverage and enhance access to state's substance use disorder and behavioral mental health services for Medicaid recipients.

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 21-0002 was approved on September 20, 2021, with an effective date of June 30, 2021.

Enclosed is a copy of the CMS-179, as well as the approved pages for incorporation into the Alaska State Plan.

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

Sincerely,

[redacted] itally signed by James
cott -S
e: 2021.09.20 15:08:29
-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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 21-0002

2. STATE: AK

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
March 31, 2021 P&I 6/30/2021

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 § 431.15; 42 CFR § 440.90; 42 CFR § 440.130

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 $ 0
b. FFY 2022 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attached Sheet to Attachment 3.1-A, pages 3, 3.1, and 3.2
Attached Sheet to Attachment 3.1-A, pages 4a, 4b, and 4c P&I auth.
Attached Sheet to Attachment 3.1-A, pages 5, 6, 7, and 8, 9, and 9a
Attachment 4.19-B, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attached Sheet to Attachment 3.1-A, pages 3, 3.1, and 3.2
Attached Sheet to Attachment 3.1-A, pages 4a, 4b, and 4c P&I auth.
Attached Sheet to Attachment 3.1-A, pages 5, 6, 7, and 8, 9, and 9a
Attachment 4.19-B, page 1

10. SUBJECT OF AMENDMENT:
Implementation of Behavioral Health System Redesign

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: /s/

13. TYPED NAME: Albert E. Wall

14. TITLE: DHSS Deputy Commissioner & Medicaid Director

15. DATE SUBMITTED: March 17, 2021

16. RETURN TO:
Courtney O'Byrne King
c/o Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, AK 99503

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 17, 2021

18. DATE APPROVED:
September 20, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
June 30, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]
Digitally signed by James G. Scott -S
Date: 2021.09.20 15:09:02 -05'00'

21. TYPED NAME:
James G. Scott

22. TITLE:
Director, Division of Program Operations

23. REMARKS:

5/5/21 P&I change to Box 4 - effective date 6/30/21 - confirmed on 9/9/21 effective date revision did not include previous P&I change
8/27/21 P&I changes to Boxes 8 & 9 adding pgs 9 and 9a

9. **CLINIC SERVICES**:

Community Behavioral Health Provider –

A. **Definition of services -** The Medicaid agency or designee will reimburse a community behavioral health services provider for the provision of approved services for the treatment of diagnosable behavioral health disorders, including mental health and substance use disorders, provided to eligible Medicaid beneficiaries.

B. Prior authorization and limitations

The following services do not need prior authorization if provided within the following service limits:

i. Any combination of individual, group, and family therapy not to exceed 30 hours per state fiscal year.

ii. Psychiatric assessment not to exceed four per recipient per state fiscal year.

iii. Psychological testing not to exceed six hours per recipient per state fiscal year.

iv. Pharmacologic management not to exceed one visit per week during the first four weeks of treatment, one visit bi-weekly (every two weeks) for up to eight weeks, and thereafter not to exceed one visit per month.

v. If an individual is not already receiving services, one integrated mental health, and substance use intake assessment or a combination of one mental health intake assessment, and one substance use intake assessment.

vi. If an individual is subject to a current behavioral health treatment plan, one integrated mental health and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment every six months.

vii. Short-term crisis intervention services not to exceed 22 hours per state fiscal year.

viii. Screening and brief intervention services.

ix. Medication administration services as provided in the recipient's behavioral health treatment plan.

x. One medical evaluation of a recipient in an opioid use disorder treatment program per admission for that opioid use disorder treatment program including (A) consultation and referral; (B) verification of one year of addiction; and (C) establishing dosage for methadone or another agonist or partial agonist.

xi. Methadone or Antabuse administration for medication-assisted treatment as prescribed by a physician for substance use disorder.

xii. Behavioral health screening using an evidence-based tool to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients.

If an organization anticipates exceeding the service limits, it is required to submit a prior authorization request to the State Medicaid Agency or its designee, documenting the medical necessity for the additional services.

Mental Health Physician Clinic–

A. Definition of services – The Medicaid agency or designee will reimburse a mental health physicians' clinic for the provision of approved state plan services for the treatment of diagnosable mental health disorders provided to Medicaid eligible beneficiaries.

B. Prior **authorization and limitations**

The following services do not need prior authorization if provided within the following service limits:

i. Any combination of individual, group, and family therapy not to exceed 30 hours per state fiscal year.

ii. Psychiatric assessment not to exceed four per recipient per state fiscal year.

iii. Psychological testing not to exceed six hours per recipient per state fiscal year.

iv. Pharmacologic management not to exceed one visit per week during the first four weeks of treatment, one visit bi-weekly (every two weeks) for up to eight weeks, and thereafter not to exceed one visit per month.

v. If an individual is not already receiving services - one integrated mental health and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment.

vi. If an individual is subject to a current behavioral health treatment plan – one integrated mental health and substance use intake assessment or one mental health intake assessment every six months.

vii. Short-term crisis intervention services not to exceed 22 hours per state fiscal year.

If an organization anticipates exceeding the service limits, it is required to submit a prior authorization request to the State Medicaid Agency or its designee, documenting the medical necessity for the additional services.

Ambulatory Surgery Center

A. **Definition of services:** Ambulatory surgical center (ASC) means any distinct entity operating exclusively for providing surgical services to patients not requiring hospitalization, and in which the expected duration of services would not exceed 24 hours following an admission. (42 CFR 416.2)

B. **Providers and qualifications**: Ambulatory surgical centers must comply with all current federal (42 CFR 416.25 – 416.54) and state enrollment requirements, have a system to transfer patients requiring emergency admittance or overnight care to a licensed, Medicaid-enrolled facility following any surgical procedure performed, and have a department approved utilization review plan.

C. **Prior authorization and limitations**: Services requiring prior authorization are noted on the current ASC fee schedule

End Stage Renal Disease Clinics

A. **Definition of services:** End stage renal disease services include comprehensive outpatient dialysis and related services including labs and drugs, home dialysis training and support services, or both.

B. **Providers and qualifications**: The end stage renal disease provider must comply with all current federal (42 CFR 494.1 – 494.20) and state enrollment requirements and be enrolled as a Medicare provider.

C. **Prior authorization and limitations**: The facility may bill a maximum of one peritoneal dialysis treatment per day, and a maximum of three hemodialysis treatments per week. Treatment limits may be exceeded based on a medical necessity determination.

10. **DENTAL SERVICES**: See attached Sheet to Attachment 3.1-A, page 3a

11. **PHYSICAL THERAPY AND RELATED SERVICES**: See Attachment 3.1-A, page 24a-24c

12. PRESCRIBED DRUGS:

a. Covered outpatient drugs are drugs:
   i. dispensed only upon a prescription; and
   ii. for which the United States Food and Drug Administration (FDA) requires a national drug code (NDC) number; and
   iii. Alaska covers outpatient drugs in accordance with Section 1902(a)(54) and 1927 of the Social Security Act.

b. a compounded prescription if at least one ingredient is a covered outpatient drug as defined in (a) above and the recipient's drug therapy needs cannot be met by commercially available dosage strengths or forms of the therapy; the claim for a compounded prescription is submitted using the national drug code (NDC) number and quantity for each covered outpatient drug in the compound; not more than 25 covered outpatient drugs are reimbursed in any compound.

12. c **Prosthetic devices** are provided upon a physician's order.

12. d **Eyeglasses** are provided to recipients in response to an initial or change of prescription, or as a replacement of a lost or destroyed pair of glasses. Tinted lenses are not covered unless medically necessary. Contact lenses are not covered except for specific medical conditions. Tinted lenses and contact lenses must be prior authorized. Eyeglasses are purchased for recipients under a competitively bid contract.

13 DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATIVE SERVICES

13. a **Mammography coverage** is limited to diagnostic mammograms necessary to detect breast cancer.

13. b **Screening mammograms** are covered at the age and frequency schedule of the American Cancer Society as provided in state statute.

13. d **Rehabilitative behavioral health disorder services** covered by Medicaid under the state plan are limited to the services listed in this section. For purposes of this section, behavioral health disorders include both mental health and substance use disorders.

To be eligible to provide Medicaid behavioral health rehabilitative services covered by the state plan, providers, or a provider's employer, is enrolled in Medicaid with the Medicaid agency or its designee and operating within their scope of practice:

(1) **Community behavioral health services provider (CBHS)** – a community-based service agency, approved by the department and enrolled in Alaska Medicaid, employing individual rendering behavioral health service providers included in this section.

A community behavioral health service provider agency must be an enrolled provider in good standing with the state and receiving reimbursement from the department; if providing behavioral health clinic services, must have a documented formal agreement with a physician to provide general direction and direct clinical services as needed; must collect and report the statistics, service data, and other information requested by the department; must participate in the department's service delivery planning; must maintain a clinical record for each recipient; must have policies and procedures in place; may not deny treatment to an otherwise eligible recipient due to the recipient's inability to pay for the service; may not supplant local funding available to pay for behavioral health services or programs with money received under a grant-in-aid program; must be dual diagnosis capable program or dual diagnosis enhanced program; must ensure that all recipients have given informed consent; must report to the department any recipient who is missing or deceased; must submit to the department a record of a criminal history background check for each member of the provider's staff upon request.

(2) **Mental health professional clinician** – an individual working for a community behavioral health services provider and has a master's degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social

work, or nursing and is performing community behavioral health services that are within that individual's field of expertise;

(3) **Licensed mental health professional** – an individual enrolled in Alaska Medicaid or working for a community behavioral health services provider, holding an active license to practice as a marital and family therapist, clinical social worker, professional counselor, or psychologist in good standing in the State of Alaska, and operating within their scope of practice;

(4) **Psychologist** – an individual enrolled in Alaska Medicaid, holding an active license in good standing to practice as a psychologist in the State of Alaska and operating within their scope of practice as defined by state law;

(5) **Licensed behavior analyst (L.B.A.)** – an individual working for a community behavioral health service provider, with an active license in good standing to practice in the State of Alaska, and operating within their scope of practice;

(6) **Behavioral health aide (B.H.A.)** – an individual working for a community behavioral health service provider with an active certification in good standing, as a Behavioral Health Practitioner, Behavioral Health Aide I, Behavioral Health Aide II, or Behavioral Health Aide III, issued by the Federal Community Health Aid Program Certification Board (CHAP-CB) established under 25 U.S.C. 1616*l*, working within the scope of the individual's authorized practice. BHAs are supervised by a mental health professional clinician when employed by a CBHS;

(7) **Substance use disorder counselor** – an individual working for a community behavioral health services provider, and holding any current, valid certificate from the National Association for Alcoholism and Drug Abuse Counselors, the International Certification and Reciprocity Consortium, the Alaska Commission for Behavioral Health Certification, or the Alaska Native Tribal Health Consortium Behavioral Health Aide Program, and operating under the supervision of a mental health professional clinician, licensed mental health professional, psychologist, physician, physician's assistant, or advanced practice registered nurse;

(8) **Behavioral health clinical associate** – an individual working for a community behavioral health services provider who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in providing rehabilitation services to recipients with severe behavioral health conditions and operating under the supervision of a mental health professional clinician, licensed mental health professional, psychologist, physician, physician's assistant, or advanced practice registered nurse;

(9) **Physician** – a physician enrolled in Alaska Medicaid, holding an active license to practice in good standing in the State of Alaska, and operating within their scope of practice;

(10) **Physician's Assistant (P.A.)** – an individual enrolled in Alaska Medicaid, holding an active license to practice in good standing in the State of Alaska, and operating within the scope of their collaborative practice agreement;

(11)**Advanced practice registered nurse (A.P.R.N.)** – an individual enrolled in Alaska Medicaid, holding an active license to practice in good standing in the State of Alaska, who may or may not hold state-granted independent prescriptive authority. When APRNs do not have independent prescriptive authority in the state, the APRN operates within the scope of their collaborative practice agreement for the purposes of prescribing and dispensing legend drugs;

(12)**Licensed practical nurse (L.P.N.)** – an individual working for an eligible and enrolled behavioral health rehabilitation services provider, holding an active license to practice in good standing in the State of Alaska, operating within their scope of practice under the supervision of a licensed registered nurse, licensed advanced practice registered nurse, licensed physician, licensed physician's assistant, or licensed dentist; and

(13)**Certified nursing aide (C.N.A.)** – an individual working for an eligible and enrolled behavioral health rehabilitation services provider, holding a State of Alaska certification and operating within their scope of practice under the supervision of a licensed nurse.

The state assures that any willing and qualified provider operating within the scope of their license or certification under state or federal law who delivers the services listed below to eligible recipients may receive Medicaid reimbursement regardless of the setting in which the service is furnished.

Pursuant to EPSDT, no limitations on services listed in this section are imposed for individuals under 21 years of age, if determined to be medically necessary and prior authorized by Alaska Medicaid.

(1) **Screening Services** used to determine whether a Medicaid-eligible individual may need behavioral health intervention or treatment are covered by Medicaid. The types of screenings eligible for reimbursement by the Medicaid agency or its designee include.

(a). **Behavioral Health Screening Services** include the use of an evidence-based tool. This behavioral health screening is used with a recipient before an intake assessment for diagnosis and treatment is conducted.

Provider Qualifications: Behavioral health screenings may be conducted by a community behavioral health services provider and any other providers eligible to bill Medicaid for services and who perform screening services as a regular duty within the scope of their knowledge, experience, and education.

Service Limitations: Behavioral health screenings may be provided to a recipient without prior authorization by the Medicaid agency or its designee and are limited to one screening per program admission for new or returning recipients. This limit may be exceeded with prior authorization based on medical necessity. The provider must include the results of the screening in the recipient's clinical record, including any action taken or recommended based on the recipient's responses.

(b). **Screening and Brief Intervention Services** consists of a nonmandatory screening through self-report questionnaires, structured interviews, or similar screening techniques to detect substance use problems and to identify the appropriate level of intervention. If the screening is positive for substance use problems, the provider may provide brief intervention services that involve motivational discussion focused on raising the recipient's awareness of their substance use, the potentially harmful effects of that substance use, and encouraging positive change. Brief intervention services may include provider feedback, goal setting, coping strategies, identification of risk factors, information, and advice. If a screening shows a recipient is at a severe risk of substance use problems, is already substance dependent, or has received brief intervention or treatment for substance use and was non-responsive, the recipient should receive a referral to a program that meets his or her needs.

Provider Qualifications: A community behavioral health services provider, mental health professional clinician, licensed mental health professional, psychologist, licensed behavior analyst, substance use disorder counselor, behavioral health clinical associate, physician, physician's assistant, advanced practice registered nurse, licensed practical nurse, certified nursing aide, or certified behavioral health aide working within their scope of training and operating under the supervision of a mental health professional clinician and enrolled with Alaska Medicaid.

Service Limitations: Screening and brief intervention services may be provided to a recipient without prior authorization by the Medicaid agency or designees.

(c). **Intake Assessments:** used to determine whether a Medicaid-eligible individual has a diagnosable behavioral health disorder and is covered by Medicaid.

Provider Qualifications: As further described below, the provider types eligible to provide intake assessments include mental health professional clinicians, licensed physicians, licensed physician assistants, and licensed and certified advanced nurse practitioners who are operating and working within the scope of their professional education, training, and experience in accordance with state law. The types of professional behavioral health intake assessments allowable by the Medicaid agency or its designee include the following –

(i) **Mental Health Intake Assessment:** This assessment is used to determine and document the recipient's mental status and social and medical history, the nature and severity of any identified mental health disorder, a diagnosis consistent with the Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases, or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), treatment recommendations that form the basis of a subsequent behavioral health treatment plan, and functional impairment. The mental health intake assessment is conducted upon admission to services and updated during the

course of active treatment, as necessary. A mental health intake assessment must be documented in the recipient's clinical record in accordance with state law.

Additional Provider Qualifications: If the mental health intake assessment is performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law.

Service Limitations: A qualified provider may furnish one mental health intake assessment in combination with a substance use intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, provision of this service is limited to one assessment every six months without prior authorization.

(ii) **Substance Use Intake Assessment:** This assessment is used to determine and document whether a Medicaid-eligible individual has a substance use disorder and functional impairment, the nature and severity of any identified substance use disorder, the correct diagnosis, treatment recommendations for the behavioral health treatment plan, and new information as it becomes available. These intake assessments are conducted upon admission to services and during active treatment as necessary and completed in accordance with state law. A substance use intake assessment must be documented in the recipient's clinical record in accordance with state law.

Additional Provider Qualifications: Substance use intake assessments must be rendered by a substance use disorder counselor, a behavioral health clinical associate, or other provider types in 13.d. of this section acting within the scope of their individual training, experience, and assigned job duties. A community behavioral health services provider may provide an assessment under this section if the service was rendered by an authorized provider and in accordance with state law.

Service limitations: A qualified provider may furnish one substance use intake assessment in combination with a mental health intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, an individual is limited to one assessment every six months without prior authorization.

(iii) **Integrated Mental Health and Substance Use Intake Assessment:** This assessment is used to determine and document whether a Medicaid-eligible individual has a mental health and/or substance use disorder(s) and any related functional impairments. The integrated intake assessment must meet the requirements for both the mental health and substance use intake assessments established by Alaska Medicaid or its designee and be updated by the provider as new information becomes available. An integrated intake assessment must be documented in the recipient's clinical record in accordance with state law.

Additional Provider Qualifications: If the mental health intake assessment performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law.

Service Limitations: A qualified provider may furnish one integrated intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, an individual is limited to one integrated intake assessment every six months without prior authorization.

(d). Behavioral Health Services are allowable within limitations as the rehabilitative services described in this section. Behavioral health rehabilitative services are provided to Medicaid-eligible recipients to remediate and ameliorate debilitating effects of substance use and mental health disorders for the maximum reduction of each disabling condition. These services help the recipient develop appropriate skills to improve overall functioning with the goal of maximum restoration.

Rehabilitative services for behavioral health disorders listed in this section provided to Medicaid-eligible individuals who reside in institutions for mental diseases (IMDs), nursing facilities, and/or acute care facilities are not eligible under the state plan.

Service Limitations: The following services are available for children under 21 years of age with an appropriate diagnosis resulting from an EPSDT screen or assessment. Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid. Services may be provided to seriously mentally ill and severely emotionally disturbed adults.

(i) **Therapy and Treatment** includes treatment, therapeutic interventions, and rehabilitative services designed to alleviate behavioral health disorders (mental, emotional and/or substance abuse related) and encourage growth and development while helping to prevent relapse of such conditions, including coaching and teaching life skills to restore functioning and support community

living and counseling focused on functional improvement, recovery, and relapse prevention. Also includes counseling and other therapeutic activities related to medication-assisted treatment for substance use disorders and the planning, delivery, and monitoring of a dynamic set of services that target specific behaviors identified in the assessment and treatment plan designed to improve functioning and enhance quality of life. Services are designed to improve the functioning level of the recipient through supporting or strengthening the behavioral, emotional, or intellectual skills necessary to live, learn, or work in the community. Services include:

Therapeutic behavioral services – include the restoration of knowledge, attitudinal, and skills-based competencies designed to restore the recipients functioning and support community living; counseling focused on functional improvement, recovery, and relapse prevention; encouraging and coaching.

(ii) **Medical Services** related to the treatment of behavioral health disorders are covered by Alaska Medicaid, including intake physicals or medical evaluation, medical decision counseling, and the management of medication, including narcotics, if provided according to the recipient's treatment plan and in accordance with the limitations provided under state law.

Provider Qualifications: Medical services are provided by medical personnel acting within the scope of their license for Medicaid recipients who are found in a treatment plan to need medical services while receiving behavioral health disorder services. Service providers include physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and certified nursing aides.

(iii) **Medication Administration Services – SUD – i**nclude oral or injectable medications administered by medical personnel to a Medicaid-eligible recipient with an SUD assessment and documentation of medication compliance, and assessment and documentation of medication effectiveness and any side effects. Medication and administration services may be rendered by medical personnel to a recipient on the premises of a community behavioral health services provider or offsite at the recipient's home, school, or any other appropriate community setting.

Provider Qualifications: Medical personnel qualified to provide medication administration services include licensed physicians, physician assistants, advanced practice registered nurses, registered nurses supervised by a physician or an advanced practice registered nurse, or licensed practical nurses supervised by a physician or an advanced practice registered nurse.

(iv) **Pharmacological Management Services – SUD – a**re a type of medical service furnished to a Medicaid-eligible recipient with an SUD for the purposes of assessing the need for pharmacotherapy, prescribing appropriate medications,

and directly monitoring the recipient's response to medication, including documenting medication compliance, assessing, and documenting side effects, and evaluating and documenting the effectiveness of the medication

Provider Qualifications: Authorized professionals for this service are limited to a licensed physician, licensed physician assistant, or licensed and certified advanced practice registered nurse, if the authorized provider is working within the scope of the provider's education, training, and experience, has prescriptive authority, and is enrolled with Alaska Medicaid as a dispensing provider. The authorized provider must directly provide pharmacological management services and monitor the effects thereafter.

Service Limitations: Pharmacologic management services should not exceed one visit per recipient per week during the first four weeks after the recipient begins receiving pharmacologic management services, one visit biweekly (every two weeks) for eight weeks, and, thereafter, not to exceed one visit per recipient per month as long as the recipient is receiving a behavioral health service covered by Alaska Medicaid unless more frequent monitoring is required by the specific medication prescribed or the recipient has an atypical clinical reaction to the medication.

Note: From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act

(v) **Medication-Assisted Treatment** is a type of pharmacological service prescribed by an authorized practitioner that, in combination with counseling and behavioral therapies, provides a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA), consistent with 42 U.S.C. 1396r-8(k)(2), clinically driven, and tailored to meet each patient's needs.

Provider Qualifications: physicians, physician assistants, and advanced practice registered nurses in a community behavioral health services provider who is performing the service in a substance use disorder treatment program as a regular duty within the scope of their knowledge, experience, and education, and any other licensed or certified providers operating within their scope of practice under state law.

(This page intentionally left blank)

Methods and Standards for
Establishing Payment Rates: Other Types of Care

Advanced Nurse Practitioners

Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Laboratory services are reimbursed at the lesser of billed charges or the Medicare fee schedule. Except as otherwise noted in the plan, state developed fees schedule rates are the same for both governmental and private providers. Rates update automatically when the RBRVS rate changes annually. The fee schedule and its effective date are published at http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp

Ambulatory Surgical Clinic Services

Payment is made to ambulatory (outpatient) surgical clinics on a prospectively determined rate. Payment covers all operative functions attendant to medically necessary surgery performed at the clinic by a private physician or dentist, including admitting and laboratory tests, patient history and examination, operating room staffing and attendants, recovery room care, and discharge. It includes all supplies related to the surgical care of the beneficiary while in the clinic. The payment excludes the physician, radiologist, and anesthesiologist fee. State developed fee schedule rates are the same for both public and private providers. The fee schedule is published at http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp.

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

The fee schedule was last updated, to be effective for services on or after 7/1/2019.

Certified Nurse Anesthetist

Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Payment rates are set using the Medicare Physician RBRVS payment rates and Alaska's state-specific conversion factor and inflation adjustments. The Medicare Physician RBRVS payment rates are published in the federal register as described under the Physician reimbursement section of this attachment (4.19-B). Alaska's state-specific conversion factors and inflation adjustments are published in the Alaska Administrative Code. Changes to the Medicaid rates will only occur when Medicare updates the RBRVS payment rates each year, and the department incorporates those changes with its Alaska-specific conversion factor and inflation adjustments the following July 1.