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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 21-0005

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 601 E. 12th St., Room 355 Kansas City, Missouri 64106



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

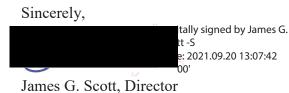
Re: Alaska State Plan Amendment (SPA) Transmittal Number 21-0005

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0005. This amendment proposes to add licensed professional counselors to the Alaska Medicaid State Plan under the other licensed practitioner benefit.

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 21-0005 was approved on September 20, 2021, with an effective date of June 30, 2021.

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



Division of Program Operations

cc: Al Wall, Deputy Commissioner, <u>a.wall@alaska.gov</u> Courtney King, SPA Coordinator, <u>courtney.king@alaska.gov</u>

HEALTH CARE FINANCING ADMINISTRATION	T	OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	21-0005	AK	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 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:	7. FEDERAL BUDGET IMPACT:		
42 CFR 440.60	a. FFY 21 b. FFY 22	\$149,328 \$597,312	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
Attached Sheet to Attachment 3.1-A, page 2	Attached Sheet to Attachment 3.1-A, page 2		
Attachment 4.19-B, page 1.2a	Attachment 4.19-B, page 1.2a		
10. SUBJECT OF AMENDMENT:			
This amendment adds Licensed Professional Counselors under the Other Licensed Practitioner benefit.			
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	\boxtimes OTHER, AS SPEC	CIFIED:	
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:	16. RETURN TO:		
/s/	Courtney O'Byrne King		
13. TYPED NAME: Albert E. Wall	DHSS - Office of the Commissioner		
	3601 C Street, Suite 902		
14. TITLE: Deputy Commisioner of AK DHSS – Medicaid Director	Anchorage, AK 99503		
15. DATE SUBMITTED: May 20, 2021	-		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
May 20, 2021	September 20, 2021		
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 30, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: Digitally signed by James G. Scott -S Date: 2021.09.20 13:15:42 -05'00'		
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations		
23. REMARKS:			

- 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 In accordance with 42 CFR § 440.60, licensed and qualified pharmacists acting within their scope of practice as defined in state law. Pharmacists, pharmacy interns, and pharmacy technicians are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PRP Act Declaration and authorizations. Qualified pharmacy interns and qualified pharmacy technicians are working under the supervision of a licensed pharmacist.
- 6. d.3 In accordance with 42 CFR § 440.60(a), the following licensed providers acting within their scope of practice as defined by state law: Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, and Licensed Professional Counselors.
- 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, nurse practitioner, or physician assistant, 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 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 services.

The fee schedule and its effective date are published at http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx .

Licensed Marriage and Family Therapists

The state Medicaid program reimburses for services provided by a licensed marriage and family therapist 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 services.

The fee schedule and its effective date are published at http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx .

<u>Licensed Professional Counselors</u>

The state Medicaid program reimburses for services provided by a licensed professional counselor 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 services.

The fee schedule and its effective date are published at http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx

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 services.

The fee schedule and its effective date are published at http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx .

TN No. 21-0005 Approval Date: September 20, 2021 Effective Date: June 30, 2021