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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 21-0009

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

January 10, 2022

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 21-0009


Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0009. This amendment adds the state's attestation that it meets all the minimum requirements under Section 1902(a)(87) of the Social Security Act.

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 21-0009 was approved with an effective date of December 27, 2021.

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

Sincerely,

 Digitally signed by
James G. Scott -S
Date: 2022.01.10
17:51:15 -06'00'

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 0 9</u>	2. STATE <u>AK</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-D, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-D, page 1

9. SUBJECT OF AMENDMENT

This SPA adds federally mandates transportation assurances.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
/s/

12. TYPED NAME
Albert E. Wall

13. TITLE
DHSS Deputy Commissioner, Medicaid Director

14. DATE SUBMITTED
December 3, 2021

15. RETURN TO
Courtney O'Byrne King
DHSS Commissioner's Office
3601 C Street, Suite 902
Anchorage, AK 99503

FOR CMS USE ONLY

16. DATE RECEIVED
December 3, 2021

17. DATE APPROVED
January 10, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 27, 2021

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature] G OFFICIAL
Digitally signed by James G. Scott -S
Date: 2022.01.10 17:52:18 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

METHODS OF ASSURING TRANSPORTATION

I. Optional Medical Services –

Alaska uses a transportation broker under the state plan brokerage authority at 42 CFR § 440.170(a)(4) for air and ferry transportation only and 42 CFR § 440.170(a) authority for other transportation-related expenses.

- A. Necessary medically related transportation services include transportation provided by ambulance, taxicab, ferry, or other common carriers.
- B. Transportation services include expenses for transportation determined to be necessary by the agency to secure medical examinations and treatment for a recipient 42 CFR § 440.170(a).
- C. Included under transportation services are the costs of necessary food and lodging for the recipient and, in accordance with 42 CFR § 440.170(a)(3), an escort to accompany the recipient.

II. Transportation Assurances –

The Medicaid agency assures it meets the minimum requirements in section 1902(a)(87) of the Social Security Act.

III. Administrative Services –

Administrative case management of transportation as a state plan function is performed and overseen by the state or other governmental entities.