

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 22-0014**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



December 16, 2022

Heidi Hedberg, Acting Commissioner  
Department of Health  
3601 C Street, Suite 902  
Anchorage, AK 99503-7167

Re: Alaska State Plan Amendment (SPA) AK-22-0014

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AK-22-0014. This amendment proposes to temporarily extend the 10% increase for Home and Community-Based Services (HCBS) rates originally approved in Disaster Relief SPA AK-22-0009 for a period of six months post-termination of the federal public health emergency (PHE).

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Alaska's Medicaid SPA TN 22-00014 is approved with an effective date of the day after the end of the PHE.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at [Maria.Garza@cms.hhs.gov](mailto:Maria.Garza@cms.hhs.gov).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.12.16  
08 22:13 -05'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

cc: Emily Ricci, Deputy Commissioner, Department of Health  
Courtney King, State Plan Coordinator

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 4</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 Day after end of PHE <u>October 1, 2022</u>
--	---

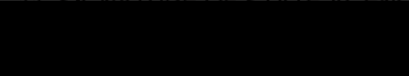
5. FEDERAL STATUTE/REGULATION CITATION <u>Section 1135 and Title XIX of the SSA</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,061,490</u> b. FFY <u>2024</u> \$ <u>212,298</u>
--	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>(new) Section 7.4-B, page 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>N/A</u>
--	---

9. SUBJECT OF AMENDMENT  
Extension of dSPA authority for 10% increase in HCBS state plan reimbursement through 6 months post-PHE to align with Appendix K authority.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Dept of Health Commissioner's Office c/o Courtney O'Byrne King, MS 3601 C Street, Suite 902 Anchorage, AK 99503
12. TYPED NAME <u>Emily Ricci</u>	
13. TITLE <u>Deputy Commissioner &amp; Medicaid Director</u>	
14. DATE SUBMITTED <u>November 30, 2022</u>	

FOR CMS USE ONLY	
16. DATE RECEIVED <u>November 30, 2022</u>	17. DATE APPROVED <u>December 16, 2022</u>

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>day after the end of the PHE</u>	19. SIGNATURE OF APPROVING OFFICIAL <u>Deboy -S</u> <small>Date: 2022.12.16 08:22:29 -05'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u>	21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Anne Marie Costello, Deputy Director, CMCS</u>

22. REMARKS  
  
12/13/22 P&I authorization to add "day after end of the PHE" to Box 4 based on unwinding language

---

### 7.4.B – Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until six months after the PHE termination (in alignment with Appendix K termination), the Medicaid agency temporarily extends the following election(s) in section 7.4 (approved on September 23, 2022, in SPA 22-0009) of the state plan:

#### Section E – Payments

Increase to state plan payment methodologies:

2.  The agency increases payment rates for the following services:

Title XIX state plan Home and Community-Based Services including personal care, targeted case management, and 1915(k) Community First Choice Services.
--

b. Payments are increased through:

- i.  An increase in rates as described below

Rates are increased:

Uniformly by the following percentage: 10%

Through a modification to published fee schedules –

Effective date (enter date of the change): July 1, 2022

Location (list published location):

<http://dhss.alaska.gov/dsds/Pages/info/costsurvey.aspx>