

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 23-0006**

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



July 14, 2023

Heidi Hedberg  
Commissioner  
Department of Health  
3601 C Street, Suite 902,  
Anchorage, Alaska 99503-5923

Re: Alaska State Plan Amendment (SPA) 23-0006

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment proposes to extend temporarily the waiver of the provider requirement for certifications in first aid and CPR originally approved in Disaster Relief SPA 20-0003.

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 Transmittal Number 23-0006 is approved effective May 12, 2023.

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: 2023.07.14  
08 03:51 -04'00'

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

Enclosures

cc: Emily Ricci, Deputy Commissioner, [emily.ricci@alaska.gov](mailto:emily.ricci@alaska.gov)  
Emily Beaulieu, State Plan Coordinator, [emily.beaulieu@alaska.gov](mailto:emily.beaulieu@alaska.gov)

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

1. TRANSMITTAL NUMBER  
2 3 — 0 0 0 6

2. STATE  
AK

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

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

4. PROPOSED EFFECTIVE DATE  
5/12/2023

5. FEDERAL STATUTE/REGULATION CITATION  
~~Section 1135 of the SSA~~ — P&I Title XIX

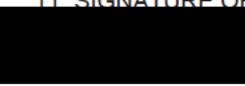
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 0  
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 7.4-B, page 3 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT  
This SPA extends the COVID-19 Public Health Emergency (PHE) flexibility waiving first aid and CPR requirements on Attached Sheet to Attachment 3.1-A, page 11a and Attachment 3.1-K, page 7, for three months after the end of the PHE.

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  
  
Emily Ricci  
13. TITLE  
Deputy Commissioner & Medicaid Director  
14. DATE SUBMITTED  
6/26/2023

15. RETURN TO  
Dept of Health Commissioner's Office  
Emily Beaulieu  
3601 C Street, Suite 902  
Anchorage, AK 99503

**FOR CMS USE ONLY**

16. DATE RECEIVED  
June 26, 2023

17. DATE APPROVED  
July 14, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M DeBoy -S  
Digitally signed by Alissa M DeBoy  
Date: 2023.07.14 08:04 08 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

22. REMARKS  
7/10/23 AK authorized revision to BOX 5 adding title 19 and removing reference to 1135 authority  
7/10/23 AK authorized BOX 7 - adding (new)

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### 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 August 11, 2023, the Medicaid agency temporarily extends the following election(s) in section 7.4 (approved on May 7, 2020, in SPA 20-0003) of the state plan:

#### Section D – Benefits

2.  X  The agency makes the following adjustments to benefits currently covered in the state plan:

Temporarily waive the provider requirement for certifications in first aid and CPR, located in attached sheet to Attachment 3.1-A page 11a, and Attachment 3.1-K, page 7.
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3.  X  The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4.  X  Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

a.  X  The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

b.   Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

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