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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 23-0007

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 28, 2023

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

Re: Alaska State Plan Amendment (SPA) 23-0007

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment extends the pandemic era 1135 blanket waiver authority approved on April 2, 2020, to temporarily suspend the Medicaid prior/service authorizations for behavioral health services for 12-months to aid Alaska in the return to routine operations.

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 23-0007 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.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.07.28
07:08 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
Emily Beaulieu, State Plan Coordinator, 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 7 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
May 11, 2023 P&I May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Section 1135 of the SSA 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
Section 7.4.C, page 1 (new) P&I

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
This SPA seeks to suspend behavioral health services prior/service authorizations for one year after the end of the COVID-19 Public Health Emergency (PHE). This flexibility was approved under the 1135 waiver authority during the PHE, approved on 4.2.20. (P&I)

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. NAME OF AGENCY OFFICIAL
[Redacted]
12. TYPED NAME
Emily Ricci
13. TITLE
Deputy Commissioner & Medicaid Director
14. DATE SUBMITTED
June 26, 2023

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

FOR CMS USE ONLY

16. DATE RECEIVED
June 26, 2023

17. DATE APPROVED
July 28, 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 -S
Date: 2023.07.28 07:09:13 -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 P&I changes to the following
Box 4 - updated effective date to 5/12/23
Box 5 - added Title XIX removed 1135
Box 7 - added (new)
Box 9 - added approval date 4.2.20 to 1135 authority

7.4.C – Temporary Policies in effect following the COVID-19 National Emergency.

Effective the day after the end of the PHE until May 12, 2024, the Medicaid agency temporarily implements the following change to the state plan:

Section D – Benefit

1. X Suspends Medicaid fee-for-service prior/service authorization requirements in the behavioral health Medicaid program.

2. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness 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).

3. 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: