

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 24-0002

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

May 16, 2024

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

Re: Alaska State Plan Amendment (SPA) 24-0002

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AK-24-0002. This amendment adds Advanced Practice Dental Hygienist to the Alaska State Plan under the other licensed practitioner benefit.

We conducted our review of your submittal according to statutory requirements at section 1905(a) of the Social Security Act and implementing regulations at 42 CFR 440.060(a). This letter is to inform you that AK-24-0002 was approved on May 16, 2024, with an effective date of March 1, 2024.

If there are any questions concerning this approval, please contact me or you may contact Maria Garza, Alaska State Lead, at maria.garza@cms.hhs.gov or at (206) 615-2542.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by James G.
Scott -S
Date: 2024.05.16 16:01:44
-05'00'

James G. Scott, Director
Division of Program Operations

Cc: Emily Ricci, Deputy Commissioner, Department of Health @ emily.ricci@alaska.gov
Emily Beaulieu, Alaska 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 4 — 0 0 0 2 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
March 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1905(a); 42 CFR 440.060(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attached Sheet to Attachment 3.1-A, page 2
Attachment 4.19-B, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attached Sheet to Attachment 3.1-A, page 2 (AK 22-0010)
Attachment 4.19-B, page 1 (23-0009)

9. SUBJECT OF AMENDMENT
1) Addition of advanced practice dental hygienists to the Alaska Medicaid State Plan under the other licensed practitioner benefit
2) Technical updates of outdated language

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
/s/
12. TYPED NAME
Emily Ricci
13. TITLE
Deputy Commissioner & Medicaid Director
14. DATE SUBMITTED
3/28/24

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

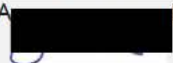
FOR CMS USE ONLY

16. DATE RECEIVED
March 28, 2024

17. DATE APPROVED
May 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.05.16 16:03:09 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

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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.
 6. b. OPTOMETRIST SERVICES: Annual vision examinations and preventive services for individuals 21 years of age or older are provided to beneficiaries based on the calendar year, or when an attending ophthalmologist or optometrist finds health reasons for additional covered vision services. For recipients twenty-one (21) years of age and older, additional vision services in a calendar year are subject to a determination of medical necessity and prior authorization by the Medicaid agency 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 their 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 PREP 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.
 6. d.4 In accordance with 42 CFR § 440.60(a), licensed advanced practice registered nurses (APRNs) are covered for services within their scope of practice in accordance with state law, who may or may not hold state-granted independent prescriptive authority. When APRNs do not have independent prescriptive authority in the state, the APRN operates within the scope of their collaborative practice agreement for the purposes of prescribing and dispensing legend drugs.
 6. d.5 In accordance with 42 CFR § 440.60(a), Alaska Medicaid covers services provided by licensed advanced practice dental hygienists when performed within their scope of practice as defined by state law.
 7. a-d. HOME HEALTH SERVICES: Home health services are offered in accordance with 42 CFR 440.70. Home health services 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.

Methods and Standards for
Establishing Payment Rates: Other Types of Care

Advanced Practice Registered Nurses

Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Laboratory services are reimbursed at the lesser of billed charges or the Medicare fee schedule. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Rates update automatically when the RBRVS rate changes annually. The fee schedule and its effective date are published at <https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Sites/FeeSchedule.html>.

Advanced Practice Dental Hygienists

Payment is made to advanced practice dental hygienists for allowable dental hygiene services in accordance with the fee schedule for advanced practice dental hygienist services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule and its effective date is published at <https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Sites/FeeSchedule.html>.

The fee schedule was last updated, to be effective for services on or after March 1, 2024.

Ambulatory Surgical Clinic Services

Payment is made to ambulatory (outpatient) surgical clinics on a prospectively determined rate. Payment covers all operative functions attendant to medically necessary surgery performed at the clinic by a private physician or dentist, including admitting and laboratory tests, patient history and examination, operating room staffing and attendants, recovery room care, and discharge. It includes all supplies related to the surgical care of the beneficiary while in the clinic. The payment excludes the physician, radiologist, and anesthesiologist fee. State developed fee schedule rates are the same for both public and private providers. The fee schedule is published at <https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Sites/FeeSchedule.html>.

The fee schedule was last updated, to be effective for services on or after July 1, 2023

Certified Nurse Anesthetist

Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Payment rates are set using the Medicare Physician RBRVS payment rates and Alaska's state-specific conversion factor and inflation adjustments. The Medicare Physician RBRVS payment rates are published in the federal register as described under the Physician reimbursement section of this attachment (4.19-B). Alaska's state-specific conversion factors and inflation adjustments are published in the Alaska Administrative Code. Changes to the Medicaid rates will only occur when Medicare updates the RBRVS payment rates each year, and the department incorporates those changes with its Alaska-specific conversion factor and inflation adjustments the following July 1.