

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 25-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

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

April 4, 2025

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

Re: Alaska State Plan Amendment (SPA) 25-0001

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment exempts general acute care, reimbursed under the diagnosed related group (DRG) payment methodology, from continued stay service authorizations.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1905(a)(1). This letter informs you that Alaska's Medicaid SPA TN 25-0001 was approved on April 4, 2025, effective February 1, 2025.

Enclosed are copies of Form CMS 179 and the approved SPA page to be incorporated into the Alaska State Plan.

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

Sincerely,

A black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

Cc: Emily Ricci, Deputy Commissioner, Department of Health @ emily.ricci@alaska.gov
Christal Hays, Alaska State Plan Coordinator @ christal.hays@alaska.gov

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 1

2. STATE

AK3. 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

February 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(30) of the Social Security Act 1905(a)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 0b. FFY 26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attached Sheet to Attachment 3.1A, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attached Sheet to Attachment 3.1A, page 1 (AK 20-0008)

9. SUBJECT OF AMENDMENT

Exemption of continued stay service authorizations for hospitals reimbursed with the diagnosis related group (DRG) payment methodology

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

12. TYPED NAME

Emily Ricci

13. TITLE

Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED

January 10, 2025

15. RETURN TO

Dept of Health Commissioner's Office

c/o Christal Hays

3601 C Street, Suite 902

Anchorage, AK 99503

FOR CMS USE ONLY

16. DATE RECEIVED

January 10, 2025

17. DATE APPROVED

April 4, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

February 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

3/17/25 P&I authorized to add CFR citation to BOX 5

1. **INPATIENT HOSPITAL SERVICES:** All hospitalizations must be physician-prescribed. The maximum hospital length of stay for any single admission is three days except for
 - a. Psychiatric admissions authorized by the department's utilization review contractor, and
 - b. Maternal and newborn hospital stays related to childbirth, which are limited to 48 hours of inpatient stay for a normal vaginal delivery and 96 hours of inpatient stay for a cesarean delivery.
 - c. General acute care hospitals, reimbursed under the Diagnosed Related Group (DRG) methodology, are exempt from continued stay authorizations.

Hospitals must secure a continued stay authorization from the division, or its designee, for patients to exceed the three-day maximum length of stay. The 48-hour and 96-hour maximum stay for maternal and newborn hospitalizations can be exceeded with a continued stay authorization.

Selected surgical procedures and medical diagnoses require preadmission certification from the department or its designee. Organ transplants must be prior authorized by the department or its designee. Coverage for organ transplants is limited to kidney, corneal, skin, bone, heart, lung, heart & lung, and bone marrow transplants for adults; and liver transplants for adults with biliary atresia or another form of end-stage liver disease. Children under 21 years of age will receive all medically necessary organ transplants. Coverage for transplants also extends to coverage for outpatient immunosuppressive therapy. Organ transplants and requisite related medical care will be covered at an available transplant center either within the state or at a transplant center located outside the state that has been authorized by the division.

2. a. **OUTPATIENT HOSPITAL SERVICES:** "Outpatient hospital services" excludes services not generally furnished by most hospitals in the state, such as outpatient psychiatric and substance abuse treatment services.
3. **LABORATORY AND RADIOLOGY SERVICES:** Laboratory and radiology services must be medically necessary and ordered by a physician or other licensed practitioners acting within their scope of practice. Medically necessary diagnostic mammograms are covered. Laboratory tests are performed by a laboratory certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA), at 42 CFR 493. Other laboratory and radiology services are furnished in an office or similar facility other than a hospital outpatient department or clinic and meet the State's provider qualifications. All medically necessary lab and radiology services are furnished without limitations. Selected laboratory and radiology services, however, require prior authorization.
4. a. **NURSING FACILITY:** Placement in a nursing facility, ordered by a physician, providing a skilled level of nursing care requires prior authorization by the department. Pre-admission Screening and Resident Review (PASRR) is required for admission and continued stay in nursing facilities.
4. b. **EPSDT ENHANCED SERVICES:**
 - 1) **Private Duty Nursing**

Medicaid recipients under twenty-one (21) years of age may receive medically necessary private duty nursing services in accordance with 42 § CFR 440.80.

Private-duty nursing services are provided in a family setting, to Medicaid recipients under twenty-one (21) years of age experiencing a life-threatening illness and requiring more individual and continuous care than is available from a visiting nurse or is routinely provided by the nursing staff of a hospital, a skilled nursing facility or an intermediate care facility.

Private-duty nursing services are provided with the intent to prevent admission to, or promote early discharge from, an acute care or long-term care facility. Services must be provided in accordance with a plan of care approved by the recipients attending physician, and include,