

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 25-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

---

June 23, 2025

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

Re: Alaska State Plan Amendment (SPA) 25-0004

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment complies with the mandatory exception to the Medicaid clinic services benefit "four walls" requirement for Indian Health Services (IHS) and Tribal clinics.

We conducted our review of your submittal according to statutory requirements in Section 1905 of Title XIX of the Social Security Act (The Act) and implementing regulations at 42 Code of Federal Regulations (CFR) 440.90. This letter is to inform you that Alaska's Medicaid SPA Transmittal Number 25-0004 was approved on June 23, 2025, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages 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](mailto:Maria.Garza@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Emily Ricci, Deputy Commissioner, Department of Health  
Christal Hays, Alaska State Plan Coordinator

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4

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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.90 1902(a)(9) (P&amp;I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

New – Supplement 3 to Attachment 3.1-A, pages 1-6

~~Attached Sheet to Attachment 3.1-A, pages 3, 3.1, 3.1.a-3.1.g (P&I)~~~~Attached Sheet to Attachment 3.1-A, page 3.2 (P&I)~~Attached Sheet to Attachment 3.1-A, pages 3, 3.1a, 3.1b, 3.1c, and  
3.1d (NEW), 3.1e (NEW)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)~~Attached Sheet to Attachment 3.1-A, pages 3, 3.1, 3.2, item c (P&I)~~~~Attached Sheet to Attachment 3.1-A, page 3.2 (P&I)~~Attached Sheet to Attachment 3.1-A, pages 3, 3.1, 3.2-item c  
(TN21-0002)

9. SUBJECT OF AMENDMENT

Update to SPA for the extension of the Four Walls requirement exemption for IHS and behavioral health clinic services.

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:

E AGENCY OFFICIAL

12. TYPED NAME  
Emily Ricci13. TITLE  
Deputy Commissioner & Medicaid Director14. DATE SUBMITTED  
March 31, 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

March 31, 2025

17. DATE APPROVED

June 23, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Alaska authorizes the following P&amp;I changes: (5/13/25)

Box 5 - adding statute citation

Box 7 - adding template pagination Attached Sheet to Attachment 3.1-A, pages 3, 3.1a - 3.1.e; and Attached Sheet to Attachment 3.1-A, page 3.2

Box 8 - supersedes Attached Sheet to Attachment 3.1-A, 3, 3.1 and Attached Sheet to Attachment 3.1-A, page 3.2

On 6/17/25 Alaska authorized P&amp;I changes to Box 7 with new page &amp; Box 8 superseded pages as described above

State Plan under Title XIX of the Social Security Act  
State/Territory: Alaska

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances**

**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope**

**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☐ Limitations apply to all services within the benefit category.  
As described in the following clinic services, limits can be exceeded with prior authorization.

Types of Clinics and Services:

**[Select all that apply and describe below as applicable]**

- ☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

Community Behavioral Health Provider –

Definition of services - The Medicaid agency or designee will reimburse a community behavioral health services provider for the provision of approved services for the treatment of diagnosable behavioral health disorders, including mental health and substance use disorders, provided to eligible Medicaid beneficiaries.

Mental Health Physician Clinic–

Definition of services – The Medicaid agency or designee will reimburse a mental health physicians’ clinic for the provision of approved state plan services for the treatment of diagnosable mental health disorders provided to Medicaid eligible beneficiaries.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: AK 25-0004

Supersedes TN: AK 21-0002

Approval Date: June 23, 2025

Effective Date: January 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: Alaska

Section 1905(a)(9) Clinic Services

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

**Community Behavioral Health Provider**

Prior authorization and limitations: The following services do not need prior authorization if provided within the following service limits:

- i. Any combination of individual, group, and family therapy not to exceed 30 hours per state fiscal year.
- ii. Psychiatric assessment not to exceed four per recipient per state fiscal year.
- iii. Psychological testing not to exceed six hours per recipient per state fiscal year.
- iv. Pharmacologic management not to exceed one visit per week during the first four weeks of treatment, one visit bi-weekly (every two weeks) for up to eight weeks, and thereafter not to exceed one visit per month.
- v. If an individual is not already receiving services, one integrated mental health, and substance use intake assessment or a combination of one mental health intake assessment, and one substance use intake assessment.
- vi. If an individual is subject to a current behavioral health treatment plan, one integrated mental health and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment every six months.
- vii. Short-term crisis intervention services not to exceed 22 hours per state fiscal year.
- viii. Screening and brief intervention services.
- ix. Medication administration services as provided in the recipient's behavioral health treatment plan.
- x. One medical evaluation of a recipient in an opioid use disorder treatment program per admission for that opioid use disorder treatment program including (A) consultation and referral; (B) verification of one year of addiction; and (C) establishing dosage for methadone or another agonist or partial agonist.
- xi. Methadone or Antabuse administration for medication-assisted treatment as prescribed by a physician for substance use disorder.
- xii. Behavioral health screening using an evidence-based tool to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients.

If an organization anticipates exceeding the service limits, it is required to submit a prior authorization request to the State Medicaid Agency or its designee, documenting the medical necessity for the additional services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: AK 25-0004

Supersedes TN: AK 21-0002

Approval Date: June 23, 2025

Effective Date: January 1, 2025

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Alaska**

**Section 1905(a)(9) Clinic Services**

**Mental Health Physician Clinics**

Prior authorization and limitations: The following services do not need prior authorization if provided within the following service limits:

- i. Any combination of individual, group, and family therapy not to exceed 30 hours per state fiscal year.
- ii. Psychiatric assessment not to exceed four per recipient per state fiscal year.
- iii. Psychological testing not to exceed six hours per recipient per state fiscal year.
- iv. Pharmacologic management not to exceed one visit per week during the first four weeks of treatment, one visit bi-weekly (every two weeks) for up to eight weeks, and thereafter not to exceed one visit per month.
- v. If an individual is not already receiving services - one integrated mental health and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment.
- vi. If an individual is subject to a current behavioral health treatment plan – one integrated mental health and substance use intake assessment or one mental health intake assessment every six months.
- vii. Short-term crisis intervention services not to exceed 22 hours per state fiscal year.

If an organization anticipates exceeding the service limits, it is required to submit a prior authorization request to the State Medicaid Agency or its designee, documenting the medical necessity for the additional services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: AK 25-0004

Supersedes TN: AK 21-0002

Approval Date: June 23, 2025

Effective Date: January 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: Alaska

Section 1905(a)(9) Clinic Services

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Click or tap here to enter text.

☒ Renal Dialysis Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

**End Stage Renal Disease Clinics**

A. Definition of services: End stage renal disease services include comprehensive outpatient dialysis and related services including labs and drugs, home dialysis training and support services, or both.

B. Providers and qualifications: The end stage renal disease provider must comply with all current federal (42 CFR 494.1 –494.20) and state enrollment requirements and be enrolled as a Medicare provider.

C. Prior authorization and limitations: The facility may bill a maximum of one peritoneal dialysis treatment per day, and a maximum of three hemodialysis treatments per week. Treatment limits may be exceeded based on a medical necessity determination

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

**Ambulatory Surgery Center**

A. Definition of services: Ambulatory surgical center (ASC) means any distinct entity operating exclusively for providing surgical services to patients not requiring hospitalization, and in which the expected duration of services would not exceed 24 hours following an admission. (42 CFR 416.2).

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

**Ambulatory Surgery Center**

B. Providers and qualifications: Ambulatory surgical centers must comply with all current federal (42 CFR 416.25 – 416.54) and state enrollment requirements, have a system to transfer patients requiring emergency admittance or overnight care to a licensed, Medicaid-enrolled facility following any surgical procedure performed, and have a department approved utilization review plan.

C. Prior authorization and limitations: Services requiring prior authorization are noted on the current ASC fee schedule

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN: AK 25-0004

Supersedes TN: AK 21-0002

Approval Date: June 23, 2025

Effective Date: January 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: Alaska

Section 1905(a)(9) Clinic Services

**Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- i. Community Behavioral Health Clinics
- ii. Mental Health Physician Clinics

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**:

Click or tap here to enter text.

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e)

**[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: AK 25-0004

Supersedes TN: New

Approval Date: June 23, 2025

Effective Date: January 1, 2025



State Plan under Title XIX of the Social Security Act  
State/Territory: Alaska

Section 1905(a)(9) Clinic Services

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-185

TN: AK 25-0004  
Supersedes TN: New

Approval Date: June 23, 2025  
Effective Date: January 1, 2025