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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 26-0005

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

August 24, 2026

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

Re: Alaska State Plan Amendment (SPA) Transmittal Number 26-0005

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0005. This amendment updates the language of categorical determinations under the Pre-Admission Screening and Resident Review (PASRR) program and removes outdated language.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Alaska Medicaid SPA TN 26-0005 was approved on August 24, 2026, with an effective date of July 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Alaska's 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,

Mandy L Strom,
Acting Deputy Director, Division of Program Operations

Enclosures

Cc: Emily Ricci
Christal Hays

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0005

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX & Section 1902(a) of the SSA ,42CFR483.104 (P&I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ 0
b. FFY 27 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Section 3.1 - Attachment K - Community First Choice~~
~~Section 4.39 - Attachment A - Categorical Determinations for the PASRR~~
Attachment 4.39-A, page 1 of 1 (P&I)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
~~Section 3.1 - Attachment K - Community First Choice~~
~~Section 4.39 - Attachment A - Categorical Determinations for the PASRR~~
Attachment 4.39-A, page 1 of 1 (P&I)

9. SUBJECT OF AMENDMENT
Update the language of categorical determinations under the Pre-Admission Screening and Resident Review (PASRR) program, ~~and updates to the language describing a qualifying assessment in the Appendix K - Community First Choice section~~

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:
Does not need to comment.

11. SIGNATURE ~~OF~~ STATE AGENCY OFFICIAL

12. TYPED NAME
Emily Ricci

13. TITLE
Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED
7/20/2026

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
July 20, 2026

17. DATE APPROVED
August 24, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Mandy L Strom

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

22. REMARKS
7/22/26 Alaska authorizes the following P&I changes: BOX 5, added citation for PASRR, BOX 7 & 8 to reflect the state plan page as Attachment 4.39-A and remove CFC references as AK will submit in separate SPA submission.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ALASKA
Categorical Determinations

A. The Department of Health, which includes Alaska's mental health and intellectual disability authorities, may make an advanced group determinations that nursing facility services are needed. Specialized services are evaluated on an individual basis, not categorically. Advanced group determination that nursing facility services are needed may be made for the following groups:

1. Terminal Illness
Terminal illness diagnosis, determined by a physician, with a medical prognosis that life expectancy is 6 months or less if the illness runs its normal course.

2. Severe Physical Illness
Severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or a diagnoses such as end stage chronic obstructive pulmonary disease (COPD), Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis (ALS), and congestive heart failure, which result in a level of impairment so severe that an individual cannot be expected to benefit from specialized services.

3. Convalescent Care
The individual does not meet all the criteria for an exempt hospital discharge under 42 CFR 483.106(b)(2), but is admitted directly to a nursing facility following a hospitalization for acute physical illness and is likely to require less than 90 days of nursing facility services. If the individual is later determined to need a longer stay than the time limit allows, the nursing facility must notify the Department of Health by day 85.

4. Respite Stay
The individual is admitted to a nursing facility to provide respite for in-home caregivers to whom the individual with MI or IID is expected to return to following the brief nursing facility stay. Anticipated length of stay is less than 30 days. The individual is expected to return home following this brief admission. If the individual is later determined to need a longer stay than the time limit allows, the nursing facility must notify the Department of Health by day 25.

If the individual needs a longer stay than the time limit allows, they are subject to a resident review before the Department of Health permits continued stay and payment for nursing facility services past the time limit.

B. The Department of Health may make categorical determinations that individuals with dementia, which exists in combination with intellectual disability and/or a related, condition do not need specialized services.