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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 22-0007

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

Financial Management Group

November 1, 2022

Albert E. Wall
Medicaid Director & Deputy Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

Re: Alaska 22-0007

Dear Commissioner Wall:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0007. Effective for services on or after September 4, 2022, this amendment updates the reimbursement rates for the residential psychiatric under 21 benefit.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 22-0007 is approved effective September 4, 2022. The CMS-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at Christine.storey@cms.hhs.gov or (303) 844-7044.

Sincerely,

Rory Howe
Director

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 7

2. STATE

AK

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 4, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Sub chapter C, Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 1,422,857

b. FFY 2023 \$ 21,139,600

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, page 27a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19-A, page 27a

9. SUBJECT OF AMENDMENT

Update to the effective date for reimbursement rates for Residential Psychiatric under 21 Benefit.

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

Albert E. Wall

13. TITLE

Medicaid Director & Deputy Commissioner

14. DATE SUBMITTED

August 9, 2022

15. RETURN TO

Courtney O'Byrne King
c/o Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

FOR CMS USE ONLY

16. DATE RECEIVED

August 9, 2022

17. DATE APPROVED

November 1, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 4, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

Inpatient Psychiatric Services for Individuals Under 21

Payment to an accredited residential psychiatric facility for the treatment of individuals under 21 years of age is at daily rates established by the department. The department will pay for therapeutically appropriate, medically necessary diagnostic and treatment services, including the following services: individual psychotherapy; group psychotherapy; family psychotherapy; group skill-development; individual skill-development; family skill-development; pharmacologic management and medication administration; crisis intervention; and intake assessment.

The daily reimbursement rates are published and available at:

<https://health.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx>

The rates were last updated to be effective for services on or after 9/4/22.