

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 23-0012**

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

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February 9, 2024

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

Re: Alaska State Plan Amendment (SPA) 23-0012

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AK-23-0012. This Medicaid State Plan amendment complies with Section 11405 of the Inflation Reduction Act (IRA) aligning the new mandatory coverage of Medicaid adult vaccinations and the administration of the vaccines without cost-sharing.

We conducted our review of your submittal according to statutory requirements at section 1905(a)(13)(B) of the Social Security Act and implementing regulations at 42 CFR 440.130(c). This letter is to inform you that AK-23-0012 was approved on February 9, 2024, with an effective date of October 1, 2023.

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](mailto:maria.garza@cms.hhs.gov) or at (206) 615-2542.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James G.  
Scott -S  
Date: 2024.02.09 17:38:49  
-06'00'

James G. Scott, Director  
Division of Program Operations

cc: Emily Ricci, Deputy Commissioner, Department of Health @ [emily.ricci@alaska.gov](mailto:emily.ricci@alaska.gov)  
Emily Beaulieu, Alaska State Plan Coordinator @ [emily.Beaulieu@alaska.gov](mailto:emily.Beaulieu@alaska.gov)

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 1 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  
10/01/2023

5. FEDERAL STATUTE/REGULATION CITATION  
Section 11405 of the Inflation Reduction Act; 1905(a)(13)(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attached Sheet to Attachment 3.1-A, page 4.4 and 4a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attached Sheet to Attachment 3.1-A, page 4.4 and 4a

9. SUBJECT OF AMENDMENT  
Addition of coverage and payment for recommended non-routine vaccines by the Advisory Committee on Immunization Practices (ACIP) and their administration for adults, without cost sharing.

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  
/s/  
12. TYPED NAME  
Emily Ricci  
13. TITLE  
Deputy Commissioner & Medicaid Director  
14. DATE SUBMITTED  
12/29/2023

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  
12/29/2023

17. DATE APPROVED  
February 9, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted Signature]  
Digitally signed by James G. Scott -S  
Date: 2024.02.09 17:39:22 -06'00'

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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**Description of Service Limitations**

12.c. **Prosthetic devices**

Prosthetic devices are provided when prescribed by a physician or other licensed practitioner operating within their scope of practice.

12.d. **Eyeglasses**

Medicaid recipients twenty-one (21) years of age and older may receive one complete pair of eyeglasses and a fitting per two calendar years without prior authorization. A recipient may obtain a two-year supply of contact lenses in lieu of glasses if determined medically necessary. A recipient may obtain an additional pair of glasses or an additional supply of contact lenses subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

The following vision products and services require prior authorization – based on medical necessity – from the Medicaid agency or its designee: ultraviolet coating, prism lenses, specialty lenses, specialty frames, and tinted lenses.

The department excludes the following vision products and services for Medicaid recipients twenty-one (21) years of age and older: aspherical lenses, progressive or no-line multi-focal lenses, vision therapy services, polarized lenses, and anti-reflective or mirror coating.

Eyeglasses are purchased for recipients under a competitively bid contract.

**13. Diagnostic, Screening, Preventive, and Rehabilitative Services**

Note: From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

13.a. **Diagnostic services** are provided in accordance with 42 CFR 440.130(a).

13.a.1 **Mammography coverage** is limited to diagnostic mammograms necessary to detect breast cancer.

13.b. **Screening mammograms** are covered at the age and frequency schedule of the American Cancer Society.

13.c. **Preventive Services**

Coverage and provider qualifications are in accordance with 42 CFR 440.130. Alaska Medicaid covers all preventive services described in 45 CFR 147.130, including

- Evidence-based items or services with an A or B rating by the United States Preventive Services Task Force (USPSTF);
- Immunizations for use in children, adolescents, and adults that are recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, are covered without cost sharing. Changes to ACIP recommendations are incorporated into coverage and billing codes as necessary.
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings are provided based on the current guidelines in the American Academy of Pediatrics Bright Futures periodicity schedule for screenings and follow-up visits;

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### Description of Service Limitations

- With respect to women, evidence-informed preventive care and screenings are provided based on the contents of this section and the current Health Resources and Services Administration (HRSA) Women’s Preventive Services guidelines; and
- Any qualifying coronavirus preventive service, which means an item, service, or immunization intended to prevent or mitigate coronavirus disease 2019 (COVID-19) and that is, for the individual involved –
  - An evidenced-based item or service with a rating of A or B in the current recommendations of the USPSTF; or
  - An immunization recommended by ACIP and adopted by the Director of the CDC.
- Medically necessary vaccines per ACIP guidelines noted at <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html> are covered for Alaska Medicaid recipients if unavailable at no cost to the provider.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

- 13.d. **Rehabilitative behavioral health disorder services** covered by Medicaid under the state plan are limited to the services listed in this section. For purposes of this section, behavioral health disorders include both mental health and substance use disorders. Services in this section are provided in accordance with 42 CFR 440.130(d)

To be eligible to provide Medicaid behavioral health services covered by the state plan, a provider must be enrolled in Medicaid with the Medicaid agency and must be one of the following:

- (1) **Community behavioral health services provider (CBHS)** - a provider approved by the Medicaid agency or its designee to provide behavioral health services;

A community behavioral health service provider agency must be an enrolled provider in good standing with the state and receiving reimbursement from the department; if providing behavioral health clinic services, must have a documented formal agreement with a physician to provide general direction and direct clinical services as needed; must collect and report the statistics, service data, and other information requested by the department; must participate in the department’s service delivery planning; must maintain a clinical record for each recipient; must have policies and procedures in place; may not deny treatment to an otherwise eligible recipient due to the recipient’s inability to pay for the service; may not supplant local funding available to pay for behavioral health services or programs with money received under a grant-in-aid program; must be dual diagnosis capable program or dual diagnosis enhanced program; must ensure that all recipients have given informed consent; must report to the department any recipient who is missing or deceased; must submit to the department a record of a criminal history background check for each member of the provider’s staff upon request.

- (2) **Mental health professional clinician** - an individual who is working for an enrolled community behavioral health services provider who has a master’s degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social (sentence *continued on the next page*)