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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 07-03

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



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

APR 29 2010

William Hogan, Commissioner
Department of Health and Social Services
Post Office Box 11601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 07-003

Dear Mr. Hogan:

The Centers for Medicare & Medicaid Services has completed its review of State Plan Amendment (SPA) Transmittal Number 07-003.

This amendment updates the outpatient per visit rate to the rate published in the federal register, by the Indian Health Service. The SPA is approved effective January 1, 2007, as requested by the State.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (206) 615-2515 or have your staff contact Lydia Skeen at (206) 615-2339 or Lydia.Skeen@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Carol J.C. Peverly.

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

William Streur, Deputy Commissioner, Department of Health and Social Services
Jerry Fuller, Medicaid Director, Department of Health and Social Services
Michelle Lyons-Brown, State Plan Coordinator, Department of Health and Social Services
Mary Jones, CMS (electronic)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
07-03

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
January 1, 2007 (pti)

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY	07	\$ 14,952,087
b. FFY	08	\$ 15,943,679

Please see Box 10, below

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C, page 2c B, pg. 15 (pti)
Attachment 4.19-B, page 14 (pti)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

N/A
Attachment 4.19-C, page 2c (pti)
Attachment 4.19-C, page 2b (pti)

10. SUBJECT OF AMENDMENT:
Tribal Behavioral Health payment methodology.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Governor does not wish to comment.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Jerry Fuller

14. TITLE:
Medicaid Director

15. DATE SUBMITTED:
March 14, 2007

16. RETURN TO:
Alaska Department of Health and Social Services
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR 14 2007**

18. DATE APPROVED: **APR 29 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN 01 2007

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
CAROL J.C. PEVERLY

22. TITLE:
Associate Regional Administrator

23. REMARKS:
3/18/2010 State authorized pen + ink change.
4/15/2010 State authorized pen + ink change.
4/29/2010 State authorized pen + ink changes.

**Division of Medicaid &
Children's Health**

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL HEALTH FACILITIES
(Continued)

Other Services-Cont'd

Behavioral Health Services

Payment for Behavioral Health Services is made at the most current outpatient per visit rate published in the federal register by the Indian Health Service.

Approval Date: **APR 29 2010** Plan # 07-03
Effective Date January 1, 2007 Supersedes TN# N/A

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL HEALTH FACILITIES
(Continued)

Other Services

Dental Services

Effective January 1, 2008 Tribal Dental services are reimbursed at the most current outpatient per visit rate published in the federal register by the Indian Health Service. For the calendar 2007 transition year Tribal Dental services will be reimbursed at the 2007 outpatient per visit rate adjusted by the Indian Health Service with the previously excluded dental costs and workload statistics.