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## **Table of Contents**

**State/Territory Name:** Alaska

**State Plan Amendment (SPA) #:** 12-001

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



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

**APR 13 2012**

William J. Streur, Commissioner  
Department of Health and Social Services  
Post Office Box 110601  
Juneau, Alaska 99811-0601

**RE: Alaska State Plan Amendment (SPA) Transmittal Number 12-001**

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska State Plan Amendment (SPA) Transmittal Number 12-001.

This amendment updates provider qualifications for physical therapy, occupational therapy, speech therapy, audiology, and rehabilitative services. Additionally, this SPA adds an assurance to above listed services indicating that State plan limits can be exceeded for individuals under the age of 21, if determined to be medically necessary and prior authorized by Alaska Medicaid. Alaska SPA 12-001 was submitted in response to a prior issued companion letter for Alaska SPA 10-008.

This SPA is approved effective January 1, 2012, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Jan Mertel at (206) 615-2317 or [jan.mertel@cms.hhs.gov](mailto:jan.mertel@cms.hhs.gov).

Sincerely,

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

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

cc: Kimberli Poppe-Smart, Deputy Commissioner

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

1. TRANSMITTAL NUMBER:  
12-001

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, 2012

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:  
1902(a)(73) of the Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 12      \$0  
b. FFY 13      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
~~Attached Sheet for Attachment 3.1A, Page 3 (P&I)~~  
Attached Sheet for Attachment 3.1A, Page 4.b  
Attached Sheet for Attachment 3.1A, Page 4.c  
Attached Sheet for Attachment 3.1A, Page 5  
Attached Sheet for Attachment 3.1A, Page 6  
Attachment 3.1-A, pgs 24-24c (new) (P&I); Attachment 4.19-B, pgs 5b,11 (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
~~Attached Sheet for Attachment 3.1A, Page 3 (P&I)~~  
Attached Sheet for Attachment 3.1A, Page 4.b  
Attached Sheet for Attachment 3.1A, Page 4.c  
Attached Sheet for Attachment 3.1A, Page 5  
Attached Sheet for Attachment 3.1A, Page 6  
Attachment 4.19-B, pgs 5b, 11 (P&I)

10. SUBJECT OF AMENDMENT:  
Limitations to services: Speech, Hearing and Language; Rehabilitation

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: Kim Poppe-Smart

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED: January 19, 2012

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: January 19, 2012

18. DATE APPROVED: April 13, 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:  
22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

21. TYPED NAME:  
Carol J.C. Peverly

23. REMARKS:

4/10/12 - Pen & Ink changes authorized by the State (blocks 8 and 9).

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
Limitations to Services

11a-c. Physical therapy, occupational therapy and speech pathology/audiology services

See Attachment 3.1A, pages 24a -24c for limitations of each service type.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
Limitations to Services

11a. Physical therapy

Physical therapy services are provided upon the order of a physician, advanced nurse practitioner, or other licensed health care professional within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440.110(a). Physical therapy assistants, enrolled as rendering providers for physical therapists, may provide services if they meet Alaska licensure requirements.

Physical therapy services are limited to evaluations; physical agents; massage and manipulation; therapeutic exercise; hydrotherapy; and other forms of treatment for rehabilitation and restoration of normal bodily functions following acute physical illness or acute physical trauma.,

Maintenance physical therapy services related to conditions caused by developmental disabilities or developmental delay to a recipient under 21 years of age will be covered if determined medically necessary and prior authorized by Alaska Medicaid.

Except the initial evaluation, physical therapy services must be provided by or under the direction of a physical therapist who is enrolled in Alaska Medicaid, provided in accordance with the initial evaluation and the treatment plan developed by the enrolled physical therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the *Healthcare Common Procedure Coding System (HCPCS)* or the *CPT Fee Schedule*

Physical therapy services that are for maintenance of bodily function, swimming therapy, physical fitness, habilitation, or weight loss are not covered. Services provided by a physical therapist aide are not covered.

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.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
Limitations to Services

11b. Occupational Therapy

Occupational therapy services are provided upon the order of a physician, advanced nurse practitioner, or other licensed health care professional within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440.110(b). Occupational therapy assistants, enrolled as rendering providers for occupational therapists, may provide services if they meet Alaska licensure requirements.

Maintenance occupational therapy services related to conditions caused by developmental disabilities or developmental delay provided to a recipient under 21 years of age will be covered if determined to be medically necessary and prior authorized by Alaska Medicaid.

Except the initial evaluation, occupational therapy services must be provided in accordance with an initial evaluation conducted an enrolled occupational therapist and the treatment plan developed by the enrolled occupational therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the *Healthcare Common Procedure Coding System (HCPCS) or the CPT Fee Schedule*

Occupational therapy services for an individual 21 years of age or older for maintenance of bodily function, swimming therapy, habilitation, or weight loss are not covered. Services provided by an occupational therapist aide are not covered.

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.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
Limitations to Services

11c. Speech Pathology/Audiology

Speech pathology and audiology services are provided upon the order of a physician, advanced nurse practitioner, or other licensed health care professional within the scope of the practitioner's license. Services are provided in accordance with 42 CFR 440.110(c) and 42 CFR 440.110(d). Speech-language pathology assistants, enrolled as rendering providers for speech-language pathologists, may provide services if they are registered and meet Alaska requirements.

Except the initial evaluation, speech pathology/audiology services must be provided in accordance with an initial evaluation conducted by and a treatment plan developed by an enrolled speech-language pathologist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the *Healthcare Common Procedure Coding System (HCPCS)* or the *CPT Fee Schedule*

Before initiating treatment, the speech-language pathologist must conduct an initial evaluation of the recipient that includes an assessment of the recipient's significant past medical history; diagnosis and prognosis, if established, and the extent to which the recipient is aware of the diagnosis and prognosis; prescribing health care practitioner orders, if any; rehabilitation goals and potential for achievement; contraindications, if any; and summary of any known prior treatment.

After conducting the initial evaluation of a recipient, the speech-language pathologist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. No more than 14 days after the plan is developed or changes are made to service levels, the treatment plan must be signed by the health care practitioner that prescribed the services. The department will not pay for services provided more than 14 days after the treatment plan is developed or changes are made to service levels if the treatment plan has not been signed.

After the treatment plan is signed, the health care practitioner that prescribed the services shall review and sign the treatment plan as often as the recipient's medical condition requires or if changes are made to the treatment plan, and no less often than every six months for recipients under three years of age; annually for recipients three years of age or older and under 21 years of age; every 30 days for recipients 21 years of age or older. The speech-language pathologist must record in the recipient's clinical record any changes made to the treatment plan.

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.

**Description of Service Limitations**

individually or in groups that could include family members. Treatment is always focused on the Medicaid-eligible recipient; not the family.

(a)The following mental health rehabilitative services are available for children under 21 years of age with an appropriate mental health diagnosis resulting from an EPSDT screen or a mental health assessment. 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. Services may be provided to seriously mentally ill and severely emotionally disturbed adults.

**i. Assessments:** A systematic evaluation of a recipient upon admission to services and periodically during the course of treatment, to assess and document substance abuse and/or mental health disorders, including assessing mental status, social and medical history, presenting problems, related symptoms, and service needs of the recipient for the purpose of establishing a diagnosis and developing an individualized treatment and/or rehabilitation plan. The service includes **functional assessments** which assess the functioning levels in the life domains necessary for independent living. Assessments are provided by a Master's level clinician or above.

**ii. Therapy and Treatment** includes treatment, therapeutic interventions, and rehabilitative services designed to alleviate behavioral health disorders (mental, emotional and/or substance abuse related) and encourage growth and development while helping to prevent relapse of such conditions. Also includes planning, delivery and monitoring of a dynamic set of services that target specific behaviors identified in the assessment and treatment plan designed to improve functioning and enhance quality of life. Services are designed to improve the functioning level of the recipient through supporting or strengthening the behavioral, emotional, or intellectual skills necessary to live, learn or work in the community.

Services include

**Therapeutic behavioral services** include teaching of life skills designed to restore the recipient's functioning and support community living; counseling focused on functional improvement, recovery and relapse prevention; encouraging and coaching. Therapeutic behavioral services are provided by all willing and qualified mental health providers.

**Psychosocial Rehabilitation Recipient Support** services are recognized as medically necessary through a professional behavioral health assessment that documents the recipient's history of high risk behavior or the rationale for heightened vigilance; and recommends the frequency and location where the service should be provided. These services are identified in the recipient's treatment and rehabilitation plan along with target symptoms; and how provider is



### **Description of Service Limitations**

expected to resolve high risk behavior. Psychosocial rehabilitation recipient support does not include the daily supervisory activities that a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a severely emotionally disturbed child; or a seriously mentally ill adult. Services are limited to a maximum of four hours per day per recipient, without prior authorization. Psychosocial rehabilitation recipient support services are provided by all willing and qualified mental health providers.

**Day treatment services** teach self management skills to improve the recipient's behavioral functioning; provides counseling and coaching focused on overall functional improvement. Services are provided in accordance with the recipient's individualized treatment plan. Day treatment services are provided by all willing and qualified mental health providers.

**iii. Medication Administration** includes oral medication administration with direct observation, monitoring the individual's response to medication, assessment and documentation of medication compliance, and evaluation and documentation of medication effectiveness and any side effects. Medication administration must be provided by licensed medical personnel.

### **Specific Provider Qualifications for Providers of Rehabilitative Services**

Except for medication administration, preceding services may be provided by:

- an individual with a master's degree or more advanced degree in psychology, social work, counseling, child guidance, or nursing with specialization or experience in mental health who, if employed by a mental health physician clinic, is licensed to practice in the state in which the service is provided; or
- a marital and family therapist who meets licensure requirements in Alaska or in a state with requirements substantially similar to Alaska requirements where services are provided, and who works in the individual's field of expertise; or
- a professional counselor who is meets licensure requirements in Alaska or in a state with requirements substantially similar to Alaska requirements where services are provided, and who works in the individual's field of expertise; or
- mental health clinical associate who is an individual who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in working with chronically mentally ill adults or severely emotionally disturbed children and works within the scope of the individual's training and experience, and works under the direction of a mental health professional clinician, physician, or psychiatrist operating within the scope of their practice

TN No. 12-01 Approval Date \_\_\_\_\_ Effective Date January 1, 2012

**APR 13 2012**

Supersedes TN No. 10-01

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**Description of Service Limitations**

(2) Alcohol and Substance Abuse Rehabilitation Services:

(i) **Service Descriptions and Provider Qualifications for Alcohol and Substance Abuse Assessment, Detoxification, Therapeutic Behavioral, Psychosocial Support and Brief Intervention:**

Each service listed in the following section may be provided by one or more of the following, for both children and adults who are found in a treatment plan to need substance abuse services. 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:

- 1) psychologists, psychological associates, clinical social workers, marriage and family therapists, professional counselors, psychiatric nurses, or certified nursing assistants who are licensed and practicing within the scope of their experience and authority ; OR
  - 2) a paraprofessional substance abuse counselor. Paraprofessional substance abuse counselors meet the requirements of a mental health clinical associate who is an individual who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in working in the field of substance abuse and behavioral health and who works within the scope of their training and experience, and who works under the direction of a licensed health care professional operating within the scope of their practice.
- (a) **Assessments:** A systematic evaluation of a recipient upon admission to services and periodically during the course of treatment, to assess and document substance abuse and/or mental health disorders, including assessing mental status, social and medical history, presenting problems, related symptoms, and service needs of the recipient for the purpose of establishing a diagnosis and developing an individualized treatment and/or rehabilitation plan.
- (b) **Alcohol and Drug Detoxification** Services are delivered face-to-face and include an initial nursing assessment, physiological stabilization, diagnosis, treatment and on-going assessment and monitoring of the recipient's withdrawal symptoms.
- (c) **Therapeutic behavioral services** teach life skills designed to restore the recipient's functioning and support community living; counseling focused on functional improvement, recovery and relapse prevention; encouraging and coaching
- (d) **Psychosocial Rehabilitation Recipient Support** services are recognized as medically necessary through a professional behavioral health assessment that documents the recipient's history of high risk behavior or the rationale for heightened

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**APR 13 2012**

TN No. 12-001  
Supersedes TN No 10-01

Approval Date \_\_\_\_\_

Effective Date January 1, 2012

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**Description of Service Limitations**

vigilance; and recommends the frequency and location where the service should be provided. These services are identified in the recipient's treatment and rehabilitation plan along with target symptoms; and how provider is expected to resolve high risk behavior.

- (e) **Brief intervention** services involve motivational discussion focused on raising the recipient's awareness of their substance use, the potential harmful effects of the substance use, and encouraging positive change.

(ii) **Service Descriptions and Provider Qualifications for Medication and Medical Services**

Each service listed in the following section must be provided by medical personnel acting within the scope of their license, for both children and adults who are found in a treatment plan to need substance abuse services. Service providers include physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and certified nurse aides. 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.

- (f) **Medication Administration** includes the administration, by medical personnel, of injectable or oral medications with direct observation, monitoring the individual's response to medication, assessment and documentation of medication compliance, and evaluation and documentation of medication effectiveness and any side effects.
- (g) **Medical Services** related to the treatment of substance disorders including intake physicals, pharmacological management, monitoring, medical decision-making, and methadone administration.

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**APR 13 2012**

TN No. 12-001  
Supersedes TN No 10-01

Approval Date \_\_\_\_\_

Effective Date January 1, 2012

Personal Care Services

Services are reimbursed at the lesser of the amount billed the general public or the state maximum allowable.

Physical and Occupational Therapy Services

The department will pay for physical therapy services and supplies that are identified in the *CPT Fee Schedule for Independent Physical Therapists* table and *HCPC Fee Schedule for Independent Physical Therapists* table

The department will pay for occupational therapy services if they are identified in the *CPT Fee Schedule for Occupational Therapy Services* table and *HCPC Fee Schedule for Occupational Therapy Services* table.

Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the maximum allowable for procedures that do not have an established RVU.

Speech, Hearing and Language Services

The department will pay for speech pathology/audiology services if they are identified in the *CPT Fee Schedule for Speech Pathologist* table and *HCPC Fee Schedule for Speech Pathologists* table.

Payment for speech-language pathology services provided by a speech pathologist or outpatient speech therapy center is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Payment for hearing services provided by an audiologist is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Payment to a hearing aid supplier is made at the lesser of billed charges or the state maximum allowable.

Substance Abuse Rehabilitation Services

The following substance abuse rehabilitation services are reimbursed at the lesser of the amount billed the general public or the state maximum allowable:

- (a) assessment and diagnosis services;
- (b) outpatient services, including individual, group, and family counseling; care coordination; and rehabilitation treatment services;
- (c) intensive outpatient services;
- (d) intermediate services; and
- (e) related medical services, including medical evaluation for admission into methadone treatment, intake physical for nonmethadone recipient, methadone treatment plan review, medication management, medication dispensing, and urinalysis and detoxification services.