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## **Table of Contents**

**State/Territory Name:** Alaska

**State Plan Amendment (SPA) #:** 12-009

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
2201 6<sup>th</sup> Avenue, Mailstop RX-43  
Seattle, Washington 98121



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

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**DEC 21 2012**

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

**RE: Alaska State Plan Amendment (SPA) Transmittal Number 12-009**

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska State Plan Amendment (SPA) Transmittal Number 12-009.

This amendment was submitted to update the payment rate schedules for nurse-midwife services and personal care services.

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

During the review of Alaska SPA 12-009, CMS performed an analysis of corresponding coverage sections not originally submitted with this SPA. This analysis revealed issues that will require additional information and/or possible revision through a corrective action plan (CAP). Under separate cover, CMS will release a letter detailing those issues, and provide guidance on timeframes for correction.

If you have any questions concerning this SPA, please contact me, or have your staff contact Treva Wornath at (907) 271-1920 or via email at [treva.wornath@cms.hhs.gov](mailto:treva.wornath@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Carol J.C. Peveryly <sup>125</sup>  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

Enclosure



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

1. TRANSMITTAL NUMBER:  
12-009

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  
July 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:  
42 CFR 447.201, 42, CFR 447.302

7. FEDERAL BUDGET IMPACT:  
a. FFY 12      \$364,000  
b. FFY 13      \$1,842,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, Page 4  
Attachment 4.19B, Page 5b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B, Page 4  
Attachment 4.19B, Page 5b

10. SUBJECT OF AMENDMENT:  
Updating Rate Tables

11. 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 wish to comment

12. SIGNATURE:

13. TYPED NAME: Kimberli Poppe-Smart

14. TITLE: Deputy Commissioner for Medicaid and Health Care  
Policy

15. DATE SUBMITTED: September 27, 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: September 28, 2012

18. DATE APPROVED: December 21, 2012

**PLAN APPROVED - ONE COPY ATTACHED**

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

21. TYPED NAME: Carol J.C. Peverly

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

23. REMARKS:



**Methods and Standards for  
Establishing Payment Rates: Other Types of Care**

Mental Health Clinic Services

Mental health clinic services provided by a community mental health clinic, state operated mental health clinic, or mental health physician clinic (which is a group of psychiatrists or other mental health professionals working under the supervision of a psychiatrist) are reimbursed at the lesser of the amount billed the general public or the state maximum allowable. Community mental health clinics bill the Division of Mental Health and Developmental Disabilities under a separate reimbursement schedule for performing pre-admission screening and annual resident reviews (PASARR) of mentally-ill persons seeking admission to or residing in long-term care facilities. The State assures that the requirements of 42 CFR 447.321 regarding upper limits of payment will be met.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of mental health clinic services. The agency's fee schedule was updated 12/26/08 and is published in the Department's Community Behavioral Health Clinic billing manual dated 06/29/12, available at

<http://medicaidalaska.com/providers/Billing.shtml>

Mental Health Rehabilitation Services

Mental health rehabilitation services are reimbursed at the lesser of the amount billed the general public or the state maximum allowable.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of mental rehabilitation services. The agency's fee schedule was updated 12/26/08 and is published in the Department's Community Behavioral Health Clinic billing manual dated 06/29/12, available at

<http://medicaidalaska.com/providers/Billing.shtml>

Nurse-Midwife Services

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 state maximum allowable for procedures that do not have an established RVU. Laboratory services are reimbursed at the lesser of the amount billed the general public or at the Medicare fee schedule. Drugs are covered at 95 percent of the AWP but without a dispensing fee.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of nurse-midwife services. The agency's fee schedule was updated on 08/09/12, effective 07/01/12 and is available at:

<http://medicaidalaska.com/providers/FeeSchedule.asp>

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**DEC 21 2012**

TN No. 12-009

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

Effective Date July 1, 2012

Supersedes TN No. 10-008

Personal Care Services

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

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of personal care services. The agency's rates for personal care services were updated on 02/01/2012 and are effective for services rendered on or after 07/01/12. The fee schedule and any annual/periodic adjustments to the fee schedule and its effective dates are included in the fee schedule for personal care services published at <http://hss.state.ak.us/dsds/costsurvey.htm>.

Physical and Occupational Therapy Services

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.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of physical and occupational therapy services. The agency's fee schedule was updated on 08/15/12, effective 07/01/12 and is available at: <http://medicaidalaska.com/providers/FeeSchedule.asp>