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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 16-0002

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104

Division of Medicaid & Children's Health Operations

March 10, 2017

Valerie Davidson, Commissioner
Department of Health and Social Services
PO Box 110601
Anchorage, AK 99503-7167

RE: Alaska State Plan Amendment (SPA) Transmittal Number 16-0002

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska State Plan Amendment (SPA) Transmittal Number 16-0002. This SPA revises Alaska's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to clarify private-duty nursing, hospice, chiropractic, nutrition, dental, and podiatry services available to individuals under 21 years of age.

The SPA is approved effective July 1, 2016.

If there are any questions concerning this approval, please contact me or your staff may contact Elizabeth Heintzman at elizabeth.heintzman@cms.hhs.gov or (206) 615-2596.

Sincerely,

Digitally signed by David L. Meacham -S

[redacted]

David L. Meacham
Associate Regional Administrator

Enclosures

cc:
John Sherwood, DHSS
Courtney King, DHSS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 16 - 0002

2. STATE: AK

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, 2016

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 Subpart B 441.50-441.62

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 $ 0
b. FFY 2017 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attached Sheet to Attachment 3.1-A pages 1, 2, 1a and 1b (P&I)
~~Attachment 3.1A page 15, 15a, 15b, 15c~~ (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attached Sheet to Attachment 3.1-A pages 1, 2

10. SUBJECT OF AMENDMENT:
Revising Alaska's EPSDT benefit to clarify services available to individuals under 21years of age.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Jon Sherwood

14. TITLE: Deputy Commissioner - DHSS

15. DATE SUBMITTED:9-26-2016

16. RETURN TO:
Division of Health Care Services
4501 Business Park Blvd, Suite 24, Bldg. L
Anchorage, AK 99503

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/27/16

18. DATE APPROVED: 3/10/17

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2016

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]
Date: 2017.03.13 12:31:56 -07'00'

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

1/19/2017 - State authorized P&I change to box 8

FORM HCFA-179 (07-92)

1. INPATIENT HOSPITAL SERVICES: All hospitalizations must be physician-prescribed. The maximum hospital length of stay for any single admission is three days except for

   a. Psychiatric admissions authorized by the division's utilization review contractor, and

   b. Maternal and newborn hospital stays related to childbirth which are limited to 48 hours of inpatient stay for a normal vaginal delivery and 96 hours of inpatient stay for a cesarean delivery.

   Hospitals must secure a continued stay authorization from the division, or its designee, for patients to exceed the three day maximum length of stay.

   Selected surgical procedures and medical diagnoses require- preadmission certification from the division or its designee. Organ transplants must be prior authorized by the division or its designee. Coverage for organ transplants is limited to kidney, corneal, skin, bone, and bone marrow transplants for adults and children under 21; liver transplants for adults and children under 21 with biliary atresia or other form of end-stage liver disease; and heart transplants for children under 21. Coverage for transplants also extends to coverage for outpatient immunosuppressive therapy. Organ transplants and requisite related medical care will be covered at an available transplant center either within the state or at a transplant center located outside the state that has been authorized by the division.

2. a. OUTPATIENT HOSPITAL SERVICES: "Outpatient hospital services" excludes services not generally furnished by most hospitals in the state, such as outpatient psychiatric and substance abuse treatment services.

3. LABORATORY AND RADIOLOGY SERVICES: Laboratory and radiology services must be medically necessary and ordered by a physician. Medically necessary diagnostic mammograms are covered. Laboratory tests are performed by a laboratory certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA), at 42 CFR 493. Other laboratory and radiology services are furnished in an office or similar facility other than a hospital outpatient department or clinic and meet the State's provider qualifications. All medically necessary lab and radiology services are furnished without limitations. Selected laboratory and radiology services, however, require prior authorization.

4. a. NURSING FACILITY: Placement in a nursing facility providing a skilled level of nursing care requires prior authorization by the department.

   b. EPSDT ENHANCED SERVICES:

   1) Private Duty Nursing

   Medicaid recipients under twenty-one (21) years of age may receive medically necessary private duty nursing services in accordance with 42 § CFR 440.80.

   Private-duty nursing services are provided in a family setting, to Medicaid recipients under twenty-one (21) years of age experiencing a life-threatening illness and requiring more individual and continuous care than is available from a visiting nurse or is routinely provided by the nursing staff of a hospital, a skilled nursing facility or an intermediate care facility.

   Private-duty nursing services are provided with the intent to prevent admission to, or promote early discharge from, an acute care or long-term care facility. Services must be provided in accordance with a plan of care approved by the recipients attending physician, and include,

assessment; administration of treatment related to technological dependence, and; monitoring and maintaining parameters, machinery, and interventions.

Private-duty nursing does not include housekeeping, laundry, shopping, meal preparation, or transportation.

2) Podiatry

Medicaid recipients under twenty-one (21) years of age may receive medically necessary podiatry services in accordance with the provisions of 42 § CFR 440.60(a).

Podiatry services are provided to a Medicaid recipient who has been found to need medical services relating to specific conditions of the ankle or foot, when a physician has prescribed the treatment; and the treatment provided is within the scope of practice of the enrolled and licensed treating podiatrist. Nutrition Services

3) Nutrition Services

Medicaid recipients under twenty-one (21) years of age determined to be at high risk nutritionally may receive nutrition services including, one initial assessment in a calendar year and up to twelve (12) hours of nutritional counseling and follow-up care after the initial assessment in a calendar year.

Nutrition services are delivered in accordance with 42 § CFR 440.60(a)upon a determination that the Medicaid recipient is at high risk nutritionally by a physician, an advanced nurse practitioner, or another licensed or certified health care practitioner . Requests exceeding the original twelve (12) hours of service in a calendar year can be prior authorized by the State Medicaid Agency if the additional hours are medically necessary.

4) Chiropractic Services

Medicaid recipients under twenty-one (21) years of age who have a demonstrated medical need, receive chiropractic services in accordance with 42 § CFR 440.60. Chiropractic services are provided by a chiropractor holding an active state license and meeting the requirements of 42 CFR 405.232(b).

Covered chiropractic services are identified in the CPT Fee Schedule for Chiropractic Services table adopted by reference in regulation. The Alaska Medicaid Program allows manual manipulation to correct a subluxation of the spine, and x-rays necessary for diagnosis, if the subluxation of the spine resulted in a neuromusculoskeletal condition for which manual manipulation is the appropriate treatment. If there is no x-ray to support that a subluxation exists, the recipient's record must contain complete documentation of the examination results justifying manual manipulation for the subluxation of the spine.

5) Dental Services

Dental services for children are covered as specified in federal statute governing EPSDT when provided by a licensed dentist, including an orthodontist, or a certified dental health aide supervised by a dentist.

The Alaska Medicaid Program allows diagnostic examination and radiographs as needed for routine and emergency dental care; preventive care; restorative care; endodontics; periodontics; prosthodontics; oral surgery; anesthesia and sedation; professional; and office visits if an antibiotic is prescribed or administered without any further billable treatment that day.

The Alaska Medicaid Program allows for limited, interceptive, and comprehensive orthodontic treatment. Except for a recipient with a cleft palate, the recipient must display hygiene adequate to begin and successfully complete treatment. The recipient must be caries-free during the six months prior to treatment.

6) Emergency Hospital Services

Emergency hospital services, as defined in 42 CFR 440.170(e), are covered only for recipients under age 21.

4. c. FAMILY PLANNING SERVICES: Fertility services not covered.

5. a. PHYSICIAN SERVICES: Physicians services are provided in accordance with regulations at 42 CFR 440.50. A surgical procedure that could be considered experimental, investigative, or cosmetic is not covered, unless that procedure is medically necessary in the course of treatment for injury or illness and has been prior authorized by the medical review section of the division or its designee. A licensed physician provides services directly and supervises direct services provided by physician assistants, advanced nurse practitioners, certified registered nurse anesthetists, certified behavioral health aides I, II, and III, certified behavioral health practitioners, certified community health aides I, II, III, or IV, and certified community health practitioners.

6. b. OPTOMETRIST SERVICES: Vision services are provided to recipients experiencing significant difficulties or complaints related to vision or if an attending ophthalmologist or optometrist finds health reasons for a vision examination. A second vision exam in a 12-month period must be prior authorized by the division or its designee.

6. d. DIRECT ENTRY MIDWIFE SERVICES: Direct entry midwife services are those services for the management of prenatal, intrapartum and postpartum care that a direct entry midwife is authorized to provide under the scope of practice of her state license.

6. d.2 TOBACCO CESSATION: Tobacco cessation is provided as face-to-face counseling by a qualified pharmacist to a recipient with a prescription for such service. All counseling encounters must follow general Medicaid documentation requirements for the service provided. Qualified pharmacists are those who have attended at least one continuing education course on Tobacco Cessation in accordance with federal public health guidelines found in the United States Department of Health and Human Services Public Health Services Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence. Such treatment may include discussing challenges to and strategies for success, behavior triggers, alcohol use, relapse and coordination with prescriber to ensure the correct therapy is employed.

6 d.3 Qualified pharmacists providing administration of preventive vaccines, as authorized under "Other Licensed Practitioners" at 42 CFR 440.60, will be paid an administration fee for administering vaccines to recipients age 19 years old and above. Qualified pharmacists may administer all medically necessary vaccines, either by injection or intranasally, as authorized by the State within the scope of their practice.

7. a-d. HOME HEALTH SERVICES: Home health services are offered in accordance with 42 CFR 440.70. Home health services must be ordered by the attending physician and must be prior authorized by the State Medicaid Agency or its designee.

   c. Equipment and appliances that require prior authorization by the State Medicaid Agency or its designee are listed in the provider manual.