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**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 17-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

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April 12, 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 17-0004**

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska State Plan Amendment Transmittal Number 17-0004. This SPA removes the section of the State Plan titled Telemedicine Applications, as telemedicine is not a 1905(a) service but instead a service delivery method and it is not required on the plan page.

This SPA is approved effective January 1, 2017.

If there are any questions, please contact me or your staff may contact Shante Abarabar at [shante.abarabar@cms.hhs.gov](mailto:shante.abarabar@cms.hhs.gov) or (206) 615-2346.

Sincerely,

Digitally signed by David L. Meacham



Date: 2017.04.14 07:01:06 -07'00'

David L. Meacham  
Associate Regional Administrator

cc:  
Jon Sherwood, DHSS  
Courtney King, DHSS

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

1. TRANSMITTAL NUMBER:  
17-0004

2. STATE  
AK

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2017

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 410.78

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017                      \$ 0  
b. FFY 2018                      \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attached Sheet 3.1-A, page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attached Sheet 3.1-A, page 12

10. SUBJECT OF AMENDMENT:

This SPA removes the section of the state plan titled Telemedicine Applications. The state has determined, through consultation with CMS, this telemedicine section is unnecessary to the implementation of telemedicine.

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:  
Governor does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jon Sherwood

14. TITLE: Deputy Commissioner - DHSS

15. DATE SUBMITTED: March 29, 2017

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
3/29/17

18. DATE APPROVED: 4/12/17

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
David L. Meacham

22. TYPED NAME:  
Associate Regional Administrator

23. REMARKS:

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