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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 24-0006

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



July 16, 2024

Heidi Hedberg
Commissioner
Department of Health
2601 C Street, Suite 902
Anchorage, AK 99503-5923

Re: Alaska State Plan Amendment (SPA) 24-0006

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This amendment proposes to temporarily suspend behavioral health services prior/service authorizations originally approved in Disaster Relief SPA 23-0007 with the following modification to extend the provision an additional 12 months through June 30, 2025.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Alaska's Medicaid SPA Transmittal Number 24-0006 is approved effective May 13, 2024.

If you have any questions, please contact Maria Garza at 206-615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

Courtney L. Miller
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
A K ^{24 (P&I)} 0 0 0 6

2. STATE
AK

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 13, 2024

5. FEDERAL STATUTE/REGULATION CITATION
~~Section 1135 of the SSA~~ Section XIX of the SSA (P&I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4-C, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
AK 23-0007, Section 7.4-C, page 1

9. SUBJECT OF AMENDMENT
This SPA seeks to suspend behavioral health services prior/service authorizations from May 13, 2024 to June 30, 2025. This flexibility was first approved under the 1135 waiver authority during the PHE.

10. 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:

AGENCY OFFICIAL

12. TYPED NAME
Emily Ricci

13. TITLE
Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED
6/24/2024

15. RETURN TO
Dept of Health Commissioner's Office
c/o Emily Beaulieu
3601 C Street, Suite 902
Anchorage, AK 99503

FOR CMS USE ONLY

16. DATE RECEIVED June 24, 2024

17. DATE APPROVED July 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 13, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Courtney L. Miller

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director for the Center for Medicaid & CHIP Services

22. REMARKS
7/8/24 State authorizes P&I changes to Box1 adjusting the transmittal number and Box 5 updating the citation to Title XIX

7.4.C – Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until June 30, 2025, the Medicaid agency temporarily implements the following change to the state plan:

Section D – Benefit

1. X Suspends Medicaid fee-for-service prior/service authorization requirements in the behavioral health Medicaid program.
2. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
3. X Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. X The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset: