Revision:

HCFA-PM-94-5 APRIL 1994

(MB)

State/Territory:

ALASKA

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

3.1 Amount, Duration, and Scope of Services

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and 1905(a) of the Act (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.

Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 94-004
Supersedes Approval Date 7/21/94 Effective Date 4/1/94
TN No. 90-14

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Revision: HCFA-PM-91-4

(BPD)

OMB No.: 0938-

AUGUST 1991

State/Territory: ALASKA

Citation

3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

1902(e)(5) of the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends

/X/ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10), clause (VII) of the matter following (E) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

Supersedes Approval Date 41/19 05
TN No. 90-8

HCFA ID: 7982E

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: ___ALASKA

Citation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

> (vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act

vii) Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

viii)Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1902(a)(52) and 1925 of the Act

ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 9/-/3 Supersedes Approval Date 4/10/22 TN No.

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 State/Territory: __ALASKA Amount, Duration, and Scope of Services (continued) Citation 42 CFR Part 440, (a)(2)Medically needy. Subpart B This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided. Services for the medically needy include: If services in an institution for mental diseases 1902(a)(10)(C)(iv) (1)of the Act (42 CFR 440.140 and 440.160) or an intermediate 42 CFR 440.220 care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5): and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440. Subpart A and in sections 1902, 1905, and 1915 of the Act. Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nursemidwifes are not authorized to practice in (ii) Prenatal State and delivery services for 1902(e)(5) of pregnant women. the Act

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Effective Date _ /0///9/

HCFA ID: 7982E

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TN No.

Supersedes
TN No. __87-4

91-17

Approval Date

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State/Territory: ALASKA

ount Duration and Scope of Sorvices

OMB No.: 0938-

Citation

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- 3.1(a)(2) Amount, Duration, and Scope of Services:
 Medically Needy (Continued)
 - (iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
 - //(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.
 - (v) Ambulatory services, as defined in <u>ATTACHMENT</u> 3.1-B, for recipients under age 18 and recipients entitled to institutional services
 - Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.
 - (vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140, 440.150, 440.160 Subpart B, 442.441, Subpart C 1902(a)(20) and (21) of the Act

//(vii)Services in an institution for mental diseases for individuals over age 65..

//(viii)Services in an intermediate care facility for the mentally retarded.

(ix) Inpatient psychiatric services for individuals under age 21.

TN No. 91-13
Supersedes Approval Date 4/10/30 Effective Date 10/1/91
TN No. 87-4 HCFA ID: 7982E

Revision:	HCFA-PM-93-	5	(MB)
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MAY 1993

State: ALASKA

Citation

3.1(a)(2) Amount, Duration, and Scope of Services:

Medically Needy (Continued)

1902(e)(9) of

(x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act (xi Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 95-005
Supersedes Approval Date 4/28/95 Effective Date ///95
TN No. 9/-/3

(CMSO)

Revision

HCFA-PM-98-1

APRIL 1998

State: Alaska

Citation

Amount, Duration, and Scope of Services (continued) 3.1

> Other Required Special Groups: Qualified (a)(3)

Medicare Beneficiaries

1902(a)(10)(E)(i)and clause (VIII) of the matter following (F) and 1905(p)(3)of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this

plan.

1902(a)(10) (E)(ii) and 1905(s) of the Act

(a)(4)(i)Other Required Special Groups: Qualified Disabled and Working Individuals

> Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

> Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10) (E)(iv)(1)1905(p)(3)(A)(ii), and 1933 of the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

> Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv (I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

TN No. 98-012 Approval Date 9-23-98 Effective Date 4-1-98 Supersedes TN No. <u>98-007</u>

			21 (c	ontinued)
Revision:	HCFA-PM-98-1 APRIL 1998	(CMSO)		
	State: Alas	k a		-
Citation				
1902(a)(10) (E)(iv)(II),) 1905(p)(3) 1905(p)(3)		(iv)	Other Required Special Groups: Qualifying Individuals - 2
the Act	19 0 3(p)(3)			The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.
1925 of the Act		(a)(5)		Other Required Special Groups: Families Receiving Extended Medicaid Benefits
				Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

Revision:

HCFA-PM-98-(CMSO)

APRIL 1998

State: Alaska

Citation

Sec. 245A(h) of the Immigration and Nationality Act

(a)(6) Limited Coverage for Certain Aliens

(i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

> Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;

Are children under 18 years of age; or

Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L.96-422 in effect on April 1, 1983.

(ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. <u>98-0/2</u> Supersedes

Approval Date 9-23-98 Effective Date 4-1-98

TN No. <u>91-13</u>

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Revision: HCFA-PM-91- 4

AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:__ ALASKA

Citation

3.1(a)(6)

Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act

(a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and 1920 of the Act

Presumptively Eligible Pregnant Women (a)(8)Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act

(a)(9) EPSDT Services.

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 91-13 Approval Date 4/062 Supersedes
TN No. ____

Effective Date 10/1/91

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 August 1991	(BPD)		ОМВ	No.	0938-
	State Territory:		Alaska			
Citation	3.1(a)(9)	Amount (continu	Duration, and Scope of Serviced)	es: EP	SDTS	Services
	⊠	care pro	dicaid agency has in effect agre oviders. Described below are the he providers' compliance with t	e meth	ods er	nployed to
		2. The fact 3. Quanthar EPS and 4. Into Sta	State Agency enters into a writtinuing care provider specifying licable to the provider and the ast agreement specifies the service tors required in 42 CFR 441.60; ality Assurance measures are interection and immunization of the service of the se	g the ter igency; es prov cluded g of the rates of care protinuou	ided at in the qual f cover	and conditions and other agreement ity of the cred children; er and the og on quality
42 CFR 4		Compa	rability of Services			
and 440.250 1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and		Except for those items or services for which sections 1 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CF 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:				
	4) of the Act	(i)	Services made available to the equal in amount, duration, and categorically needy person.	_	100	• . •
			The amount, duration, and sco available to the categorically regreater than those made availancedy.	eedy a	re equ	al to or
			Services made available to the equal in amount, duration, and the medically needy group.		•	
Supersed	99 - 017 les Approval 91 - 43	date <u>3/</u>	17/99 Effective HCFA ID:	Date 7982E	10	1,198

Revision:	HCFA-PM-91-4 August 1991	(BPD)	OMB No.: 0938-
	State Territory:		Alaska
	☐ (iv)	Additional coverage for pregnancy related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. <u>98-017</u>
Supersedes Approval date <u>3/17/99</u>
TN No <u>91-13</u>

Effective Date 10/1/98
HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State_	ALA	SKA				
itation 2 CFR Part 40, Subpart B 2 CFR 441.15 I-78-90 I-80-34	3.1(b)		e health services are provided in ordance with the requirements of 42 CFR .15.			
		(1)	Home health services are provided to all categorically needy individuals 21 years of age or over.			
		(2)	Home health services are provided to all categorically needy individuals under 21 years of age.			
			Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.			
		(3)	Home health services are provided to the medically needy:			
			Yes, to all			
			Yes, to individuals age 21 or over; SNF services are provided			
			Yes, to individuals under age 21; SNF services are provided			
			No; SNF services are not provided			
			Not applicable; the medically needy are not included under this plan			

Approval Date 1/19/77 Effective Date 11/23/76

Revision:	HCFA-PM-9 December	(BPD)	
	State/Te	ritory:	
Citation	3.1	Amount,	Dura

ration, and Scope of Services (continued)

42 CFR 431.53

(c)(1) Assurance of Transportation

ALASKA

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT

3.1-D.

42 CFR 483.10

(c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. Approval Date 5/11/94 Effective Date 1/1/94 Supersedes TN No.

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

> ALASKA State

Citation 42 CFR 440.260 AT-78-90

3.1(d) Methods and Standards to Assure Quality of Services

> The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

Approval Date 1/19/77 Effective Date 11/23/76

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

ALASKA State

Citation 42 CFR 441.20 AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

Approval Date /// 19/77 Effective Date ///

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Revision: HCFA-PM-87-5 **APRIL 1987**

(BERC)

OMB No.: 0938-0193

State/Territory:

ALASKA

Citation 42 CFR 441.30 AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) of the Act, P.L. 99-272 (Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided

/ / No.

 \nearrow Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 37-4 Supersedes TN No. HA 16-28

Approval Date 8/5/87 Effective Date 7/1/87

HCFA ID: 1008P/0011P

28 Revision: HCFA-PM-87-4 (BERC) **MARCH 1987** MASKA State/Territory: Citation 42 CFR 431.110(b) AT-78-90 1902(e)(9) of the Act. Individuals P.L. 99-509 (Section 9408)

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

OMB No.: 0938-0193

(h) Respiratory Care Services for Ventilator-Dependent

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who --

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of-

/ / 30 consecutive days:

____ days (the maximum number of inpatient
days allowed under the State plan);

- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

// Yes. The requirements of section 1902(e)(9) of the Act are met.

Not applicable These services are not included in the plan.

TN No. 87-4 Supersedes TN No. M + 18-2

Approval Date 8/5/87 Effective Date 7/1

HCFA ID: 1008P/0011P