

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided with No limitations
 Limitations*

2. a. Outpatient hospital services.

Provided with No limitations
 Limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

Provided with No limitations
 Limitations*

Not provided

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided with No limitations
 Limitations*

3. Other laboratory and x-ray services.

Provided with No limitations
 Limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided with No limitations
 Limitations*

b. Early and periodic screening, diagnostic and treatment (EPSDT) services for individuals under 21 years of age, and treatment of conditions found.*

c. Family planning services and supplies for individuals of child-bearing age.

Provided with No limitations
 Limitations*

*Description provided on attached sheet.

TN No. 94-014 Approval Date 10/27/94 Effective Date 9/1/94

Supersedes TN No. 91-016

4.d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services

Provided No Limitations With Limitations

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

Provided No Limitations With Limitations

Face-to-face Counseling Services provided:

- (i) By or under supervision of a physician
- (ii) By any other healthcare professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services: or
- (iii) Any health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (none are designated at this time)

Face-to-face Tobacco Cessation Counseling Services for Pregnant Women:

Provided No Limitations With Limitations

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt with a minimum of two (2) quit attempts per 12 month period should be described below.

Please describe any limitations

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- 5 a. Physician services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided with: _____ No limitations
 X Limitations

5. b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided with: X No limitations
 _____ Limitations

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.

- a. Podiatrist Services:

Provided with _____ No limitations
 _____ Limitations
Not Provided X

- b. Optometrist Services:

Provided with _____ No limitations
 X Limitations
Not Provided _____

- c. Chiropractor Services:

Provided with _____ No limitations
 _____ Limitations
Not Provided X

- d. Other Licensed Practitioner
Services:

Provided with _____ No limitations
 X Limitations
Not Provided _____

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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7. Home health services.

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided with No limitations
 Limitations*

- b. Home health aide services provided by a home health agency.

Provided with No limitations
 Limitations*

- c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided with No limitations
 Limitations*

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided with No limitations
 Limitations*

8. Private duty nursing services.

Provided with No limitations
 Limitations*
Not provided

9. Clinic services.

Provided with No limitations
 Limitations*
Not provided

* Description provided on attached sheet.

TN No. 94-014 Approval Date 10/27/94 Effective Date 9/1/94

Supersedes TN No. 92-016 and 91-013

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

10. Dental services.

Provided with No limitations
 Limitations*
Not provided

11. Physical therapy and related services.

a. Physical therapy

Provided with No limitations
 Limitations*
Not provided

b. Occupational therapy.

Provided with No limitations
 Limitations*
Not provided

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Provided with No limitations
 Limitations*
Not provided

* Description provided on attached sheet.

TN No. 97-014 Approval Date 1/14/98 Effective Date 10/15/97

Supersedes TN No 94-014

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribes drugs, dentures, and prosthetic devices' and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided with _____ No limitations

Limitations

Not Provided _____

b. Dentures.

Provided with _____ No limitations

Limitations*

Not Provided _____

c. Prosthetic devices.

Provided with _____ No limitations

Limitations

Not Provided _____

d. Eyeglasses.

Provided with _____ No limitations

Limitations

Not Provided _____

*Please see Attached Sheets to Attachment 3.1-A at page 3a

TN No.: 10-07

Supersedes

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TN No.: 97-014

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

Provided with No limitations
 Limitations*
Not provided

b. Screening services.

Provided with No limitations
 Limitations*
Not provided

c. Preventive services.

Provided with No limitations
Not provided Limitations*

d. Rehabilitative services.

Provided with No limitations
 Limitations*
Not provided

* Description provided on attached sheet.

TN No. 94-014 Approval Date 10/27/94 Effective Date 9/1/94
Supersedes TN No. 91-16 and 92-13

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
Provided with No limitations
 Limitations*
Not provided
- b. Skilled nursing facility services.
Provided with No limitations
 Limitations*
Not provided
- c. Intermediate care facility services.
Provided with No limitations
 Limitations*
Not provided
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
Provided with No limitations
 Limitations*
Not provided
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
Provided with No limitations
 Limitations*
Not provided
16. Inpatient psychiatric facility services for individuals under 21 years of age provided in accordance with 42 CFR 440.160 and 441.151.
Provided with No limitations
 Limitations*
Not provided

* Description provided on attached sheet.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
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17 Nurse midwife services.

Provided with: No limitations
 limitations*

Not provided .

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided No limitations

Provided in accordance with section 2302 of the Affordable Care Act with: No limitations
 limitations*

Not provided .

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided with: No limitations
 limitations

Not provided .

20. Extended services to pregnant women.

a. Pregnancy related and postpartum services for a 60 day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Provided: with additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

Provided: with additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

Description provided on attachment.

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided with No limitations
 Limitations*
Not provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided with No limitations
 Limitations*
Not provided

23. Certified pediatric or family nurse practitioners' services.

Provided with No limitations
 Limitations*

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided with No limitations
 Limitations*
Not provided

b. Services of Christian Science nurses.

Provided with No limitations
 Limitations*
Not provided

* Description provided on attached sheet.

TN No. 94-014 Approval Date 10/27/94 Effective Date 9/1/94
Supersedes TN No. 91-013

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AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

A.1. Transportation

- No limitations
 With limitations

(1) Transportation services provided will include

- Wheelchair van
 Taxi
 Stretcher car
 Bus passes
 Secured Transportation
 Air Transportation
 Ferry Transportation
 Meals
 Lodging
 Escort
 Other transportation (please describe)

A.2. Brokered Transportation

- Provided under section 1902(a)(70)

Alaska's statewide transportation broker for non-emergency transportation is not a government entity and does not directly provide transportation services.

The statewide brokerage is cost effective because the system does not add any new services and thus incurs no additional costs. Administrative process streamlining also ensures cost effectiveness.

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

(1) The state will operated the broker program without the requirements of the following paragraphs of section 1902(a)

- (1) Statewideness (indicate areas of State that are covered)
- (10)(B) Comparability (indicate participating beneficiary groups)
- (23) Freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include

- Wheelchair van
- Taxi
- Stretcher car
- Bus passes
- Secured Transportation
- Air Transportation
- Ferry Transportation
- Meals
- Lodging
- Escort
- Other transportation (please describe)

(3) The State assures that transportation services will be provided under a contract with a broker who:

- is selected through a competitive bidding process based on the State's evaluation the broker's experience, performance, references, resources, qualifications, and costs;
- has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
- is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
- complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)

-
- Low-income pregnant women
 - Low-income infants
 - Low-income children 1 through 5
 - Low-income children 6 - 19
 - Qualified pregnant women
 - Qualified children
 - IV-E Federal foster care and adoption assistance children
 - TMA recipients (due to employment)
 - TMA recipients (due to child support)
 - SSI recipients

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- Optional Low-income pregnant women
- Optional low-income infants
- Optional targeted low-income children
- Individuals under 21 who are under State adoption assistance agreements
- Individuals under age 21 who were in foster care on their 18th birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if childcare costs were paid from earnings rather than by a State agency
- Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individuals in special income level group, in a medical institution for a least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL

-
- Individuals receiving only an optional State supplement in a 209(b) State
 - Individuals working disabled who buy into Medicaid (BBA working disabled group)
 - Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
 - Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) The State will pay the contracted broker by the following method:

- Risk capitation
- Non-risk capitation
- Other – Broker makes direct payment to individual providers then submits a claim to Medicaid. Brokers are paid a brokerage fee.

A.3. Governmental Agency

Administrative case management of transportation as a state plan function is performed and overseen by the state or other governmental entities.

Air and ferry transportation arranged by a government entity other than the state does not require purchase through the broker contract.

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Cont.)
- c. Care and services provided in Christian Science sanatoria.
- | | | |
|---------------|--------------|----------------|
| Provided with | <u> </u> | No limitations |
| | | Limitations* |
| Not provided | <u> X </u> | |
- d. Nursing facility services for patients under 21 years of age.
- | | | |
|---------------|--------------|----------------|
| Provided with | <u> </u> | No limitations |
| | | Limitations* |
| Not provided | <u> X </u> | |
- e. Emergency hospital services.
- | | | |
|---------------|--------------|----------------|
| Provided with | <u> </u> | No limitations |
| | | Limitations* |
| Not provided | <u> X </u> | |
- f. Personal care services prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
- | | | |
|---------------|--------------|----------------|
| Provided with | <u> </u> | No limitations |
| | | Limitations* |
| Not provided | <u> X </u> | |
25. 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.
- | | | | |
|----------|-------------|--------------|--------------|
| Provided | <u> </u> | Not provided | <u> X </u> |
|----------|-------------|--------------|--------------|

* Description provided on attached sheet.

26. Licensed or otherwise state-approved freestanding birth centers.

Provided with: No limitations
 Limitations

Not Provided:

Please describe any limitations:

N/A

27. Licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center

Provided: No limitations
 Limitations

Please describe any limitations:

N/A

Please check all that apply:

- a. Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- b. Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*
- c. Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: licensed direct-entry midwives.

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REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

Editor's Note:

Pages 11-23 have been reserved for future use.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

11a-c. Physical therapy, occupational therapy and speech pathology/audiology services

See Attachment 3.1A, pages 24a -24c for limitations of each service type.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

11a. Physical therapy

Physical therapy services are provided upon the order of a physician, advanced nurse practitioner, or other licensed health care professional within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440.110(a). Physical therapy assistants, enrolled as rendering providers for physical therapists, may provide services if they meet Alaska licensure requirements.

Physical therapy services are limited to evaluations; physical agents; massage and manipulation; therapeutic exercise; hydrotherapy; and other forms of treatment for rehabilitation and restoration of normal bodily functions following acute physical illness or acute physical trauma.,

Maintenance physical therapy services related to conditions caused by developmental disabilities or developmental delay to a recipient under 21 years of age will be covered if determined medically necessary and prior authorized by Alaska Medicaid.

Except the initial evaluation, physical therapy services must be provided by or under the direction of a physical therapist who is enrolled in Alaska Medicaid, provided in accordance with the initial evaluation and the treatment plan developed by the enrolled physical therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the *Healthcare Common Procedure Coding System (HCPCS)* or the *CPT Fee Schedule*

Physical therapy services that are for maintenance of bodily function, swimming therapy, physical fitness, habilitation, or weight loss are not covered. Services provided by a physical therapist aide are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

11b. Occupational Therapy

Occupational therapy services are provided upon the order of a physician, advanced nurse practitioner, or other licensed health care professional within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440.110(b). Occupational therapy assistants, enrolled as rendering providers for occupational therapists, may provide services if they meet Alaska licensure requirements.

Maintenance occupational therapy services related to conditions caused by developmental disabilities or developmental delay provided to a recipient under 21 years of age will be covered if determined to be medically necessary and prior authorized by Alaska Medicaid.

Except the initial evaluation, occupational therapy services must be provided in accordance with an initial evaluation conducted an enrolled occupational therapist and the treatment plan developed by the enrolled occupational therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the *Healthcare Common Procedure Coding System (HCPCS) or the CPT Fee Schedule*

Occupational therapy services for an individual 21 years of age or older for maintenance of bodily function, swimming therapy, habilitation, or weight loss are not covered. Services provided by an occupational therapist aide are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
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Limitations to Services

11c. Speech Pathology/Audiology

Speech pathology and audiology services are provided upon the order of a physician, advanced nurse practitioner, or other licensed health care professional within the scope of the practitioner's license. Services are provided in accordance with 42 CFR 440.110(c) and 42 CFR 440.110(d). Speech-language pathology assistants, enrolled as rendering providers for speech-language pathologists, may provide services if they are registered and meet Alaska requirements.

Except the initial evaluation, speech pathology/audiology services must be provided in accordance with an initial evaluation conducted by and a treatment plan developed by an enrolled speech-language pathologist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the *Healthcare Common Procedure Coding System (HCPCS)* or the *CPT Fee Schedule*

Before initiating treatment, the speech-language pathologist must conduct an initial evaluation of the recipient that includes an assessment of the recipient's significant past medical history; diagnosis and prognosis, if established, and the extent to which the recipient is aware of the diagnosis and prognosis; prescribing health care practitioner orders, if any; rehabilitation goals and potential for achievement; contraindications, if any; and summary of any known prior treatment.

After conducting the initial evaluation of a recipient, the speech-language pathologist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. No more than 14 days after the plan is developed or changes are made to service levels, the treatment plan must be signed by the health care practitioner that prescribed the services. The department will not pay for services provided more than 14 days after the treatment plan is developed or changes are made to service levels if the treatment plan has not been signed.

After the treatment plan is signed, the health care practitioner that prescribed the services shall review and sign the treatment plan as often as the recipient's medical condition requires or if changes are made to the treatment plan, and no less often than every six months for recipients under three years of age; annually for recipients three years of age or older and under 21 years of age; every 30 days for recipients 21 years of age or older. The speech-language pathologist must record in the recipient's clinical record any changes made to the treatment plan.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.