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April 17, 2020

Dear Tribal Leaders,

On behalf of the Department of Health and Social Services (the department) and in keeping with the responsibility to conduct tribal consultation, I am writing to inform you of a Medicaid state plan amendment (SPA).

Purpose and content of the proposed amendment:

In response to the COVID-19 public health emergency (PHE), the state has submitted a disaster relief state plan amendment (DR SPA), which requests the following state plan flexibilities effective March 1, 2020, through the end of the PHE:

- Waive SPA submission requirements related to the effective date, public notice, and tribal consultation. The intent is to provide a March 1, 2020, effective date, eliminate the public notice requirements, and revise the requirements for tribal consultation.
- Waive the residency requirement for Medicaid for individuals in the state temporarily.
- Suspend all cost-sharing related to COVID-19 testing and treatment from March 1, 2020, to the end of the PHE.
- Suspend premiums for the Qualified Working Disabled Medicaid Eligibility Group.
- Add the ability to reimburse for investigational and experimental drugs as covered outpatient drugs if provided in an outpatient setting and not otherwise provided at no cost by the sponsor. Reimbursement for these drugs will be at actual acquisition cost with no dispensing fee for physician-administered drugs or the dispensing fee outlined in the state plan if dispensed for home use.
- Waive the requirement for an annual assessment of need in the Community First Choice Program.
- Allow for the provision of Personal Care Services and Community First Choice-Personal Care Services in an acute hospital setting.
- Modify provider requirements as follows:
 - allow students who have completed all coursework except a practicum or internship hours to practice as unlicensed mental health professionals.

- waive the requirement for First Aid and CPR certifications under Community First Choice and Personal Care services.
 - allow reimbursement of family caregivers or legally responsible adults, when employed by Personal Care or Community First Choice Agencies.
- Expand the definition of Pharmacists under the Other Licensed Practitioner Benefit to allow practice within the scope of practice, Chief Medical Officer standing orders, and the HHS Office of the Assistant Secretary for Health guidance memo dated April 8, 2020.
- Allow for the reimbursement of non-rebateable drugs in specific extreme shortage circumstances.
- Waive the requirement for the return of unused unit dose medications dispensed to a Long-Term Care facility due to infection control considerations.
- Increases the allowable day supply of medications to 68-days unless the medication is on the 90-day list, in which case the 90-day supply is permissible.
- Revise the frequency in which a provider may receive a dispensing fee to no more than every 14-days per enrolled individual, increases the dispensing fee to \$15.86 for pharmacies located on the road system, and \$23.78 for pharmacies located off the road system. Shipping will be reimbursed regardless of the location of the pharmacy or beneficiary.
- Allow DHSS to make exceptions to the published Preferred Drug List if drug shortages occur.
- Allow for an increase in the reimbursement rate as follows:
 - Covered Outpatient Drugs dispensed by a retail-based pharmacy (non-physician administered drugs) - when a medication's acquisition cost exceeds the standard "lesser of" payment methodology logic, providers may petition for reimbursement at Wholesale Acquisition Cost (WAC) + 1% on a claim-level basis through the point-of-sale and bypass the Federal Upper Limit (FUL) and National Average Drug Acquisition Cost (NADAC).
 - Targeted Case Management for Infant Learning Program and Long Term Services and Supports – modified to reflect a per-episode rate equal to the existing monthly rate, this increase is reflective of the increased requirements for TCM providers during the PHE.

Anticipated impact on Medicaid-eligible Alaska Native/American Indian beneficiaries:

The state anticipates that the relief requested in the DR SPA will facilitate access to COVID-19 related testing and treatments, to include investigational drugs as appropriate, and will allow the provision of Personal Care and Community First Choice services by family caregivers or a legally responsible adult employed by one of the relevant agencies.

Anticipated impact on tribal health programs and the Indian Health Service:

The state anticipates that the relief requested in the DR SPA will be of some benefit to tribal health and IHS provider agencies by removing some provider requirements, creating some flexibility in pharmacy reimbursement, increasing the pharmacy dispensing fee, guaranteeing shipping for medications regardless of location, and allowing the agencies to employ family caregivers or legally responsible adults for the provisions of Personal Care or Community First Choice services.

Mechanism and timeline for comment

Due to the nature of the disaster relief SPA, the timeline for tribal consultation is reduced. The deadline for written comments is close of business on May 1, 2020. Please direct all written correspondence to Courtney O’Byrne King, Alaska Department of Health and Social Services, 3600 C Street, Suite 902, Anchorage, AK 99503, or courtney.king@alaska.gov.

Due this compacted timeline, and in anticipation of a tribal request for an in-person (telephonic) consultation on this amendment, the state has reserved time for a teleconference on April 27, 2020, from 1:00 – 2:30 PM.

Please confirm via email that telephonic consultation is requested as scheduled, and a formal appointment /calendar request will be transmitted.

Sincerely,

/s/

Courtney O’Byrne King, MS
Medicaid Specialist IV