Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 26-0003

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

May 28, 2026

Heidi Hedberg
Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

Re: Alaska State Plan Amendment (SPA) Transmittal Number 26-0003

Dear Commissioner Hedberg:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AK 26-0003. The state expands on the Advisory Committee on Immunization Practices (ACIP) recommendation for the administration of vaccines to include other governing bodies or professional organizations in the administration of vaccines. Additionally, the amendment proposes to cover select prescribed drugs that are not covered outpatient drugs when medically necessary during drug shortages.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Alaska Medicaid SPA TN 26-0003 was approved on May 27, 2026, with an effective date of April 1, 2026.

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

Sincerely,

NICOLE M. MCKNIGHT -S

Digitally signed by NICOLE M. MCKNIGHT -S
Date: 2026.05.28 14:42:46 -04'00'

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Emily Ricci, Deputy Commissioner, Department of Health
Christal Hays, Alaska State Plan Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0003

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
~~January 1, 2026~~ April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
1928 of SSA, Section 11405 Inflation Reduction Act; 1905(a)(13)(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ 0
b. FFY 27 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 1.5, Pediatric Immunization Program, page 9a
Attached Sheet to Attachment 3.1, pages 3b, 4.4, 4a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Section 1.5, Pediatric Immunization Program, page 9a & 9b (P&I)
Attached Sheet to Attachment 3.1, pages 3b, 4.4, 4a

9. SUBJECT OF AMENDMENT

Broadens vaccination coverage to allow for more provider and family choice. Ensures coverage of drugs during FDA-declared shortages.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Emily Ricci

13. TITLE
Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED
4/1/26

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

FOR CMS USE ONLY

16. DATE RECEIVED
April 1, 2026

17. DATE APPROVED
May 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL
NICOLE M. MCKNIGHT -S Digitally signed by NICOLE M. MCKNIGHT -S Date: 2026.05.28 14:43:29 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

4.7.26 Alaska authorized the pen&ink changes to BOX 4 to reflect correct effective date of 4/1/26 and BOX 8 to add 9b to Section 1.5 when state transfered 9b language to 9a.

Section 1.5 – Pediatric Immunization Program

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
    a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed and approved by the United States Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices (ACIP); and/or the vaccination is one the State Agency covers in reliance on the recommendation of another governing body or professional organization that provides evidence based recommendations for vaccine administration and is administered in accordance with the immunizing practice, and without charge for the vaccines.
    b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes and maintain a list of program-registered providers.
    c. With respect to any population of vaccine eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
    d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
    e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program registered providers of the maximum fee for the administration of vaccines.
    f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
    g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.
2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The state agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is: __ State Medicaid Agency X_ State Public Health Agency

Description of Service Limitations

Pharmacy

(1) Drugs not otherwise specifically excluded from payment may be covered only after prior authorization has been obtained by the Division. These drugs may be further limited on the minimum and maximum quantities per prescription or on the number of refills to discourage waste and address instances of fraud or abuse by individuals. The Division will ensure a response to each prior authorization request is provided within 24 hours. In emergency situations, at least a 72-hour supply of the covered outpatient prescription may be dispensed.

(2) A pharmacy shall maintain documentation of receipt of prescribed drugs by recipients. The documentation may be kept as a signature lo owing which prescription numbers are received or as mailing labels if prescribed drugs are mailed to the recipient.

(3) A provider that dispenses drugs in unit doses to a recipient in a nursing home or other long term care facility shall return unused medications to the pharmacy and the claim shall be adjusted.

(4) Select prescribed drugs when medically necessary: Select prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) are also covered when medically necessary during drug shortages identified by the Food and Drug Administration.

Description of Service Limitations

12.c. Prosthetic Devices

Prosthetic devices are provided when prescribed by a physician or other licensed practitioner operating within their scope of practice.

12.d. Eyeglasses

Medicaid recipients twenty one (21) years of age and older may receive one complete pair of eyeglasses and a fitting per two calendar years without prior authorization. A recipient may obtain a two-year supply of contact lenses in lieu of glasses if determined medically necessary. A recipient may obtain an additional pair of glasses or an additional supply of contact lenses subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

The following vision products and services require prior authorization – based on medical necessity – from the Medicaid agency or its designee: ultraviolet coating, prism lenses, specialty lenses, specialty frames, and tinted lenses.

The department excludes the following vision products and services for Medicaid recipients twenty-one (21) years of age and older: aspherical lenses, progressive or no-line multi-focal lenses, vision therapy services, polarized lenses, and anti-reflective or mirror coating.

Eyeglasses are purchased for recipients under a competitively bid contract.

13. Diagnostic, Screening, Preventive, and Rehabilitative Services

13.a. Diagnostic services are provided in accordance with 42 CFR 440.130(a).
13.a.1. Mammography coverage is limited to diagnostic mammograms are necessary to detect breast cancer.
13.b. Screening mammograms are covered at the age and frequency schedule of the American Cancer Society.
13. c. Preventive Services
Coverage and provider qualifications are in accordance with 42 CFR 440.130. Alaska Medicaid covers all preventive services described in sections 1905(a)(13)(A) and (B) of the Social Security Act, including

- Evidence-based items or services with an A or B rating by the United State Preventive Services Task Force (USPSTF);
  - Evidence-based items or services with an A or B rating by the United State Preventive Services Task Force (USPSTF);
  - Immunizations for use in children, adolescents, and adults that are approved by the United States Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices (ACIP); and/or the vaccination is one the State Agency covers in reliance on the recommendation of another governing body or professional organization that provides evidence based recommendations for vaccine administration and is administered in accordance with the immunizing practice. These vaccines and their administration are covered without cost sharing.

- Changes to approved vaccination, including ACIP recommendations, are incorporated into coverage and billing codes as necessary.
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings are provided based on the current guidelines in the American Academy of Pediatrics Bright Futures periodicity schedule for screenings and follow-up visits;
- With respect to women, evidence- informed preventive care and screenings are provided based on the contents of this section and the current Health Resources and Service Administration (HRSA) Women's Preventive Service guidelines; and

- Any qualifying Coronavirus preventive service, which means an item, service, or immunization intended to prevent or mitigate Coronavirus disease 2019 (COVID-19) and that is, for the individual involved –
    - An evidence -based item or service with a rating of A or B in the current recommendations of the UISPSTF; or
    - An immunization recommended by ACIP, and adopted by the Director of the CDC, and/or the vaccination is one the State Agency covers in reliance on the recommendation of another governing body or professional organization that provides evidence based recommendations for vaccine administration and is administered in accordance with the immunizing practice.

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.

13.d Rehabilitative Behavioral Health Disorder Services are covered by Medicaid under the state plan are limited to the services listed in this section. n. For purposes of this section, behavioral health disorders include both mental health and substance use disorders. Services in this section are provided in accordance with 42 CFR 440.130(d).
To be eligible to provide Medicaid behavioral health services covered by the state plan, a provider must be enrolled in Medicaid with the Medicaid agency and must be one of the following:

(1) Community behavioral health services provider (CBHS) - a provider approved by the Medicaid agency or its designee to provide behavioral health services; A community behavioral health service provider agency must be an enrolled provider in good standing with the state and receiving reimbursement from the department; if providing behavioral health clinic services, must have a documented formal agreement with a physician to provide general direction and direct clinical services as needed; must collect and report the statistics, service data, and other information requested by the department; must participate in the department's service delivery planning; must maintain a clinical record for each recipient; must have policies and procedures in place; may not deny treatment to an otherwise eligible recipient due to the recipient's inability to pay for the service; may not supplant local funding available to pay for behavioral health services or programs with money received under a grant-in-aid program; must be dual diagnosis capable program or dual diagnosis enhanced program; must ensure that all recipients have given informed consent; must report to the department any recipient who is missing or deceased; must submit to the department a record of a criminal history background check for each member of the provider's staff upon request.

(2) Mental health professional clinician - an individual who is working for an enrolled community behavioral health services provider who has a master's degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social (sentence continued on the next page)