HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11-003	Alaska
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3/1/2011	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	<del>\$7,699,666</del> \$1,494,417 (P&I)
Section 1902(a)(42)(B)(i)	a. FFY 11 b. FFY 12	\$21,261,500 \$4,164,250 (P&I
of the Social Security Act		`
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Pages 3 & 3a (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 3	
Attachment 419-B, Page 5b	Attachment 419-B, Page 5b	
10. SUBJECT OF AMENDMENT:		nerranggyyn Ans Arm ceilis ann Phohamaca A phleochagy y hanna ii thili ann ann Mille gagleth a chainn
Changes for payment rates for personal care and home and e	ammunity based waiver services	(P&I)
Changes for payment rates for personal care and home and e	ommunity-based warver services	(, 54.7)
11 COVERNORS REVIEW (CL., LO., .)		
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED: Governor does not wish to comment.	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Kimbali Jorge (mat	Alaska Department of Health and Social Services	
13. TYPED NAME:	Office of the Commissioner	
Kimberli Poppe-Smart	P.O. Box 110601	
14. TITLF:	Juneau, Alaska 99811-0601	
Director, Division of Health Care Services	Julicau, Maska 99011-0001	
15. DATE SUBMITTED:		
3/30/2011		
FOR REGIONAL OF	PEICE LISE ONLY	
17. DATE RECEIVED:	and the second s	0 - 004
March 31, 2011	DEC.	0 7 2011
PLAN APPROVED - ON	E COPY ATTACHED	nannangangangangangangan kananangangangangangangan ang mananangan ang mananangan ang mananangan ang mananangan S
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	
21. TYPED NAME: T.C. PENENW	22. TITLE: Associate Region	1.
23. REMARKS:	Division of Medicaid &	
	Children's	
9/22/11 - State authorized Pen & Ink. change to box 7.		$\frac{\partial \mathcal{L}_{i}}{\partial x_{i}} = - \frac{1}{2} \left( \frac{\partial \mathcal{L}_{i}}{\partial x_{i}} - \frac{\partial \mathcal{L}_{i}}{\partial x_{i}} \right) = 0$
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