

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 11-006	2. STATE Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE July 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

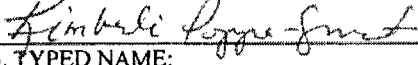
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A) and 1905(a) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY \$0 b. FFY \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attached Sheets to Attachment 3.1-A, Page 3a Attachment 4.19-B, page 1b (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attached Sheets to Attachment 3.1-A, Page 3a Attachment 4.19-b, page 1b (P&I)

10. SUBJECT OF AMENDMENT:  
Dentures

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Governor does not wish to comment.

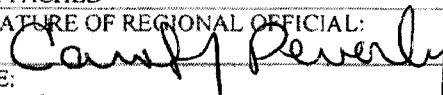
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Alaska Department of Health and Social Services Office of the Commissioner P.O. Box 110601 Juneau, Alaska 99811-0601
13. TYPED NAME: Kimberli Poppe-Smart	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: September 29, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2011      18. DATE APPROVED: **DEC 16 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL 01 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Revery	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:  11/23/2011 - Pen & Ink (P&I) changes authorized by the State.	