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**State/Territory Name:** Alaska

**State Plan Amendment (SPA) #:** 12-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form(with 179-like data)
- 3) Approved SPA



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

APR 19 2012

William J. Streur, Commissioner  
Department of Health and Social Services  
Post Office Box 110601  
Juneau, Alaska 99811-0601

**RE: Alaska State Plan Amendment (SPA) Transmittal Number 12-004**


Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-004. This amendment requests an exception to the January 1, 2012, implementation date in regulation and requests a date of July 1, 2012, in order to allow time for the State to enter into a multi-state contract for selection of a Medicaid recovery audit contractor.

This SPA is approved effective January 1, 2012.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or [erin.cassady@cms.hhs.gov](mailto:erin.cassady@cms.hhs.gov).

Sincerely,

  
Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Kimberli Poppe-Smart, Deputy Commissioner  
Jon Sherwood, Senior Medicaid Policy Analyst for Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
12-004

2. STATE  
Alaska

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2012

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:  
Section 1902(a)(42)(B)(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 12      \$0  
b. FFY 13      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Page 36b-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
  
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10. SUBJECT OF AMENDMENT:  
Extension of deadline for implementing RAC program

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Does not wish to comment  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE:  


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 for Medicaid and Health Care  
Policy

15. DATE SUBMITTED: March 26, 2012

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 30, 2012

18. DATE APPROVED: April 19, 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2012



21. TYPED NAME:  
Carol J.C. Peverly

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

23. REMARKS:

