

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

1. TRANSMITTAL NUMBER:
12-008

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
July 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) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 12 \$0
b. FFY 13 \$-27,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 36b-1
Page 36b-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Page 36b-1
Page 36b-2

10. SUBJECT OF AMENDMENT:
Implementing RAC program

11. 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:
Does not wish to comment

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: September 24, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 26, 2012

18. DATE APPROVED: October 12, 2012

PLAN APPROVED - ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: Carol J.C. Peverly

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

23. REMARKS: