

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

1. TRANSMITTAL NUMBER:  
13 - 001

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, 2013

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:  
42 CFR 435.232

7. FEDERAL BUDGET IMPACT:  
a. FFY 13      \$0  
b. FFY 14      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A, Page 1-3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 6 to Attachment 2.6-A, Page 1-3

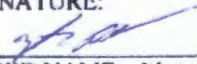
10. SUBJECT OF AMENDMENT:

Income eligibility standards for optional state supplementary payments to the aged, blind and disabled

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:



13. TYPED NAME: Margaret Brodie

14. TITLE: Director Division Health Services,  
Department of Health and Social Services, State of Alaska

15. DATE SUBMITTED: March 12, 2013

16. RETURN TO:

Alaska Department of Health and Social Services  
4501 Business Park Blvd., Suite 24, Bldg L  
Anchorage, Alaska 99503-7167

**FOR REGIONAL OFFICE USE ONLY**

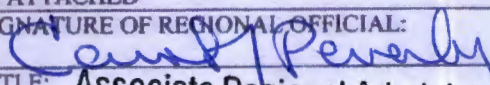
17. DATE RECEIVED: **MAR 13 2013**

18. DATE APPROVED: April 29, 2013

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Carol J.C. Peverly

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

23. REMARKS: