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**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 13-0028**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter (delete if not applicable)
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
2201 Sixth Avenue, Mail Stop 43  
Seattle, Washington 98121



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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

**FEB 05 2014**

**RE: Alaska State Plan Amendment (SPA) Transmittal Number 13-0028-MM**

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0028-MM. This transmittal incorporates the Modified Adjusted Gross Income (MAGI)-Based eligibility process requirements, including the single streamlined application, into the Medicaid State Plan in accordance with the Affordable Care Act.

This SPA is approved effective October 1, 2013.

The approval of SPA 13-0028-MM includes the state's use of the single streamlined paper application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act, as well as the full approval of your state's paper alternative application used to apply for multiple human service programs. Until April 1, 2014, the state will use an interim online alternative single streamlined application and will submit a revised alternative single streamlined online application that will address CMS concerns outlined in the companion letter issued with this SPA approval.

The new state plan pages for the S94 amendment and attachments should be incorporated within a separate section at the end of Alaska's approved state plan:

- Alaska's S94, pages S94-1 and S94-2
- Attachment 1 – Paper application used to apply for multiple human service programs: Gen50c-redesign-09-18-13.
- Attachment 2- Statement of use with respect to the alternative single streamlined online application – AK Online Interim Application Placeholder Doc.doc

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact me, or have your staff contact Maria Garza at (206) 615 – 2542 or [Maria.Garza@cms.hhs.gov](mailto:Maria.Garza@cms.hhs.gov).

Sincerely,



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

cc:

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**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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

**FEB 05 2014**

**RE: Companion Letter for Alaska State Plan Amendment (SPA) Transmittal Number 13-0028-MM**

Dear Mr. Streur:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services' (CMS) letter dated February 5, 2014, which approved State Plan Amendment (SPA) Transmittal Number 13-0028-MM, Eligibility Process. Our review of this submission included a review of the state's use of the single streamlined paper application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act, as well as the full approval of your state's paper alternative application used to apply for multiple human service programs.

Until April 1, 2014, the state is authorized to use an interim alternative single streamlined online application. This interim application needs to be revised to reflect the following changes:

<b>Necessary changes:</b>	<b>Completion Date</b>
1. Remove citizenship, immigration status, and residency questions for non-applicant household members.	April 1, 2014
2. Remove income questions regarding the amount of SSI income, child support income, worker's compensation, VA, and gifts received.	April 1, 2014
3. Remove absent parent questions.	April 1, 2014

<p>4. Update the application to allow for individuals to identify themselves as American Indians and Alaska Natives for the purpose of cost-sharing protections, and specifically identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.</p>	<p>April 1, 2014</p>
<p>5. Questions regarding "other health coverage:"</p> <p>Please revise questions to inquire about offers of coverage from an employer, even if not currently enrolled. In addition, for individuals who are currently enrolled in health coverage, revise the application to include what type of coverage the individual currently has. Options such as – COBRA, retiree, Peace Corps, VA, among other choices, will be included as answer choices for this question.</p>	<p>April 1, 2014</p>

Please submit the revised alternative online applications to CMS for review no later than March 1, 2014 to ensure approval by April 1, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov) or (410) 786-8684.

If you have any questions about this letter or need any additional information, please contact me, or have your staff contact Maria Garza either by phone at 206-615-2542 or by email at [Maria.Garza@cms.hhs.gov](mailto:Maria.Garza@cms.hhs.gov).

Sincerely,



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

cc:  
Brodie, Margaret C (HSS) [margaret.brodie@alaska.gov](mailto:margaret.brodie@alaska.gov)  
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## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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State/Territory name: Alaska

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

AK-13-0028

**Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.10 42 CFR 435, subpart J and subpart M

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

Single Streamlined Application

**Governor's Office Review**

- Governor's office reported no comment  
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal  
 Other, as specified

Describe:

Does not wish to comment

**Signature of State Agency Official**

Submitted By: Gennifer Moreau  
Last Revision Date: Jan 17, 2014  
Submit Date: Nov 12, 2013



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

**An attachment is submitted.**

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

**An attachment is submitted.**

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

**An attachment is submitted.**

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

**An attachment is submitted.**

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes  No



# Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
<b>+</b>	Fax	Document received via facsimile.	<b>X</b>
<b>+</b>	Scan	Application received via e-mail.	<b>X</b>

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.