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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 13-0036

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Seattle Regional Office 701 5th Avenue, Suite 1600, MS/RX-200 Seattle, Washington 98104



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

MAY 2 7 2014

RE: Alaska State Plan Amendment (SPA) Transmittal Number 13-0036-MM1

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0036-MM1, submitted on May 12, 2014. This SPA updates the income level for inflation in PDF S52 for optional reasonable classifications of individuals under the age of 21 in the Medicaid State Plan.

This SPA is approved effective April 1, 2014.

If you have any additional questions or require further assistance, please contact me or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,



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

cc: Margaret Brodie, Director Gennifer Moreau-Johnson, State Plan Coordinator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Transmittal Numbe Please enter the Tr the submission year	r: ansmittal Number (TN) in th	aska ne format ST-YY-0000 where ST Imber with leading zeros. The da	= the state abbreviation, YY = the last two digits of shes must also be entered.
AK-13-0036			
Proposed Effective [Date		
04/01/2014	(mm/dd/yyyy)	
Federal Statute/Reg	ulation Citation		
1902(a)(10)(A)	(ii)(l), 1902(a)(10)(A)(ii)	(IV) and 42 CFR 435.222	ANNOUNCE AND
Federal Budget Imp	act		
	Federal Fiscal Year	Am	nount
First Year	2014	\$ 0.00	
Second Year	2015	\$ 0.00	
Subject of Amendm MAGI related S for 2014.	ient PA's MAGI based eligib	ity groups - this is an amend	ment to S 52 to update the income standard
Governor's Office F			
	or's office reported no c nts of Governor's office		
Describ			1999 - 2000
144 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
No reply	y received within 45 day	/s of submittal	
Other, a Describ	as specified		
	Agency Official		

u ,	
Submitted By:	Gennifer Moreau
Last Revision Date:	May 15, 2014
Submit Date:	May 12, 2014



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21
42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)
Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.
© Yes C No
The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:
Be under age 21, or a lower age, as defined within the reasonable classification.
Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.
Not be eligible and enrolled for mandatory coverage under the state plan.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.
The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.
Yes C No
The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.
Yes C No
Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010
The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.
An attachment is submitted.
Current Coverage of All Children under a Specified Age

Alaska



The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

• Yes C No

Indicate below the age under which all children are covered under this eligibility group, based on a specific age group used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010.

(Under age 21 C Under age 20 C Under age 19 C Under age 18

Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the

maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.



C	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
Ç	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
Ent	ter the amount of the maximum income standard:
C	A percentage of the federal poverty level: %
C	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI- equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
C	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
۲	Other dollar amount
In	come Standard Entry - Dollar Amount - Automatic Increase Option S13a
The	e standard is as follows:
	Statewide standard
	C Standard varies by region
	C Standard varies by living arrangement
	C Standard varies in some other way
	Enter the statewide standard

Alaska

TN NO: 13-0036 Supersedes 13-0027 Approval Date 5/27/14 Effective April 1, 2014



		······································	
	Household size	Standard (\$)	Additional incremental amount • Yes C No
	1	1,352	X Increment amount \$ 390
5.75	2	2,110	X
	3	2,525	×
	4	2,939	×
	5	3,354	X
	6	3,768	X
	7	4,182	X
	8	4,596	X
	9	5,011	X
	10	5,425	×
	ollar amounts increa	ase automatica	ally each year
	es C No e basis of the increa	se is	
	C CPI-U		
	• Other basis	Name: CPI-U	U plus adjustment for annual dividend payment to Alaska lents
Th	e annual increase oc	curs in the mo	onth and day indicated:
Ev	ery Month : Janu	ary	Day : 1
Income standar	d chosen		
		sification unde	er the following income standard:
← The minin	num standard.		
The maxim	num income standa	rd.	
C classificat		aid state plan :	lard, the state's effective income level for this as of March 23, 2010, converted to a MAGI-equivalent ze.



The state co covered und 23, 2010 or group. • Yes (The addition Additional I Reasonab	wers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, let the the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March December 31, 2013 with an income standard higher than the current mandatory income standard for the C No nal previously covered reasonable classifications to be included are: Previously Covered Reasonable Classifications Included December 31, 2013 with an income standard higher than the current mandatory income standard for the S11 ividuals for whom public agencies are assuming full or partial financial responsibility.
The state co covered und 23, 2010 or group. (• Yes (The addition Additional I	overs reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, I her the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of Marc December 31, 2013 with an income standard higher than the current mandatory income standard for the C No nal previously covered reasonable classifications to be included are: Previously Covered Reasonable Classifications Included
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The state co covered und 23, 2010 or group. (• Yes (overs reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, ler the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of Mar December 31, 2013 with an income standard higher than the current mandatory income standard for the No
The state co covered und 23, 2010 or group.	overs reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, ler the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of Mar December 31, 2013 with an income standard higher than the current mandatory income standard for the
Other Reaso	Statute Classifications (Cenously Converse
	onable Classifications Previously Covered
C Yes	
The state co 2010, with i income stan limit and/or a Medicaid	verage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010 vers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, ncome standards higher than the current mandatory income standard for the age group. Age limits and dards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any a income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or un 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include fall income.
0	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.
0	If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI- equivalent percent of FPL or amounts by household size.
C	If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI- equivalent percent of FPL or amounts by household size.
	classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI- equivalent percent of FPL or amounts by household size.



Name of classification Description Age Limit + 2101(f)-Like Children Children under age 19 who were enrolled in Medicaid on 12/31/2013 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies. Under age 19 X Enter the income standard used for these classifications (which must be higher than the mandatory standard for the child's age but may be no higher than the highest standard used in the state plan as of December 31, 2013 or und a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013). Click here once S111 form above is complete to view the income standards form. 2101(f)-Like Children Scamplete to view the income standards form.	Other reaso	nable classifications			
enrolled in Medicaid on 12/31/2013 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies. Under age 19 X Enter the income standard used for these classifications (which must be higher than the mandatory standard for the child's age but may be no higher than the highest standard used in the state plan as of December 31, 2013 or und a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013). Click here orice \$11 form above is complete to view the income standards form.	Na	me of classification	Description	Age Limit	
child's age but may be no higher than the highest standard used in the state plan as of December 31, 2013 or und a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013). Click here once \$11 form above is complete to view the income standards form.	+ 2101(f)-Like Children	enrolled in Medicaid on 12/31/2013 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI	Under age 19	×
	2101(f)-Like Cl Income standar	nildren	n above is complete to view the income st	andards form.	
The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.	2101(f)-Like Cl Income standar	nildren d used income standard num income standard f	for this classification of children must excee	ed the lowest inco	
	2101(f)-Like Cl Income standar Minimum i The minim chosen for	nildren d used ncome standard num income standard f children under this ag	for this classification of children must excee	ed the lowest inco	
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Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or	 2101(f)-Like Cl Income standar Minimum i The minim chosen for Maximum No income plan as of December 	nildren d used income standard num income standard children under this ag income standard e test was used (all inc December 31, 2013, o 31, 2013.	for this classification of children must excee ge under the Infants and Children under Age come was disregarded) for this classification	ed the lowest incon e 19 eligibility gro n either in the Med	up. licaid stat
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The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this classification under the following income standard:

This classification does not use an income test (all income is disregarded).

C Another income standard higher than both the minimum income standard and the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Additional new age groups or reasonable classifications covered

If the state has <u>not</u> elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

C Yes @ No

There is no resource test for this eligibility group.

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.

Alaska

TN NO: 13-0036 Supersedes 13-0027 Approval Date 5/27/14 Effective April 1, 2014