

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

1. TRANSMITTAL NUMBER:
AK 13 - 011

2. STATE
AK

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
December 31, 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 435.222

7. FEDERAL BUDGET IMPACT:
a. FFY 13 *cb*
b. FFY 14 the state is unable to estimate the *cb*
increased cost for this amendment FFY 13 and FFY 14

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 2.2 A page 1
Supplement 8a to Attachment 2.6A page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Att 2.2A page 1

10. SUBJECT OF AMENDMENT:

to add coverage of this new optional reasonable classification of children as an "other" classification under 42 CFR 435.222

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 OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Margaret Brodie

14. TITLE: Director Division of Health Care Services

15. DATE SUBMITTED: *9/28/2013*

16. RETURN TO:

Division of Health Care Services
4501 Business Park Blvd Bldg L
Anchorage Alaska 99503-7167

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/28/2013

18. DATE APPROVED: *10.25.13*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
December 31, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:
Carol J.C. Peverly
22. TITLE: Associate Regional Administrator Division of
Medicaid & Children's Health

21. TYPED NAME:
Carol J.C. Peverly

23. REMARKS: