
Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 14-002

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
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121



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

MAR 20 2014

RE: Alaska State Plan Amendment (SPA) Transmittal Number 14-002

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-002. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2014 federal poverty levels.

This SPA is approved effective January 1, 2014.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

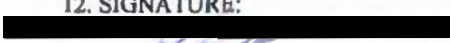

Sincerely,

Carol J.C. Peverly
[Redacted signature]

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

cc:

Brodie, Margaret C (HSS) margaret.brodie@alaska.gov
Etheridge, Deb J (HSS) deb.etheridge@alaska.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14 - 002	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, 2014	
5. TYPE OF PLAN MATERIAL. (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Does not wish to comment <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: 		16. RETURN TO: Alaska Department of Health and Social Services 4501 Business Park Blvd., Suite 24, Bldg L Anchorage, Alaska 99503-7167	
13. TYPED NAME: Margaret Brodie			
14. TITLE: Director Division Health Services, Department of Health and Social Services, State of Alaska			
15. DATE SUBMITTED: March 13, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/13/14		18. DATE APPROVED: 3/20/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014		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:			

Standards for Optional State Supplementary Payments

AGED

Payment Category (Reasonable Classification)	Administered by (Fed/State)	Income Level				Maximum Payment Level		Notes	
		Gross		Net		1 Person	Couple		
		1 Person	Couple	1 Person	Couple				
Non-Institutionalized, living independently.	State	\$2163	\$4326	\$1339	\$1983	\$1083	\$1610	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$2163	\$4326	\$1106	\$1650	\$849	\$1264	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2163	\$4326	\$199	\$399	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2163	\$4326	\$1339	\$1983	\$821	\$1282	1/	2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

BLIND

Payment Category (Reasonable Classification)	Administered by (Fed/State)	Income Level				Maximum Payment Level		Notes	
		Gross		Net		1 Person	Couple		
		1 Person	Couple	1 Person	Couple				
Non-Institutionalized, living independently.	State	\$2163	\$4326	\$1339	\$1983	\$1083	\$1610	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$2163	\$4326	\$1106	\$1650	\$849	\$1264	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2163	\$4326	\$199	\$399	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2163	\$4326	\$1339	\$1983	\$821	\$1282	1/	2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

DISABLED

Payment Category (Reasonable Classification)	Administered by (Fed/State)	Income Level				Maximum Payment Level		Notes	
		Gross		Net		1 Person	Couple		
		1 Person	Couple	1 Person	Couple				
Non-Institutionalized, living independently.	State	\$2163	\$4326	\$1339	\$1983	\$1083	\$1610	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$2163	\$4326	\$1106	\$1650	\$849	\$1264	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2163	\$4326	\$199	\$399	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2163	\$4326	\$1339	\$1983	\$821	\$1282	1/	2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.