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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 15-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

September 24, 2015

Jon Sherwood, Deputy Commissioner
Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 15-0006-MM1

Dear Mr. Sherwood:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 15-0006-MM1. In this SPA, Alaska elects to cover the adult eligibility group under the Medicaid State Plan in accordance with section 1902(a)(10)(A)(i)(VIII) of the Affordable Care Act.

This SPA is approved effective September 1, 2015.

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

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

Digitally signed by David L.
Meacham -S
Date: 2015.09.25 10:45:06
-07'00'

David L. Meacham
Associate Regional Administrator

cc:
Gennifer Moreau-Johnson, State Plan Coordinator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

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-15-0006

Proposed Effective Date

09/01/2015

(mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(i)(VIII) 42 CFR 435.119

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 12000000.00
Second Year	2016	\$ 145000000.00

General Information:

PDF(s) superseded by this SPA (Include Transmittal Number): Adult Group S 32 AK SPA 13- 0027

Description: Eligibility SPA Adult Group S 32

Subject of Amendment

Adding new adult group.

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:

Signature of State Agency Official

Submitted By:

Gennifer Moreau

Last Revision Date:

Sep 22, 2015

Submit Date:

Jul 21, 2015

Date Received: 09/21/2015 Date Approved: 09/24/2015

PLAN APPROVED- ONE COPY ATTACHED

Effective Date of Approved Material: 09/1/2015

Signature of Regional Official: /s/

Typed Name: David L. Meacham

Title: Associate Regional Administrator



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AK - 15 - 0006

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage

S32

Adult Group

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes No

Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

Transmittal Number: AK-15-0006
Supersedes TN: AK-13-0027

Approval Date: 9/24/2015
Effective Date: 9/1/2015



Medicaid Eligibility

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.

V.20140415