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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 17-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



Division of Medicaid & Children's Health Operations

October 24, 2017

Valerie Davidson, Commissioner
Department of Health and Social Services
PO Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 17-0009

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 17-0009. This transmittal updates the optional state supplement standards for special income level groups consistent with the published federal poverty levels.

This SPA is approved effective July 1, 2017.

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

Sincerely,

Digitally signed by David L. Meacham



David L. Meacham
Associate Regional Administrator

cc:
Jon Sherwood, Deputy Commissioner
Courtney King, SPA Coordinator

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

1. TRANSMITTAL NUMBER:
17 - 0009

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
July 1, 2017

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 435.232

7. FEDERAL BUDGET IMPACT:
a. FFY 17 \$0
b. FFY 18 \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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):

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:

13. TYPED NAME: Jon Sherwood

14. TITLE: Deputy Commissioner,
Department of Health and Social Services, State of Alaska

15. DATE SUBMITTED: September 25, 2017

16. RETURN TO:
Alaska Department of Health and Social Services
4501 Business Park Blvd., Suite 24, Bldg L
Anchorage, Alaska 99503-7167

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
9/25/17

18. DATE APPROVED:
10/24/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/17

20. SIGNATURE OF REGIONAL OFFICIAL: Digitally signed by David L. Meacham - 5

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

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	\$2205	\$4410	\$1366	\$2023	\$1097	\$1631	1/	2/
Non-Institutionalized, living in another individual's home and receiving in-kind income in the form of both food and shelter.	State	\$2205	\$4410	\$1128	\$1683	\$858	\$1278	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2205	\$4410	\$200	\$400	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2205	\$4410	\$1366	\$2023	\$835	\$1303	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	\$2205	\$4410	\$1366	\$2023	\$1097	\$1631	1/	2/
Non-Institutionalized, living in another individual's home and receiving in-kind income in the form of both food and shelter.	State	\$2205	\$4410	\$1128	\$1683	\$858	\$1278	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2205	\$4410	\$200	\$400	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2205	\$4410	\$1366	\$2023	\$835	\$1303	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	\$2205	\$4410	\$1366	\$2023	\$1097	\$1631	1/	2/
Non-Institutionalized, living in another individual's home and receiving in-kind income in the form of both food and shelter.	State	\$2205	\$4410	\$1128	\$1683	\$858	\$1278	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2205	\$4410	\$200	\$400	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2205	\$4410	\$1366	\$2023	\$835	\$1303	1/	2/

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