
Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 17-0010

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, WA 98104



Division of Medicaid & Children's Health Operations

February 12, 2018

Valerie Davidson, Commissioner
Department of Health and Social Services
PO Box 110601
Anchorage, AK 99503-7167

RE: Alaska State Plan Amendment (SPA) Transmittal Number 17-0010

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA), Transmittal Number 17-0010. This SPA provides for the verification of assets for the purposes of determining and re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS).

This SPA is approved effective October 1, 2017. CMS approves this SPA and the implementation timeline dated February 12, 2018. If the timeline changes by more than 30 days, please submit any changes to the Seattle Regional Office for review.

Enclosed is a copy of the CMS-179 summary form and the approved pages for incorporation into the Alaska State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or at (206) 615-2541.

Sincerely,

Digitally signed by David L. Meacham -S



David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Jon Sherwood, DHSS
Courtney King, DHSS

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

1. TRANSMITTAL NUMBER:
17-0010

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
October 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:

Section 1940 of the Social Security Act
Public Law No. 110-252;

7. FEDERAL BUDGET IMPACT:

a. FFY 18 \$ 336,993.60
b. FFY 19 \$ 77,990.40

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.32-A pages 1-2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.32-A page 1

10. SUBJECT OF AMENDMENT:

SPA adds information on the development and implementation of an asset verification system.

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 OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Jon Sherwood

14. TITLE: Deputy Commissioner, DHSS

15. DATE SUBMITTED: November 17, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
11/17/17

18. DATE APPROVED:
2/12/18

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10/1/17

20. SIGNATURE OF REGIONAL OFFICIAL
Print or Stamp Name: David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES –
REQUESTS TO OTHER STATE AGENCIES

The State of Alaska conducts a data match with the Public Assistance Reporting Information System (PARIS) for public assistance recipients on at least an annual basis. The PARIS match helps the state maintain program integrity by detecting and deterring improper payments.

The PARIS match collects data from three separate data matches – federal, Veteran’s Affairs (VA), and interstate. The federal match provides information about recipient’s military and civil service benefits. The VA match provides information about veteran pension and compensation benefits. The interstate provides information about recipients’ possible receipt of duplicative TANF, Medicaid, and food stamp benefits issues by the 50 states, Washington D.C., and Puerto Rico.

ASSET VERIFICATION SYSTEM

- I. The agency will provide for the verification of assets for the purposes of determining or re-determining Medicaid eligibility for aged, blind, and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - 1. Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - 2. The system cannot be based on mailing paper-based requests.
 - 3. The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department’s National Institute of Standard and Technology (NIST)).
 - C. The system must establish and maintain a database of FIs that participate in the agency’s AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant’s home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual’s eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the state.

II. System Development

- A. The agency itself will develop an AVS.
In #3 below, provide any additional information the agency wants to include.
- B. The agency will hire a contractor to develop an AVS.
In #3 below, provide any additional information the agency wants to include.
- C. The agency will be joining a consortium to develop an AVS.
In #3 below, identify the state participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
- D. The agency already has a system in place that meets the requirements for an acceptable AVS.
In #3 below, describe how the existing system meets the requirements in Section 1.
- E. Other alternative not included in A – D above.
In #3 below, describe this alternative approach and how it will meet the requirements in Section 1.

- III. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

In order to implement the requirements of an Asset Verification System (AVS), the state will be contracting with New England States Consortium Systems Organization (NESCO). The contractor has the capacity, requisite experience, and expertise to procure the AVS services for the state, in accordance with the provisions and requirement set forth in Section 1940 of P.L. 110-252.

NESCO will contribute to the development of project documents, timely communicate with, and submit materials to, all entities, ensure compliance with procurement processes, procedures and requirements, and timely execute a contract with the selected vendor(s).

The system will comply with the national standards prescribed by the Health Insurance Portability and Accountability Act of 1996 and the Balanced Budget Act of 1997, and kept in compliance with new and modified requirements.