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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Summary Page (with 179 like page data)
- 4) Approved SPA Reviewable Units from MACPRO

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



Western Division - Regional Operations Group

Adam Crum, Commissioner
Department of Health and Social Services
3601 C Street, Suite 902
Anchorage, AK 99503-7167

RE: Alaska State Plan Amendment (SPA) Transmittal Number 19-0002

Dear Mr. Crum:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of Alaska State Plan Amendment (SPA) AK-19-0002, which was submitted on March 29, 2019. Alaska submitted this SPA to update the income standards for recipients of its optional state supplement program Adult Public Assistance (APA) in accordance with the 2019 cost of living adjustments for the supplemental security income (SSI) federal benefit rate (FBR), consistent with section 1902(a)(10)(A)(ii)(XI) of the Social Security Act (the Act) and the implementing regulations at 42 CFR 435.232 and 435.234.

During the review of SPA AK-19-0002, CMS learned that Alaska is not operating its optional state supplement program consistent with the requirements in applicable statute and regulations. Specifically, the state is not in all circumstances making payments under its APA program that are equal to the difference between the income standard used to determine eligibility for the APA program and an individual's countable income. The State has committed to full compliance with statute and federal regulations by January 1, 2020, by ensuring that the APA program's optional state supplement payment is equal to the difference between the income standard and the individual's countable income. Alaska has memorialized this commitment within the substance of AK 19-0002, and it will submit a state plan amendment, the proposed effective date of which will be January 1, 2020, that will conform the state's operation of the APA program with federal Medicaid statutory and regulatory requirements.

We continue to be available to provide technical assistance. If you have any questions about this companion letter, please contact Maria Garza at maria.garza@hhs.gov or at (206) 615-2542.

In addition Stephanie Kaminsky, Director, Division of Medicaid Eligibility Policy at Stephanie.Kaminsky@cms.hhs.gov will remain available for further discussion related to technical assistance and to address concerns related to the companion letter.

Sincerely,

/ s /

David L. Meacham
Deputy Director


cc:
Courtney King, SPA Coordinator
Albert Wall, DHSS
Renee Gayhart, DHSS, HCS

AK - Submission Package - AK2019MS0002O - (AK-19-0002) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
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- Review Assessment Report
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CMS-10434 OMB 0938-1188

Package Information

Package ID	AK2019MS0002O	Submission Type	Official
Program Name	N/A	State	AK
SPA ID	AK-19-0002	Region	Seattle, WA
Version Number	6	Package Status	Approved
Submitted By	Courtney King	Submission Date	3/29/2019
Package Disposition		Approval Date	11/1/2019 4:49 PM EDT
Priority Code	P2		

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 and Children's Health Operations

November 01, 2019

Adam Crum
Commissioner
Department of Health and Social Services
3601 C Street
Suite 902
Anchorage, AK 99503

Re: Approval of State Plan Amendment AK-19-0002

Dear Adam Crum:

On March 29, 2019, the Centers for Medicare and Medicaid Services (CMS) received Alaska State Plan Amendment (SPA) AK-19-0002 to updates the income standards for recipients of its optional state supplement program (Adult Public Assistance, hereafter APA) in accordance with the 2019 cost of living adjustments for the supplemental security income (SSI) federal benefit rate (FBR), consistent with section 1902(a)(10)(A)(ii)(XI) of the Social Security Act (the Act) and the implementing regulations at 42 CFR 435.232 and 435.234..

We approve Alaska State Plan Amendment (SPA) AK-19-0002 on November 01, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created	
COMPANION Letter AK19-0002	10/30/2019 5:51 PM EDT	

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,
David L. Meacham
Deputy Director
Division of Medicaid and
Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

Package Header

Package ID	AK2019MS0002O	SPA ID	AK-19-0002
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	11/1/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Alaska

Medicaid Agency Name: Department of Health and Social Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

Package ID	AK2019MS00020	SPA ID	AK-19-0002
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	11/1/2019	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID AK-19-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	NA
Non-MAGI Methodologies	1/1/2019	NA
Mandatory Eligibility Groups	1/1/2019	NA
Optional Eligibility Groups	1/1/2019	NA
Optional State Supplement Beneficiaries	1/1/2019	18-001

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Elig. Det. of Ind. Age 65 or Older or Who Have Blindness or a Disability: correction to AK-13-0036 from migration.

Optional State Supplement Beneficiaries: Supplement 6 to Att 2.6-A, pages 1-3; Att 2.2-A, page 17, 18; Att 2.6-A, page 4b, 6

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

Package ID	AK2019MS00020	SPA ID	AK-19-0002
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	11/1/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The SPA updates the income standards for recipients of Alaska's Optional State Supplement Payments. In Alaska, individuals are able to qualify for Medicaid by reducing their countable gross income through the use of approved Medicaid Qualifying Trusts.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435.232

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

Package Header

Package ID AK2019MS0002O
Submission Type Official
Approval Date 11/1/2019
Superseded SPA ID N/A

SPA ID AK-19-0002
Initial Submission Date 3/29/2019
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

Package ID AK2019MS00020
Submission Type Official
Approval Date 11/1/2019
Superseded SPA ID N/A

SPA ID AK-19-0002
Initial Submission Date 3/29/2019
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:

Alaska did not conduct tribal consultation on this SPA, as the only change involved was updating charts in the State Plan to reflect increases in the State Supplement income standards. These are not changes made by the Medicaid program (governed by separate state statute and regulation for the SSP, known as Adult Public Assistance in Alaska) and the standards are not set through the Medicaid program.

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

Package ID	AK2019MS00020	SPA ID	AK-19-0002
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	11/1/2019	Effective Date	1/1/2019
Superseded SPA ID	NA		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

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Superseded SPA ID	NA		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

Package Header

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

Yes

No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

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	User-Entered		

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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	User-Entered		

Mandatory Coverage







A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)					
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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	User-Entered		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Individuals who receive an optional state supplementary payment.

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

Package Header

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
 No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS00020 | AK-19-0002

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

Yes

No

b. Varies by payment classification.

Yes

No

The payment classifications used are:

i. All individuals age 65 or older, regardless of living arrangement.

ii. All individuals who have blindness, regardless of living arrangement.

iii. All individuals who have a disability, regardless of living arrangement.

iv. Independent living.

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v. Living in household of another.

Income Standard

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- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification Independent Living	Description: Independent Living
Individual \$1432.00	Couple \$2121.00
Name of Classification Living in a Household of Another	Description: Living in a Household of Another
Individual \$1183.00	Couple \$1765.00
Name of Classification Institutionalized	Description: Institutionalized
Individual \$200.00	Couple \$400.00
Name of Classification Assisted Living Home	Description: Assisted Living Home
Individual \$1432.00	Couple \$2121.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2019MS0002O | AK-19-0002

Package Header

Package ID	AK2019MS0002O	SPA ID	AK-19-0002
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	11/1/2019	Effective Date	1/1/2019
Superseded SPA ID	18-001		
	User-Entered		

E. Additional Information (optional)

The 2019 maximum payment standards for each payment classification are as follows:

HOUSEHOLD TYPE -	MAXIMUM PAYMENT
Individual, Independent living	1,133
Individual, Living in a household of another	882
Individual, Assisted Living Home	871
Couple, Independent living (one eligible)	1,292
Couple, Living in a household of another (one eligible)	978
Couple, Assisted Living Home (one eligible)	871
Couple, Independent Living (both eligible)	1,685
Couple, Living in a household of another (both eligible)	1,314
Couple, Assisted Living Home (both eligible)	1,357
Individual, Institutionalized	200

The State is taking the necessary actions to come into compliance with 42 CFR 435.232 starting with the benefit month of January 2020.

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