

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-005	2. STATE Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

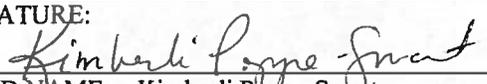
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435 Sections 1902(a)(10)(A)(ii)(V); 1902(a)(50); 1902(q); and 1924 of the social security act, 42 CFR 435.725 (P&I)	7. FEDERAL BUDGET IMPACT: a. FFY 11 \$79,975 b. FFY 12 \$303,900
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 4a; Supplement 1 to Attachment 2.6-A, Page 3a; Supplement 12 to Attachment 2.6-A, Page 1;	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 4a; Supplement 1 to Attachment 2.6-A, Page 3a; Supplement 12 to Attachment 2.6-A, Page 1;

10. SUBJECT OF AMENDMENT:
~~Section 1924 personal needs allowance for institutionalized persons, income eligibility standard for optional categorically needy groups, and variations from the basic personal needs allowance for veterans~~ Section 1924 of the social security act and 42 CFR 435.725 personal needs allowance for institutionalized persons, income eligibility standard for optional categorically needy groups, and variations from the basic personal needs

11. GOVERNOR'S REVIEW (Check One): allowance for veterans (P&I)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Does not wish to comment
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE: 	16. RETURN TO:
13. TYPED NAME: Kimberli Poppe-Smart	
14. TITLE: Deputy Commissioner for Medicaid and Health Care Policy	
15. DATE SUBMITTED: September XX, 2011 September 23, 2001 (P&I)	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 23, 2011	18. DATE APPROVED:
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

9.27.11 state authorized P&I to box 15 to note submission date 9/23/11

11.7.11 state authorized P&I cahnge to box 6 and box 10