



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX-43  
Seattle, Washington 98121

**JUN 02 2011**

Mr. William J. Streur, Commissioner  
State of Alaska Department of Health and Social Services  
Post Office Box 110601  
Juneau, Alaska 99811-0601

**RE: Alaska State Plan Amendment TN #11-002**

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed the review of State Plan Transmittal Number #11-002. This transmittal adjusts Alaska's optional state supplementary payment standards for the aged, blind, and disabled eligible populations and income standards consistent with 2011 federal poverty levels. The changes are reflected in Supplement 6 to Attachment 2.6-A, pages 1 through 3.

This state plan amendment is approved effective January 1, 2011.

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

Sincerely,

Carol J.C. Peverly  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Kimberli Poppe-Smart, Deputy Commissioner  
State of Alaska Department of Health and Social Services

Karen Lawfer, State Plan Coordinator  
State of Alaska Department of Health and Social Services

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

1. TRANSMITTAL NUMBER:  
11-002

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  
January 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

7. FEDERAL BUDGET IMPACT:  
a. FFY 11 \$0  
b. FFY 12 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 6 to Attachment 2.6, Page 1-3;

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supp. 6 to Attachment 2.6, Page 1-3;

10. SUBJECT OF AMENDMENT:  
Income eligibility standards

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: Kimberli Poppe-Smart

14. TITLE: Director, Division of Health Care Services

15. DATE SUBMITTED: March 30, 2011

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **March 31, 2011**

18. DATE APPROVED: **JUN 02 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL **JAN 01 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **CAROL JC PEVERLY**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

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	
Non-Institutionalized, living independently.	State	\$2022	\$1252	\$1036	\$1539	1/ 2/
Non-Institutionalized, living in another individual's home and receiving in-kind income in the form of both food and shelter.	State	\$2022	\$1035	\$817	\$1217	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2022	\$74	\$75	\$150	1/ 2/
In Assisted Living Home	State	\$2022	\$1252	\$774	\$1211	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 Level Payment	Notes
		Gross	Net		
Non-Institutionalized, living independently.	State	1 Person \$2022	1 Person \$1252	1 Person \$1036	1/ 2/
Non-Institutionalized, living in another individual's home and receiving in-kind income in the form of both food and shelter.	State	Couple \$4044	Couple \$1854	Couple \$1539	
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	1 Person \$2022	1 Person \$74	1 Person \$75	1/ 2/
In Assisted Living Home	State	Couple \$4044	Couple \$1854	Couple \$1211	1/ 2/

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

TN No. 11-002

Approval Date

**JUN 02 2011**

Effective Date January 1, 2011

Supersedes TN No. 09-02

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	
Non-Institutionalized, living independently.	State	\$2022	\$4044	\$1252	\$1854	1/ 2/
Non-Institutionalized, living in another individual's home and receiving in-kind income in the form of both food and shelter.	State	\$2022	\$4044	\$1035	\$1543	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2022	\$4044	\$74	\$149	1/ 2/
In Assisted Living Home	State	\$2022	\$4044	\$1252	\$1854	1/ 2/

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

TN No. 11-002 Approval Date JUN 02 2011

Effective Date January 1, 2011 Supersedes TN No. 09-02