

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

1. TRANSMITTAL NUMBER:
09-05

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, 2009

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 435.117, 1902(e)(4) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 10 \$0
b. FFY 11 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 5a, 10, 25 (PEI)
Remove page 5a (PEI)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

N/A
Attachment 2.2A, Page 6 & 25 (PEI)

10. SUBJECT OF AMENDMENT:
CHIPRA Deemed Newborns

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 AGENCY OFFICIAL:

13. TYPED NAME: Jerry Fuller

14. TITLE: Medicaid Director,
Alaska Dept. of Health and Social Services

15. DATE SUBMITTED: September 28, 2009

16. RETURN TO:

Alaska Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: OCT - 1 2009

18. DATE APPROVED: NOV - 5 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
OCT - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

PEI changes authorized by state on 10/30/09

**Associate Regional Administrator
Division of Medicaid &
Children's Health**