

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-02	2. STATE Alaska
	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, 2010	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

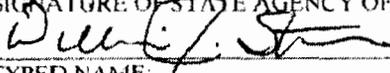
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1915(p)(i)(c) (P&I) 1902(a)(10)(E)(i)-(iv), 1905(p) and 1860D-14(a)(3)(D) (P&I) 1902(a)(10)(E), 1902(a)(10)(E)(i)-(iv), 1905(p), 1905(p)(1)(D), (P&I) 1905(p)(2)(B), 1905(p)(3)(A)(i)-(ii), and 1860D-14(a)(3)(D) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 10 \$ 0 b. FFY 11 \$ 0 Please see Box 10, below
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, pages 9a-e 9b and 9b1 (P&I) Attachment 2.6-A, page 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NA Attachment 2.2-A, pages 9b and 9b1 (P&I) Attachment 2.6-A, page 22

10. SUBJECT OF AMENDMENT:
MIPAA compliance and resource limit updates.

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Alaska Department of Health and Social Services Office of the Commissioner P.O. Box 110601 Juneau, Alaska 99811-0601
13. TYPED NAME: William J. Streur	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: March 19, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR 19 2010	18. DATE APPROVED: MAY 24 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol JC Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS: 5/06/2010 State authorized Pen & Ink changes. 5/14/2010 State authorized Pen & Ink changes.	