

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

1. TRANSMITTAL NUMBER:
10-008

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, 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:

Section 1902 of the Act
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 11 \$0
b. FFY 12 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, pages 4 and 11

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

OR ATTACHMENT (If Applicable):
Attachment 4.19-B, page 4 and 11

10. SUBJECT OF AMENDMENT:

Mental Health Clinic Reimbursement

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:

William J. Streur

13. TYPED NAME: William J. Streur

14. TITLE: Acting Commissioner

15. DATE SUBMITTED: December 30, 2010

16. RETURN TO:

Alaska Department of Health and Social Services
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **DEC 30 2010**

18. DATE APPROVED: **OCT 20 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL: **OCT 11 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

Carol J.C. Peverly

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS: