
Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 14-004-MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, MS/RX -43
Seattle, WA 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

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

APR 02 2014

RE: Alaska State Plan Amendment (SPA) Transmittal Number 14-004-MM1

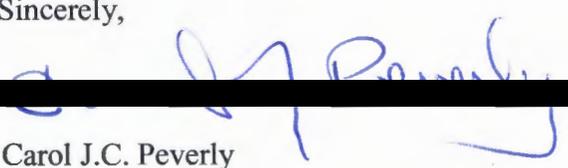
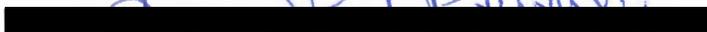
Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 14-004-MM1. This SPA updates the income level for inflation in PDF S25 for the mandatory eligibility group for parents and other caretaker relatives in the Medicaid State Plan.

This SPA is approved effective January 1, 2014.

If you have any additional questions or require further assistance, please contact me or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,



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

cc:

Margaret Brodie, Director
Gennifer Moreau-Johnson, State Plan Coordinator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Alaska**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

14 - 004

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931 (b) and (d)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

This SPA is superseding section S13a of S25 with the same effective date.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Does not wish to comment.

Signature of State Agency Official

Submitted By: **Gennifer Moreau**
Last Revision Date: **Mar 20, 2014**
Submit Date: **Mar 19, 2014**



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

Parents and Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Options relating to the definition of caretaker relative (select any that apply):

The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

DEFINITION OF A CARETAKER RELATIVE

A caretaker relative is a person in one of the following groups:

A person who is related to the dependent child by full or half-blood and who is within the fifth degree of kinship to the child as follows:

Relative Degree of Relative Kinship

1st degree: Mother, Father

2nd degree: Sister, Brother, Grandparent

3rd degree: Great-grandparent, Uncle or Aunt, Nephew or Niece

4th degree: Great-great-grandparent, Great uncle or great aunt, First cousin

5th degree: Great-great-great grandparent, Great-great uncle or great-great aunt, First cousin once removed (child of First cousin)

Description of other relatives:

Stepfather, stepmother, stepbrother, or stepsister.



Medicaid Eligibility

Persons who legally adopt a child or his parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law.

Spouses of any persons named above, even after the marriage is terminated by death or divorce.

Biological relatives, whose legal and financial relationship to the dependent child that has been severed through an adoption, may still be considered as caretaker relatives.

Note:

A caretaker relative does not include a guardian, friend, neighbor, non-related godparent, second cousin, or a person who has been given a dependent child.

The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

Options relating to the definition of dependent child (select the one that applies):

The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:



Medicaid Eligibility

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level: %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input checked="" type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
<input type="text" value="Enter the statewide standard"/>	



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	1,352	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	2,110	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	2,525	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	2,939	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	3,354	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	3,768	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	4,182	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	4,596	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	5,011	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	5,425	<input checked="" type="checkbox"/>

Additional incremental amount
 Yes No
Increment amount \$

The dollar amounts increase automatically each year

Yes No

The basis of the increase is

CPI-U

Other basis

Name:

The annual increase occurs in the month and day indicated:

Every Month : Day :

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

The minimum income standard

The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.



Medicaid Eligibility

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.