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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 15-001

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
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

MAY 28 2015

Valerie Davidson, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 15-0001

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 15-0001. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2015 federal poverty levels.

This SPA is approved effective January 1, 2015.

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

Sincerely,

A black rectangular redaction box covers the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Jon Sherwood, Deputy Commissioner, jon.sherwood@alaska.gov
Gennifer Moreau-Johnson, gennifer.moreau-johnson@alaska.gov
Margaret Brodie, margaret.brodie@alaska.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15 - 001	2. STATE Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2015	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 435.232	7. FEDERAL BUDGET IMPACT: a. FFY 15 \$0 b. FFY 16 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A, Page 1-3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A, Page 1-3

10. SUBJECT OF AMENDMENT:
Income eligibility standards for optional state supplementary payments to the aged, blind and disabled

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE: 	16. RETURN TO: Alaska Department of Health and Social Services 4501 Business Park Blvd., Suite 24, Bldg L Anchorage, Alaska 99503-7167
13. TYPED NAME: Jon Sherwood	
14. TITLE: Deputy Commissioner, Department of Health and Social Services, State of Alaska	
15. DATE SUBMITTED: March	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3.31.15	18. DATE APPROVED: MAY 28 2015
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: David L. Meacham	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		
		1 Person	Couple	1 Person	Couple				
Non-Institutionalized, living independently.	State	\$2199	\$4398	\$1362	\$2017	\$1095	\$1628	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$2199	\$4398	\$1125	\$1678	\$857	\$1276	1/	2/
Institutionalized in a hospital. SNF, ICF, or ICF/MR	State	\$2199	\$4398	\$200	\$400	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2199	\$4398	\$1362	\$2017	\$833	\$1298	1/	2/

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

MAY 28 2015

TN No. 15 - 001 Approval Date _____ Effective Date January 1, 2015 Supersedes TN No. 14-002

Standards for Optional State Supplementary Payments

BLIND

Payment Category (Reasonable Classification)	Administered by (Fed/State)	Income Level				Maximum Payment Level		Notes	
		Gross		Net		1 Person	Couple		
		1 Person	Couple	1 Person	Couple				
Non-Institutionalized, living independently.	State	\$2199	\$4398	\$1362	\$2017	\$1095	\$1628	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$2199	\$4398	\$1125	\$1678	\$857	\$1276	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2199	\$4398	\$200	\$400	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2199	\$4398	\$1362	\$2017	\$833	\$1298	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

DISABLED

Payment Category (Reasonable Classification)	Administered by (Fed/State)	Income Level				Maximum Payment Level		Notes	
		Gross		Net		1 Person	Couple		
		1 Person	Couple	1 Person	Couple				
Non-Institutionalized, living independently.	State	\$2199	\$4398	\$1362	\$2017	\$1095	\$1628	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$2199	\$4398	\$1125	\$1678	\$857	\$1276	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$2199	\$4398	\$200	\$400	\$200	\$400	1/	2/
In Assisted Living Home	State	\$2199	\$4398	\$1362	\$2017	\$833	\$1298	1/	2/

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