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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104

Division of Medicaid & Children's Health Operations

March 20, 2018

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

RE: Alaska State Plan Amendment (SPA) Transmittal Number 18-0001

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 18-0001. This transmittal updates the optional state supplement standards for special income level groups consistent with the published federal poverty levels.

This SPA was approved by CMS on March 16, 2018 and is effective on January 1, 2018.

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

Sincerely,

[redacted]

David L. Meacham
Associate Regional Administrator

cc:
Jon Sherwood, Deputy Commissioner
Courtney King, State Plan Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 18-0001

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, 2018

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 18 $0
b. FFY 19 $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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE:
[redacted]

13. TYPED NAME: Jon Sherwood

14. TITLE: Deputy Commissioner,
Department of Health and Social Services, State of Alaska

15. DATE SUBMITTED: March 9, 2018

16. RETURN TO:
Alaska Department of Health and Social Services
4501 Business Park Blvd., Suite 24, Bldg. L
Anchorage, Alaska 99503-7167

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/9/18

18. DATE APPROVED: 3/16/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/18

20. SIGNATUR [redacted]
Digitally signed by David L. Meacham
-S
Date: 2018.03.20 14:50:09 -07'00'

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

FORM HCFA-179 (07-92)

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	$2250	$4500	$1393	$2063	$1112	$1653	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	$2250	$4500	$1151	$1717	$868	$1293	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	$2250	$4500	$200	$400	$200	$400	1/	2/
In Assisted Living Home	State	$2250	$4500	$1393	$2063	$850	$1325	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

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	$2250	$4500	$1393	$2063	$1112	$1653	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	$2250	$4500	$1151	$1717	$868	$1293	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	$2250	$4500	$200	$400	$200	$400	1/	2/
In Assisted Living Home	State	$2250	$4500	$1393	$2063	$850	$1325	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	$2250	$4500	$1393	$2063	$1112	$1653	1/	2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	$2250	$4500	$1151	$1717	$868	$1293	1/	2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	$2250	$4500	$200	$400	$200	$400	1/	2/
In Assisted Living Home	State	$2250	$4500	$1393	$2063	$850	$1325	1/	2/

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