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**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 19-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 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, WA 98104



Western Division - Regional Operations Group

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January 23, 2020

Adam Crum, Commissioner  
Department of Health and Social Services  
3601 C Street, Suite 902  
Anchorage, AK 99503-7167

RE: Alaska State Plan Amendment (SPA) Transmittal Number 19-0009

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA), Transmittal Number 19-0009. This SPA was submitted as a technical correction to remove reference to previously proposed vendor, NESCO, and move AVS required language from Attachment 4.32A to Supplement 16 consistent with national placement.

This SPA was approved on January 17, 2020, and is effective October 1, 2019. CMS approves this SPA and the implementation timeline dated October 2019, with a projected AVS implementation of October 15, 2020. If the timeline changes by more than 30 days, the state will submit a revised implementation timeline to CMS for review.

Enclosed is a copy of the CMS-179 summary form and the approved pages for incorporation into the Alaska State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov) or at (206) 615-2541.

Sincerely,



David L. Meacham  
Deputy Director

Enclosure

cc:

Albert Wall, DHSS

Renee Gayhart, DHSS

Courtney King, DHSS

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

1. TRANSMITTAL NUMBER:  
19-0009

2. STATE  
AK

**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, 2019

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 1940 of the SSA  
Public Law No. 110-252

7. FEDERAL BUDGET IMPACT:

a. FFY 20      \$ 987,000 \$0 (P&I)  
b. FFY 21      \$ 2,211,000 \$0 (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 16 to Attachment 2.6-A, page 1&2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.32-A, pages 1&2

10. SUBJECT OF AMENDMENT:

Revision and relocation of section regarding the development and implementation of an asset verification system.

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 OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Albert E. Wall

14. TITLE: Deputy Commissioner, AK DHSS

15. DATE SUBMITTED: November 5, 2019

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 11/5/19

18. DATE APPROVED: 1/17/2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/19

20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: David L. Meacham

22. TITLE: Deputy Director

23. REMARKS:

1/10/2020: State authorized P&I change to block 7

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INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES –  
REQUESTS TO OTHER STATE AGENCIES

The State of Alaska conducts a data match with the Public Assistance Reporting Information System (PARIS) for public assistance recipients on at least an annual basis. The PARIS match helps the state maintain program integrity by detecting and deterring improper payments.

The PARIS match collects data from three separate data matches – federal, Veteran’s Affairs (VA), and interstate. The federal match provides information about recipient’s military and civil service benefits. The VA match provides information about veteran pension and compensation benefits. The interstate provides information about recipients’ possible receipt of duplicative TANF, Medicaid, and food stamp benefits issues by the 50 states, Washington D.C., and Puerto Rico.

ASSET VERIFICATION SYSTEM

- I. The agency will provide for the verification of assets for the purposes of determining or re-determining Medicaid eligibility for aged, blind, and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
  - A. The request and response system must be electronic:
    - 1. Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
    - 2. The system cannot be based on mailing paper-based requests.
    - 3. The system must have the capability to accept responses electronically.
  - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department’s National Institute of Standard and Technology (NIST)).
  - C. They system must establish and maintain a database of FIs that participate in the agency’s AVS.
  - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant’s home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual’s eligibility.
  - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the state.
  
- II. System Development
  - A.  The agency itself will develop an AVS.  
In #3 below, provide any additional information the agency wants to include.
  - B.  The agency will hire a contractor to develop an AVS.  
In #3 below, provide any additional information the agency wants to include.
  - C.  The agency will be joining a consortium to develop an AVS.  
In #3 below, identify the state participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
  - D.  The agency already has a system in place that meets the requirements for an acceptable AVS.  
In #3 below, describe how the existing system meets the requirements in Section 1.
  - E.  Other alternative not included in A – D above.  
In #3 below, describe this alternative approach and how it will meet the requirements in Section 1.

- III. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.
- A. The state, through the authority established in section 1940(g), will procure services through a contracted vendor by soliciting proposals.
  - B. The selected vendor will meet all requirements as delineated in Supplement 16 to Attachment 2.6-A, section I.