

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 20-0002

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

AK - Submission Package - AK2020MS0001O - (AK-20-0002) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#)
[Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	AK2020MS0001O	Submission Type	Official
Program Name	N/A	State	AK
SPA ID	AK-20-0002	Region	Seattle, WA
Version Number	4	Package Status	Approved
Submitted By	Courtney King	Submission Date	3/27/2020
Package Disposition		Approval Date	5/18/2020 1:44 PM EDT
Priority Code	P2		



Center for Medicaid & CHIP Services

May 18, 2020

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

Re: Approval of State Plan Amendment AK-20-0002

Dear Adam Crum:

On March 27, 2020, the Centers for Medicare and Medicaid Services (CMS) received Alaska State Plan Amendment (SPA) AK-20-0002 to update the optional state supplement program's annual income standards and, as directed by the AK 19-0002 companion letter, ensures that an individual's optional state supplement payment is equal to the difference between the applicable income standard and the individual's countable income. This SPA also applies a \$310 income disregard for individuals and a \$452 income disregard in determining eligibility for the eligibility group described at 42 C.F.R. 435.210 ("Optional eligibility for individuals who meet the income and resource requirements of the cash assistance programs").

We approve Alaska State Plan Amendment (SPA) AK-20-0002 on May 18, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID N/A

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date N/A

State Information

State/Territory Name: Alaska

Medicaid Agency Name: Department of Health and Social Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID N/A

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date N/A

SPA ID and Effective Date

SPA ID AK-20-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2020	AK-19-0002
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2020	AK 96-0006
Optional State Supplement Beneficiaries	1/1/2020	AK-19-0002

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The SPA updates the income standards for recipients of Alaska's Optional State Supplement Payments. In Alaska, individuals are able to qualify for Medicaid by reducing their countable gross income through the use of approved Medicaid Qualifying Trusts.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

42 CFR 435.234 and 42 CFR 435.210

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID N/A

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID N/A

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS00010 | AK-20-0002

Package Header

Package ID AK2020MS00010
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID N/A

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: Alaska did not conduct tribal consultation on this SPA as the only change was the updating of income standards. These are not changes dictated by the Medicaid program.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID AK-19-0002
User-Entered

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date 1/1/2020

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional State Supplement Beneficiaries	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS00010 | AK-20-0002

Package Header

Package ID AK2020MS00010

SPA ID AK-20-0002

Submission Type Official

Initial Submission Date 3/27/2020

Approval Date 5/18/2020

Effective Date 1/1/2020

Superseded SPA ID AK-19-0002

User-Entered

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK-19-0002		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK 96-0006		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS00010 | AK-20-0002

Package Header

Package ID	AK2020MS00010	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK 96-0006		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID AK 96-0006
User-Entered

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date 1/1/2020

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
2020 Income Disregard	In 2020, for individuals, countable income between \$1145 and \$1455 is disregarded, and, for couples, countable income between \$1703 and \$2155 is disregarded.

A specified type of income is disregarded:

Name of income type:	Description:
(1) Alaska Permanent Fund Dividend; (2) Alaska Native Claims Settlement Act; (3) AmeriCorps	(1) AK annual Permanent Fund Dividend benefit payments are excluded from consideration as income for all mandatory and optional Medicaid eligibility categories; (2) Cash distributions from Alaska Native Claims Settlement Act corporations are excluded from income to the extent that the distributions do not exceed \$2,000 per individual per calendar year. When an individual receives more than \$2,000 from all ANCSA corporations in a single calendar year, any amounts exceeding \$2,000 are considered countable income in the month of receipt. (3) All AmeriCorps payments, including living stipends, are disregarded as income for the purposes of determining eligibility.

Specific income changes are disregarded between redeterminations.

Specified income changes are disregarded:

Name of disregard:	Description:
AK Permanent Fund Dividend;	Changes in income related to the receipt of the Alaska Permanent Fund Dividend are disregarded.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Alaska Native Claims Settlement Act	Cash distributions from Alaska Native Claims Settlement Act corporations up to \$2,000 per individual per calendar year are excluded as a cash resource each year, are excluded indefinitely, and do not affect the exclusion of cash distributions made in subsequent years.
Permanent Fund Dividend Program	Dividend and benefit payments received from the Alaska Permanent Fund Dividend Program are excluded from consideration as countable resources.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
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Superseded SPA ID AK 96-0006
User-Entered

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date 1/1/2020

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK 96-0006		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Individuals who receive an optional state supplementary payment.

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK-19-0002		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID AK2020MS0001O
Submission Type Official
Approval Date 5/18/2020
Superseded SPA ID AK-19-0002
User-Entered

SPA ID AK-20-0002
Initial Submission Date 3/27/2020
Effective Date 1/1/2020

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK-19-0002		
	User-Entered		

C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

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Initial Submission Date 3/27/2020
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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

- a. Varies by political subdivision.
 Yes
 No
- b. Varies by payment classification.
 Yes
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

Income Standard

Individual	Couple
\$1145.00	\$1703.00

- v. Living in household of another.

Income Standard

Individual	Couple
\$890.00	\$1326.00

- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification

Independent Living

Individual
\$1145.00

Name of Classification

Living in a Household of Another

Individual
\$890.00

Name of Classification

Institutionalized

Individual
\$200.00

Description:

Independent Living

Couple
\$1703.00

Description:

Living in a Household of Another

Couple
\$1326.00

Description:

Institutionalized

Couple
\$400.00

Name of Classification

Assisted Living Home

Description:

Assisted Living Home

Individual

\$883.00

Couple

\$1375.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2020MS0001O | AK-20-0002

Package Header

Package ID	AK2020MS0001O	SPA ID	AK-20-0002
Submission Type	Official	Initial Submission Date	3/27/2020
Approval Date	5/18/2020	Effective Date	1/1/2020
Superseded SPA ID	AK-19-0002		
	User-Entered		

E. Additional Information (optional)

Per Companion Letter to AK-19-0002, the State is in compliance with 42 CFR 435.232 starting with the benefit month of January 2020.

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 0938-1188. 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.

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