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**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 24-0010**

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 - AK2024MS0002O - (AK-24-0010) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

January 15, 2025

Heidi Hedberg  
Commissioner  
Department of Health  
3601 C Street  
Suite 902  
Anchorage, AK 99503

Re: Approval of State Plan Amendment AK-24-0010

Dear Heidi Hedberg,

On December 06, 2024, the Centers for Medicare & Medicaid Services (CMS) received Alaska State Plan Amendment (SPA) AK-24-0010, in which the state proposed to memorialize the new income standards for its optional state supplement program, the beneficiaries of which are eligible for Medicaid under Alaska's state plan, and make related changes to other eligibility groups covered under its state plan.

We approve Alaska State Plan Amendment (SPA) AK-24-0010 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact MARIA GARZA at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov)

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

# AK - Submission Package - AK2024MS0002O - (AK-24-0010) - Eligibility

- Summary
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CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2024MS0002O | AK-24-0010

### Package Header

Package ID	AK2024MS0002O	SPA ID	AK-24-0010
Submission Type	Official	Initial Submission Date	12/6/2024
Approval Date	01/15/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	Alaska	Medicaid Agency Name:	Department of Health
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### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2024MS0002O | AK-24-0010

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<b>Approval Date</b>	01/15/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** AK-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2025	AK-24-0001
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2025	AK-23-0011
Optional State Supplement Beneficiaries	1/1/2025	AK-23-0011

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2024MS0002O | AK-24-0010

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Submission Type	Official	Initial Submission Date	12/6/2024
Approval Date	01/15/2025	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** This SPA updates the income standards for recipients of Alaska's optional state supplemental payments. In Alaska, individuals are able to qualify for Medicaid by reducing their gross countable income through the use of approved Medicaid Qualifying Trusts.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$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 | AK2024MS0002O | AK-24-0010

Package Header

Package ID AK2024MS0002O  
Submission Type Official  
Approval Date 01/15/2025  
Superseded SPA ID N/A

SPA ID AK-24-0010  
Initial Submission Date 12/6/2024  
Effective Date N/A

Governor's Office Review

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

Describe Does not wish to comment.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 1/16/2025 10:44 AM EST*

# AK - Submission Package - AK2024MS0002O - (AK-24-0010) - Eligibility

Summary   Reviewable Units   Versions   Analyst Notes   Approval Letter   Transaction Logs   News   Related Actions



CMS-10434 OMB 0938-1188

## Package Information

Package ID	AK2024MS0002O	Submission Type	Official
Program Name	N/A	State	AK
SPA ID	AK-24-0010	Region	Seattle, WA
Version Number	1	Package Status	Approved
Submitted By	Emily Beaulieu	Submission Date	12/6/2024
Package Disposition		Approval Date	1/15/2025 6:10 PM EST
Priority Code	P2		
Lead Division	DMEP		



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We approve Alaska State Plan Amendment (SPA) AK-24-0010 with an effective date(s) of January 01, 2025.

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Sincerely,

James G. Scott

Director

Center for Medicaid & CHIP Services

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2024MS00020 | AK-24-0010

### Package Header

Package ID	AK2024MS00020	SPA ID	AK-24-0010
Submission Type	Official	Initial Submission Date	12/6/2024
Approval Date	01/15/2025	Effective Date	1/1/2025
Superseded SPA ID	AK-24-0001		
System-Derived			











### 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"/>	APPROVED
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

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
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
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 | AK2024MS0002O | AK-24-0010

## Package Header

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<b>Superseded SPA ID</b>	AK-24-0001		
	System-Derived		

## 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 | AK2024MS0002O | AK-24-0010

## Package Header

<b>Package ID</b>	AK2024MS0002O	<b>SPA ID</b>	AK-24-0010
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	System-Derived		

## 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 | AK2024MS0002O | AK-24-0010

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

#### Package Header

<b>Package ID</b>	AK2024MS0002O	<b>SPA ID</b>	AK-24-0010
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<b>Superseded SPA ID</b>	AK-23-0011		
	System-Derived		

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 | AK2024MS0002O | AK-24-0010

## Package Header

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Superseded SPA ID	AK-23-0011		
	System-Derived		

## 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 | AK2024MS0002O | AK-24-0010

## Package Header

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## 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:
2025 Income Disregard	In 2025, for individuals, countable income between \$1,329 and \$1,795 is disregarded, and, for couples, countable income between \$1,978 and \$2,658 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.



Name of disregard:	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.

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 | AK2024MS0002O | AK-24-0010

## Package Header

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## 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 | AK2024MS0002O | AK-24-0010

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F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2024MS0002O | AK-24-0010

Individuals who receive an optional state supplementary payment.

#### Package Header

<b>Package ID</b>	AK2024MS0002O	<b>SPA ID</b>	AK-24-0010
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	System-Derived		

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 | AK2024MS0002O | AK-24-0010

## Package Header

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## 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 | AK2024MS0002O | AK-24-0010

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## 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

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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
\$1329.00	\$1978.00

- ☐ v. Living in household of another.

Income Standard

Individual	Couple
\$1013.00	\$1510.00

- ☐ 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	Description:
Institutionalized	Institutionalized
Individual	Couple
\$200.00	\$400.00
Name of Classification	Description:
Assisted Living Home	Assisted Living Home

Individual

\$1067.00

Couple

\$1650.00



# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2024MS0002O | AK-24-0010

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