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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 25-0007

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 - AK2025MS00020 - (AK-25-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

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



Center for Medicaid & CHIP Services

March 27, 2026

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

Re: Approval of State Plan Amendment AK-25-0007

Dear Heidi Hedberg,

On July 15, 2025, the Centers for Medicare & Medicaid Services (CMS) received Alaska State Plan Amendment (SPA) AK-25-0007, which updates Alaska's online alternative single, streamlined application.

We approve Alaska State Plan Amendment (SPA) AK-25-0007 with an effective date(s) of July 01, 2025.

Please note that accompanying the approval of this SPA is a companion letter containing additional changes the state has agreed to make as part of the approval of this amendment.

Name	Date Created	
AK-25-0007 MG-Companion Letter_Signed 1	3/27/2026 2:43 PM EDT	

If you have any questions regarding this amendment, please contact Maria Garza at 206-615-2542 or maria.garza@cms.hhs.gov.

Sincerely,
Nicole McKnight
On Behalf of Courtney Miller, MCOG
Director
Center for Medicaid & CHIP Services

AK - Submission Package - AK2025MS00020 - (AK-25-0007) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

CMS-10434 OMB 0938-1188

Package Header

Package ID	AK2025MS00020	SPA ID	AK-25-0007
Submission Type	Official	Initial Submission Date	7/15/2025
Approval Date	03/27/2026	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Alaska

Medicaid Agency Name: Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

Package Header

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Submission Type	Official	Initial Submission Date	7/15/2025
Approval Date	03/27/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID AK-25-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	7/1/2025	AK-13-0028

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

Package Header

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Online MAGI application update with blank document for paper application as we are not moving forward with the paper application at this time.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$0
Second	2027	\$0

Federal Statute / Regulation Citation

42 CFR 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

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Governor's Office Review

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

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.

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AK - Submission Package - AK2025MS0002O - (AK-25-0007) - Eligibility

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS0002O | AK-25-0007

CMS-10434 OMB 0938-1188

Package Header

Package ID	AK2025MS0002O	SPA ID	AK-25-0007
Submission Type	Official	Initial Submission Date	7/15/2025
Approval Date	03/27/2026	Effective Date	7/1/2025
Superseded SPA ID	AK-13-0028		
	System-Derived		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

Placeholder for paper application

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created
placeholder for paper application	7/10/2025 11:34 AM EDT

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Package Header

Package ID	AK2025MS00020	SPA ID	AK-25-0007
Submission Type	Official	Initial Submission Date	7/15/2025
Approval Date	03/27/2026	Effective Date	7/1/2025
Superseded SPA ID	AK-13-0028		
	System-Derived		

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

MAGI Medicaid Online Application for Services Application Screenshots 2.10.2026

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	↑	MAGI Medicaid Online Application for Services Application Screenshots	2.10.2026
Date Created	↑	2/10/2026 3:38 PM EST	

Name

MAGI Medicaid Online Application for Services Updates for CMS 3.4.2026

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	↑	MAGI Medicaid Online Application for Services Updates for CMS 3.4.2026	3/10/2026 5:21 PM EDT
Date Created	↑		

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

Package Header


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	System-Derived		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
placeholder for paper application	7/10/2025 4:52 PM EDT	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

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	System-Derived		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to collect additional information have been uploaded

Name	Date Created	
AK_Online Application Screen Shots	7/10/2025 4:53 PM EDT	

- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | AK2025MS00020 | AK-25-0007

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	System-Derived		

E. Additional Information (optional)

Alaska also provided response to CMS comments via email to state lead on May 21st in regards to this application.

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