

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 26-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

[Records](#) / [Submission Packages - View All](#)

AK - Submission Package - AK2026MS0002O - (AK-26-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [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

April 17, 2026

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

Re: Approval of State Plan Amendment AK-26-0001

Dear Heidi Hedberg,

On February 11, 2026, the Centers for Medicare & Medicaid Services (CMS) received Alaska State Plan Amendment (SPA) AK-26-0001, in which the state proposed to update income standards for Alaska's optional state supplement program for individuals eligible but not receiving cash assistance, and other optional eligibility groups in the state plan.

We approve Alaska State Plan Amendment (SPA) AK-26-0001 with an effective date(s) of January 01, 2026.

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

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

[Records](#) / [Submission Packages - View All](#)

AK - Submission Package - AK2026MS0002O - (AK-26-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#)

[Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2026MS0002O | AK-26-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	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Superseded SPA ID	N/A		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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID AK2026MS00020	SPA ID AK-26-0001
Submission Type Official	Initial Submission Date 2/11/2026
Approval Date 04/17/2026	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID AK-26-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2026	AK-24-0010
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2026	AK-24-0010
Optional State Supplement Beneficiaries	1/1/2026	AK-24-0010

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2026MS0002O | AK-26-0001

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Updates 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	2026	\$0
Second	2027	\$0

Federal Statute / Regulation Citation

42 CFR 435.234 & 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 | AK2026MS0002O | AK-26-0001

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	N/A
Superseded SPA ID	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 4/29/2026 12:12 PM EDT

Records / Submission Packages - View All

AK - Submission Package - AK2026MS0002O - (AK-26-0001) - Eligibility

Summary Reviewable Units Versions Compare Doc Change Report Analyst Notes Review Assessment Report Approval Letter

Transaction Logs News Related Actions

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2026MS0002O | AK-26-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	AK-24-0010		
	User-Entered		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" 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

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" 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 checked="" 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 checked="" 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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	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

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 4/29/2026 12:12 PM EDT

[Records](#) / [Submission Packages - View All](#)

AK - Submission Package - AK2026MS0002O - (AK-26-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#)

[Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2026MS0002O | AK-26-0001

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	AK-24-0010		
	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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	User-Entered		

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:
2026	For individuals, 2026 countable income is disregarded between \$1,356 - \$1,845. For couples, countable income is disregarded between \$2,019 - \$2,732.

A specified type of income is disregarded:

Name of income type:	Description:
Alaska Permanent Fund Dividend (PFD); Alaska Native Claims Settlement Act (ANCSA); AmeriCorps	<p>(1) Alaska Permanent Fund Dividend; (2) Alaska Native Claims Settlement Act; (3) AmeriCorps</p> <p>(1) AK annual Permanent Fund Dividend benefit payments are excluded from consideration as income for all mandatory and optional Medicaid eligibility categories;</p> <p>(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.</p> <p>(a) Between July 7, 2025 - July 6, 2030, all ANCSA corporation distributions, including distributions from ANCSA settlement trusts, are excluded as income in the month of receipt and as a resource if retained for aged 65 or older, blind, or disabled individuals per 43 USC 1626(c)(3)(E).</p> <p>(3) All AmeriCorps payments, including living stipends, are disregarded as income for the purposes of determining eligibility.</p>

Specific income changes are disregarded between redeterminations.

Specified income changes are disregarded:

Name of disregard:	Description:
Alaska PFD	Changes in income related to the receipt of the Alaska Permanent Fund Dividend are disregarded.
ANCSA	Cash distributions from the 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.

Name of disregard:	Description: Between July 7, 2025 - July 6, 2030, all ANCSA corporation distributions, including distributions from ANCSA settlement trusts, are excluded as income in the month of receipt and as a resource if retained for aged 65 or older, blind, or disabled individuals per 43 USC 1626(c)(3)(E).
---------------------------	--

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. Between July 7, 2025 - July 6, 2030, all ANCSA corporation distributions, including distributions from ANCSA settlement trusts, are excluded as income in the month of receipt and as a resource if retained for aged 65 or older, blind, or disabled individuals per 43 USC 1626(c)(3)(E).
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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	User-Entered		

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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	User-Entered		

F. Additional Information (optional)

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 4/29/2026 12:13 PM EDT

[Records](#) / [Submission Packages - View All](#)

AK - Submission Package - AK2026MS0002O - (AK-26-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#)

[Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2026MS0002O | AK-26-0001

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	AK-24-0010		
	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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	User-Entered		

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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	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 | AK2026MS00020 | AK-26-0001

Package Header

Package ID	AK2026MS00020	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	User-Entered		

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
\$13	19.0
56.0	0
0	

- v. Living in household of another.

Income Standard

Individual	Couple
\$10	37.0
31.0	0
0	

- 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

Couple

\$1094.00

\$1691.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2026MS0002O | AK-26-0001

Package Header

Package ID	AK2026MS0002O	SPA ID	AK-26-0001
Submission Type	Official	Initial Submission Date	2/11/2026
Approval Date	04/17/2026	Effective Date	1/1/2026
Superseded SPA ID	AK-24-0010		
	User-Entered		

E. Additional Information (optional)

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 4/29/2026 12:14 PM EDT