

ion: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
*The Department of Health and Social Services		

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110 1. Recipients of AFDC

The approved State AFDC plan includes:

- /X/ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
- /X/ Pregnant women with no other eligible children.
- /X/ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115 2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10

*Agency that determines eligibility for coverage.

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 rsedes 91-13 HCFA ID: 7983E

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State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

1902(a)(10)(A)(1)(I)
of the Act

A.2.b Superseded by MAGI

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A)
of the Act

A.2.c

Superseded by MAGI

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and
1902(a)(10)(A)
(1)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of
the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

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State: ALASKA

Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

A.3 Superseded by MAGI

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN No. 91-13 , Approval Date 11/10/91 Effective Date 10/1/91
Supersedes
TN No. 87-9 , HCFA ID: 7983E

Page Superseded by MAGI

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State: ALASKA

Agency*	Citation(s)	Groups Covered
	*The Department of Health and Social Services	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
- a. Families denied AFDC solely because of income and resources deemed to be available from--
 - 1. Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. <u>91-12</u>	Approval Date <u>4/10/92</u>	Effective Date <u>10/1/91</u>
Supersedes		
TN No. <u>87-3</u>		HCFA ID: 7983E

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

X Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1 Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN No. 41-12
Supersedes
TN No.

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
- (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

- b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

X Children born after
December 31, 1972
(specify optional earlier date)
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act

A.10 Superseded by MAGI

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A.Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.117,
1902(e)(4)
of the Act

12. A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals receiving Cash Assistance

/x/ a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged

X Blind

X Disabled

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Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

1619(b)(1)
of the Act

13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

— Aged
— Blind
— Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in
ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act

14. Qualified severely impaired blind and disabled individuals under age 65, who--
- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--

Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;

- (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
- (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

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*The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
- Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage

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Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1619(b)(3)
of the Act



The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- 1634(c) of
the Act
15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
- a. Are at least 18 years of age
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
- 42 CFR 435.122 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
- 42 CFR 435.130 17. Individuals receiving mandatory State supplements

*Agency that determines eligibility for coverage

TN No. 91-13
Supersedes
TN No.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.131

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged ___ Blind Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- 42 CFR 435.132 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--
- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
 - b. Remain institutionalized; and
 - c. Continue to need institutional care
- 42 CFR 435.133 20. Blind and disabled individuals who--
- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
 - b. Were eligible for Medicaid in December 1973 as blind or disabled; and
 - c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.134

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634 of the
Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634(d) of the
Act

24. Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(d) of the Act.

- Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
- Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases.
- The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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Supersedes _____
TN No. — HCFA ID: 7983E

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1902(a)(10)(E)(i),
1905(p) and
1860D-14(a)(3)(D)
of the Act

25. Qualified Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(p)(3)(A)(i),
1905(s) and
1860D-14(a)(3)(D)
of the Act

26. Qualified Disabled and Working Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed two times the SSI resource limit.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

TN No: 10-02

Approval Date _____

Effective Date January 1, 2010

Supersedes TN No. 95-005

MAY 24 2010

State: Alaska

Agency	Citation(s)	Groups Covered
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	<p>27. Specified Low-Income Medicare Beneficiaries --</p> <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p>
		1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act

Agency*	Citation(s)	Groups Covered
		A <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
	1634(e) of the Act	28. a Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (I) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month. b. The State applies more restrictive eligibility standards than those under SSI Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (I) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage

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TN No. HCFA - SEATTLE0-1

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy

42 CFR 1. Individuals described below who meet the
435.210 income and resource requirements of AFDC, SSI, or an
1902(a) optional State supplement as specified in 42
(10)(A)(ii) and CFR 435.230, but who do not receive cash
1905(a) of assistance.
the Act

B.1 - Superseded by MAGI
for Caretaker Relatives &
Pregnant Women only

The plan covers all individuals as described
above.

The plan covers only the following
group or groups of individuals:

Aged
Blind
Disabled
~~Caretaker relatives~~
~~Pregnant women~~

42 CFR 2. Individuals who would be eligible for AFDC, SSI
435.211 or an optional State supplement as specified in 42
CFR 435.230, if they were not in a medical
institution.

*Agency that determines eligibility for coverage.

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* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & 1902(e)(2)
of the Act

3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is (not to exceed six months).

The State measures the minimum enrollment period from:

- The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determines eligibility for coverage.

TN No. 91-13 Approval Date 4/10/92 Effective Date 10/1/91
Supersedes
TN No. 87-3 HCFA ID: 7983E

State/Territory: ALASKA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

No. 93-022
Supersedes Approval Date 1/7/94 Effective Date 10/1/93
TN No. 91-013

TN

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

— Aged
— Blind
— Disabled
— Individuals under the age of--
- 21
- 20
- 19
- 18
— Caretaker relatives
— Pregnant women

*Agency that determines eligibility for coverage

TN No. 91-12
Supersedes
TN No.

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: ALASKA

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OMB NO.: 0938-

Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A)(ii) and 1905(a) of the Act The State covers only the following group or groups of individuals:

- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

42 CFR 435.222
1902(a)(10)(A)(i) and
1905(a)(1) of
the Act 7. a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

- X 20
- 19
- 18

TN No. 91-13
Supersedes
TN No. 87-3

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: ALASKA

Agency*	Citation(s)	Groups Covered
	* The Department of Health and Social Services	

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

b. Reasonable classifications of individuals described in (a) above, as follows:

- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - (a) In foster homes (and are under the age of _____).
 - (b) In private institutions and are under the age of _____)
 - (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

TN No. 61-12
Supersedes
TN No. 87-3

Approval Date 4/11/91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-13
Supersedes _____
TN No. —

Approval Date 4/10/91

Effective Date 12/1/91

HCFA ID: 7983E

Revision: ~~HCFR-PM-91-4~~ (BFD)
AUGUST 1991

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CMS NO.: 0938-

State: ALASKA

Agency: Citation(s) Groups Covered
* The Department of Health and Social Services

3. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(i)(VIII)
of the Act

X

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

- 21
- 20
- 19
- XX 18

CFR No. 93-13
Supersedes
CFR No. 91-13

Approval Date 10/29/93

Effective Date 7/1/93

CMS NO.: 79832

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 14a
OMB No.: 0938-

State: ALASKA

Agency*	Citation (s)	Groups Covered
	* The Department of Health and Social Services	

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

Individuals under the age of--

.21
.....20
.....19
.....18

Caretaker relatives
Pregnant women

TN No. 91-13
Supersedes
TN No. —

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- 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 the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals
 - (3) All disabled individuals.

TN No. 71-13

Supersedes

TN No. 87-3

Approval Date

4/10/92

Effective Date

10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 411-2
Supersedes
TN No. 87-2

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 71-13
Supersedes
TN No.

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(11)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- 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 the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- 1 All aged individuals.
- X (2) All blind individuals
- X (3) All disabled individuals

TN No. 91-13
Supersedes
TN No. 87-4

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: ALASKA

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OMB NO.: 0938-

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

- X 4 Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- X (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-12
Supersedes
TN No. 87-3

Approval Date 11/19/91

Effective Date 12/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 18a
OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

X No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 01-17
Supersedes
TN No. -

Approval Date 4/19/91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
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OMB No.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

Aged
Blind
Disabled
Individuals under the age of--
— 21
— 20
— 19
— 18
Caretaker relatives
Pregnant women

TN No. 91-12
Supersedes
TN No. —

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID 7983E

State: _____

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

- X 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

B.14 Superseded by MAGI

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

*Agency that determines eligibility for coverage.

No. 93-21
Supersedes
TN No. 91-13

Approval Date 1/7/94

Effective Date 12/28/93

TN

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: ALASKA

Agency*	Citation(s)	Groups Covered
	* The Department of Health and Social Services	

B. Optional Groups Other Than the Medically Needy
(Continued)

- 1902(a) 15. The following individuals who are not
(10)(A) mandatory categorically needy, who have income
(11)(IX) that does not exceed the income level
and 1902(1)(1) (established at an amount up to 100 percent
(D) of the Act of the Federal poverty level) specified in
Supplement 1 of ATTACHMENT 2.6-A for a family
of the same size.

Children who are born after September 30, 1983
and who have attained 6 years of age but have
not attained--

7 years of age; or

8 years of age.

This is now mandatory--see Section A.13. of
Attachment 2.2-A.

TN No. 9-13
Supersedes
TN No.

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(11)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-12
Supersedes
TN No. —

Approval Date 4/10/91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-92-1 (MB)
FEBRUARY 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 95-01 Approval Date 2/29/92 Effective Date 1/1/92
 Supersedes
 TN No. 91-13

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.2-A
Page 23a
OMB NO.:

State/Territory: ALASKA

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of six months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 91-15
Supercedes
TN No.

Approval Date 2/3/91

Effective Date 10/1/91
HCFA ID: 7982E

Citation	Groups Covered
1902(a)(10)(A) (ii)(XIV) of the Act	B. Optional Coverage Other Than the Medically Needy (Continued)
	<u>X</u> 19. Optional Targeted Low Income Children who: <ul style="list-style-type: none"><li data-bbox="860 577 1356 766">a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);<li data-bbox="860 808 1356 1071">b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(1)(2)(D));<li data-bbox="860 1113 1356 1480">c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;<li data-bbox="860 1522 1356 1787">d. have family income at or below: 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

TN No. 98-013

Supersedes

TN No. —

Approval Date 11/20/98

Effective Date 3/1/99

Citation	Groups Covered
----------	----------------

1920A of the Act	_____ 21. a total not to exceed <u>12</u> months, regardless of changes in circumstances other than attainment of the maximum age stated above. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.
------------------	---

B.21 Superseded by MAGI

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

1902(a)(10)(A) 1902(a)(10) (A)(ii)(XIII)

X 22.

Working Disabled individuals whose net family income is below 250 percent of the federal poverty guideline for Alaska for a family of the size involved and who, except for earned income, meet all criteria for receiving the optional state supplement to SSI. See page 12c of ATTACHMENT 2.6-A

TN No. 09-03 Approval Date APR 20 2009 Effective Date April, 1, 2009

Supersedes TN No. 99-008

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)(XVIII)
of the Act

X 23. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group and
- d. have not attained age 65

1920B of the Act

24. Women who are determined by a "qualified entity" (as defined in 1920B(b)) based on preliminary information, to be a woman described in 1902(aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

No

Yes. This plan covers

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act

TN No. 91-13
Supersedes
TN No. -

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

State: Alaska

Agency*	Citation(s)	Groups Covered
	The Department of Health and Social Services	

C.Optional Coverage of Medically Needy (Continued)

1902(e) (4) of
the Act

C.4 Superseded by MAGI

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. Please note: for medically needy coverage, deemed newborn eligibility is obsolete as of April 1, 2009. Please see Attachment 2.2-A, page 6, of this Plan for current policy on mandatory deemed newborn coverage.

42 CFR 435.308

5. / a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--
 21
 20
 19
 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

/ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

 (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

 (a) In foster homes (and are under the age of).

 (b) In private institutions (and are under the age of).

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 25a
OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-13
Supersedes _____
TN No. —

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310 6. Caretaker relatives.
- 42 CFR 435.320 7. Aged individuals
and 435.330
- 42 CFR 435.322 8. Blind individuals
and 435.330
- 42 CFR 435.324 9. Disabled individuals
and 435.330
- 42 CFR 435.326 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.
- 435.340 11. Blind and disabled individuals who:
- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
 - b. Were eligible as medically needy in December
1973 as blind or disabled; and
 - c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

TN No. 91-13
Supersedes
TN No: _____

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: ALASKA

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

TN No 91-15
Supersede
7/1/91

Approval Date: 2/13/92 Effective Date 10/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency*	Citation (s)	Groups Covered
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*The Department of Health and Social Services

1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. <ol style="list-style-type: none">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	
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TN No. <u>05-07</u>	Approval Date <u>August 18, 2005</u>
Effective Date <u>July 1, 2005</u>	Supersedes TN No. <u>N/A</u>

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
ALASKA
State: _____

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

TN No. 91-13
Supersedes _____
TN No. —

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Alaska

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

The Division of Medical Assistance will determine the cost effectiveness of caring for children at home as follows:

1. Determine the annual cost of Medicaid services for the child at home by reviewing child's approved plan of care.
2. Except as described in 4 below, determine the annual cost of providing institutional care by using factors G and G' of the 1915 (c) home and community-based service waiver, as described in 42 CFR 441.303, for the appropriate institutional level of care and current waiver year, adjusted for the length of stay. If an individual child has extraordinary projected expenses, likely to be incurred whether at home or in an institution, these expenses will be added to the adjusted factors G and G'.
3. If the projected annual cost of services at home does not exceed the projected annual cost of services in an institution, the Division of Medical Assistance will confirm the cost effectiveness of caring for the child at home.
4. For inpatient psychiatric hospital level of care as described in 42 CFR 441, subpart D, annual cost of providing institutional care is determined by calculating the historical annual cost of providing care to Medicaid recipients and adjusting for inflation. Annual costs are determined using MMIS date of service expenditure data for a 12 month period for all recipients who spend more than 30 days in an inpatient psychiatric facility in a 12 month period. Inflation adjustments are the same as those used in calculating factors G and G' of the 1915(c) home and community-based service waivers.

TN No. 97-016 Approval Date 3/30/98 Effective Date 11/13/97
Supersedes
TN No. 93-021