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SUPPLEMENT 3 TO ATTACHMENT 2.6-A
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Any expense for necessary medical or remedial care recognized under State law
but not covered under this plan

TN No. 85-10
Supersedes
TN No. _____

Approval Date 1/28/86

Effective Date 4/1/85

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