

AK - Submission Package - AK2022MS00050 - (AK-22-0013) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID AK2022MS00050

Submission Type Official

Program Name N/A

State AK

SPA ID AK-22-0013

Region Seattle, WA

Version Number 1

Package Status Approved

Submitted By Courtney King

Submission Date 11/1/2022

Package Disposition



Approval Date 12/6/2022 12:45 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2022MS00050 | AK-22-0013

Package Header

Package ID AK2022MS00050

SPA ID AK-22-0013

Submission Type Official

Initial Submission Date 11/1/2022

Approval Date 12/6/2022

Date

Superseded SPA ID N/A

Effective Date N/A

State Information

State/Territory Name: Alaska

Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

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Effective Date N/A

SPA ID and Effective Date

SPA ID AK-22-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2023	AK-22-0002
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2023	AK-22-0002
Optional State Supplement Beneficiaries	1/1/2023	AK-22-0002

Submission - Summary

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Superseded SPA ID N/A

Effective Date N/A

Executive Summary

Summary Description The SPA updates the income standards for recipients of Alaska's Optional State
Including Goals and Objectives Supplemental Payments. In Alaska, individuals are able to qualify for Medicaid by reducing their countable gross income through the use of approved Medicaid Qualifying Trusts

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

42 CFR 435.234 and 42 CFR 435.210

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Governor's Office Review

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

Submission - Medicaid State Plan

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The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	(APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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Superseded SPA ID N/A

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes

No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

Yes

No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: Alaska did not conduct tribal consultation on this SPA as the only change was the updating of income standards. These are not changes dictated by the state Medicaid program

Medicaid State Plan Eligibility

Optional Eligibility Groups

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System-Derived

Effective Date 1/1/2023









A. Options for Coverage







The state provides Medicaid to specified optional groups of individuals.

Yes No







The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):













Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

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System-Derived

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2022MS0005O | AK-22-0013

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

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System-Derived

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

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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

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System-Derived

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:
2023 Income Disregard	In 2023, for individuals, countable income between \$1,276 and \$1,697 is disregarded, and, for couples, countable income between \$1,889 and \$2,513 is disregarded

A specified type of income is disregarded:

Name of income type:	Description:
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Name of income type:	Description:
(1) Alaska Permanent Fund Dividend; (2) Alaska Native Claims Settlement Act; (3) AmeriCorps	(1) AK annual Permanent Fund Dividend benefit payments are excluded from consideration as income for all mandatory and optional Medicaid eligibility categories; (2) Cash distributions from Alaska Native Claims Settlement Act corporations are excluded from income to the extent that the distributions do not exceed \$2,000 per individual per calendar year. When an individual receives more than \$2,000 from all ANCSA corporations in a single calendar year, any amounts exceeding \$2,000 are considered countable income in the month of receipt. (3) All AmeriCorps payments, including living stipends, are disregarded as income for the purposes of determining eligibility.

Specific income changes are disregarded between redeterminations.

Specified income changes are disregarded:

Name of disregard:	Description:
AK Permanent Fund Dividend	Changes in income related to the receipt of the Alaska Permanent Fund Dividend are disregarded.

Name of disregard:

Description:

Alaska Native Claims Settlement Act

Cash distributions from Alaska Native Claims Settlement Act corporations up to \$2,000 per individual per calendar year are excluded as a cash resource each year, are excluded indefinitely, and do not affect the exclusion of cash distributions made in subsequent years.

4. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:

Description:

Alaska Native Claims Settlement Act

Cash distributions from Alaska Native Claims Settlement Act corporations up to \$2,000 per individual per calendar year are excluded as a cash resource each year, are excluded indefinitely, and do not affect the exclusion of cash distributions made in subsequent years.

Permanent Fund Dividend Program

Dividend and benefit payments received from the Alaska Permanent Fund Dividend Program are excluded from consideration as countable resources.

Individuals Eligible for but Not Receiving Cash Assistance

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System-Derived

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

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System-Derived

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2022MS0005O | AK-22-0013

Individuals who receive an optional state supplementary payment.

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Superseded SPA ID	AK-22-0002 System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

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System-Derived

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

Optional State Supplement Beneficiaries

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

Yes

No

b. Varies by payment classification.

Yes

No

The payment classifications used are:

i. All individuals age 65 or older, regardless of living arrangement.

ii. All individuals who have blindness, regardless of living arrangement.

iii. All individuals who have a disability, regardless of living arrangement.

iv. Independent living.

Income Standard

Indivi dual	Coupl e
\$1276. 00	\$1889. 00

v. Living in household of another.

Income Standard

Indivi dual	Coupl e
\$977.0 0	\$1457. 00

vi. Independent living and receiving non-medical care outside the home.

vii. Living in household of another and receiving non-medical care outside the home.

viii. Living in a domiciliary facility or other group living arrangement.

ix. Other payment classification.

Name of Classification **Description:**

Institutionalized

Institutionalized

Individual

Couple

\$200.00

\$400.00

Name of Classification

Description:

Assisted Living Home

Assisted Living Home

Individual

Couple

\$1014.00

\$1571.00

Optional State Supplement Beneficiaries

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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.

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