	Revision:	AUGUST 1991	(BPD) OMB No.: 0938-
		State:	ALASKA
	Citation 1902(a)(52) and 1925 o		Families Receiving Extended Medicaid Benefits
	the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
		(p)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are
			Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan). Equal in amount, duration, and scope to
			services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
			Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
			Medical or remedial care provided by licensed practitioners.
			// Home health services.
	TN No.	9/-/3 Approval	Date 4/18/92 Effective Date 19/1/3/
			HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
	State:		ALASKA		
Citation		ilies Red intinued)	seiving Extended Med	dicaid Benef	its
	(c) <u>/</u> /	fees, for he	gency pays the fami deductibles, coins ealth plans offered yer as payments for	by the care	similar costs taker's
			1st 6 months		months
		emplo	gency requires care yers' health plans a bility.	takers to en as a conditi	roll in on of
			1st 6 mos/	2nd 6 mos	
	(d) <u>/</u> /	far	e Medicaid agency positions during the settlement of the settlemen	econd 6-mont efits throug	h period of
			Enrollment in the employer's health		n of an
			Enrollment in the employee health pl		on of a State
			Enrollment in the uninsured.	State health	plan for the
*			Enrollment in an e organization (HMO) of less than 50 pe (except recipients	with a preprent Medica	aid enrollmen
	91-13	Date	-1/10'0 =		10/104
Supersedes TN No.	Approval	Date	2/10:02 Effec	tive Date _	101117+

HCFA ID: 7982E

314

			310			
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB N	0938-	
	State: _		ALASKA			
Citation	3.5 <u>F</u>	amilies F Continued	Receiving Exter	nded Medicaid B	enefits	
		describ offered	des the alternation including reserves have access	CHMENT 3.1-A spative health ca equirements for ss to services	re plan(s) assuring t	that
	(2)	The age	ency		9	
				ums and enrollm for such plan(s		nposed
	<u></u>			tibles and coin such plan(s).	surance imp	posed or
						192
					5	
					*	
TN No.	91-13	al Date	4/10/02	Effective Dat	9 1/3/11	191
TN No.	9n-8	T Dave _	777	TITECTIVE Dat	- 177	

HCFA ID: 7982E