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)(i)(I) of the Act

[redacted]

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

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)(i)(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.

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

[redacted]

A.3 Superseded by MAGI

AK-13-0027-MM1

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.

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	[redacted]
	A.10 Superseded by MAGI AK-13-0027-MM1
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.

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

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)

435.121

13. /7 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.)

1619(b)(1) 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.

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.

Agency* Citation(s) Groups Covered

*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

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.

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

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 435.131 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.**

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.

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.

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.

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.

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.

State: Alaska

Agency	Citation(s)	Groups Covered
	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.)

State: Alaska

Agency	Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)	
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	27. Specified Low-Income 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 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.	
	(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)	
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	28. Qualifying Individuals --	
	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 at least 120 percent but less than 135 percent of the Federal poverty level;	
	c, Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.	

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

State: ALASKA

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

B. Optional Groups Other Than the Medically Needy

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

AK-13-0027-MM1

42 CFR 435.210 1902(a)(10)(A)(ii) and 1905(a) of the Act

[X] 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

[X] The plan covers all individuals as described above.

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

Aged
Blind
Disabled
[redacted]s

42 CFR 435.211

[X] 2. Individuals who would be eligible for AFDC, SSI 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.

Agency* Citation(s) Groups Covered

* 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.

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.

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

Pages 12, 13, 13a, 14, and 14a removed per AK-13-0027-MM1

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.

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

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

(4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

42 CFR 435.230

(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:

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.

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)(ii)(XI)
of the Act

/X/ 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:

X (1) All aged individuals.

X (2) All blind individuals

X (3) All disabled individuals

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:

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.

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

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(l) of the Act		14. [redacted] B.14 Superseded by MAGI

[redacted]y that determines eligibility for coverage.

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)(ii)(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.

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 extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

Page 23 B removed per AK-13-0027

Citation	Groups Covered
	[redacted]
B.19 contents on this page Superseded by MAGI	
	[redacted]
	[redacted]
	[redacted]
	[redacted]
1902(e)(12) of the Act	X 20. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for

Citation	Groups Covered
	a total not to exceed 12 months, regardless of changes in circumstances other than attainment of the maximum age stated above.
1920A of the Act	[redacted]
B.21 Superseded by MAGI AK-13-0027-MM1	[redacted]
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

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.

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.

[X] 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

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

4. [redacted]

C.4 Superseded by MAGI
AK-13-0027-MM1

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 _____).

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.

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

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 /7 6. Caretaker relatives.

42 CFR 435.320 /7 7. Aged individuals
and 435.330

42 CFR 435.322 /7 8. Blind individuals
and 435.330

42 CFR 435.324 /7 9. Disabled individuals
and 435.330

42 CFR 435.326 /7 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.

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.

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
*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. 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.