

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

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: ALASKA

Citation

42 CFR  
430.10

As a condition for receipt of Federal funds under  
title XIX of the Social Security Act, the

Department of Health and Social Services  
(Single State Agency)

submits the following State plan for the medical  
assistance program, and hereby agrees to administer  
the program in accordance with the provisions of this  
State plan, the requirements of titles XI and XIX of  
the Act, and all applicable Federal regulations and  
other official issuances of the Department.

TN No. <u>91-13</u>	Approval Date <u>4/10/92</u>	Effective Date <u>10/1/91</u>
Supersedes		
TN No. <u>76-31</u>		

HCFA ID: 7982E