ADDITIONAL REGULATIONS NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: Department of Health and Social Services/ Division of Alaska Pioneer Homes
- 2. General subject of regulation: <u>Rates charged monthly for services</u>
- 3. Citation of regulation (may be grouped):7 AAC 74.025. Rates
- 4. Department of Law file number, if any: JU2015200243
- 5. Reason for the proposed action:
 - () Compliance with federal law or action (identify):_____
 - () Compliance with new or changed state statute
 - () Compliance with Federal or state court decision (identify)_____
 - () Development of program standards
 - (X) Other (identify): To update monthly rates at the Alaska Pioneer Homes to reflect increased costs and to match the increase in the Social Security Administration's Cost of Living Adjustments since the last rate increase by the Alaska Pioneer Homes.
- 6. Appropriation/Allocation: Pioneer Homes/AR 23015
- 7. Estimated annual costs in the aggregate to comply with the proposed action to: Private Persons: <u>Monthly rates will increase 8.5% if this action is taken</u>. Other State Agencies: <u>N/A</u> Municipalities: <u>N/A</u>
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>2016</u>	Subsequent Years
Operating Cost	\$ <u>0</u>	\$
Capital Cost	\$ <u>0</u>	\$ <u>0</u>
1002 Federal receipts	\$ <u>0</u>	<u>\$</u> 0
1003 General fund match	\$ 0	\$ 0
1004 General fund	\$ <u>0</u>	\$_0
1005 General fund/		
program	\$ 0	\$_0
1037 General fund/		
mental health	\$	\$
Other	\$_0	\$_0

The name of the contact person for the regulations: Name: <u>Jessica Bogard</u> Title: <u>Administrative Operations Manager II</u>

9.

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- 10. The origin of the proposed action:
 - __X__ Staff of state agency
 - _____ Federal government
 - General public
 - _____ Petition for regulation change
 - Other (identify)

Date: 8/13/15 11.

Bogard Prepared by: [signature]

Name (printed): Jessica A. Bogard Title (printed): Administrative Operations Manager II Telephone: (907) 465-5736