## ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))<sup>1</sup>

1.	Adopting agency: Department of Health & Social Services			
2.	General subject of regulation: The subject of the proposed regulation is to add licensure fees to all health care facilities required to be licensed under 7 AAC 12.610.			
3.	Citation of regulation (may be grouped): 7 AAC 12.610			
4.	Department of Law file number, if any: <u>JU2016200442</u>			
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):  (X) Development of program standards  (X) Other (identify): Recover DHSS administrative and operational expenses related to the licensure program.			
ô.	Appropriation/Allocation: N/A			
7.	Estimated annual cost to con	Estimated annual cost to comply with the proposed action to:		
	A private person: None.  Another state agency: None.  A city/borough/municipality: \$1,000 - \$17,000 depending on facility type and bed capacity.  A corporation: \$100 - \$36,085 depending on facility type and bed capacity.			
3.	Cost of implementation to the	state agency and Initial Year FY	•	
	Operating Cost	\$		
	Capital Cost	\$	ф	
	1002 Federal receipts	\$	\$	
	1003 General fund match	\$	\$	
	1004 General fund	\$	\$	
	1005 General fund/	_		
	program	\$	\$	
	Other (identify)	\$	\$	

9.	The name of the contact person for the regulation:
	Name: Brenda Vincent
	Title: Health Facilities Survey Manager
	Address: 4501 Business Park Blvd. Bldg L Anc. AK 99503
	Telephone: (907) 334-2652
	E-mail address: brenda.vincent@alaska.gov
10.	The origin of the proposed action:
	X Staff of state agency Federal government
	General public
	Petition for regulation change
	Other (identify):
11.	
	[signature]
	Name (printed): Brenda Vincent
	Title (printed), Health Facilities Common Manager

Title (printed): Health Facilities Survey Manager Telephone: (907) 334-2652