

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

1. Adopting agency: Department of Health and Social Services
2. General subject of regulation: Personal Care & HCB Medicaid Rate Setting Methodology
3. Citation of regulation (may be grouped): 7 AAC 145.500-537
4. Department of Law file number, if any: \_\_\_\_\_
5. Reason for the proposed action:  
  
☒ (X) Compliance with federal law or action (identify): 42 CFR 441.301(c)(1)(vi)  
☐ ( ) Compliance with new or changed state statute  
☐ ( ) Compliance with federal or state court decision (identify): \_\_\_\_\_  
☐ ( ) Development of program standards  
☒ (X) Other (identify): Compliance with new federal requirements concerning "conflict free" case management and other substantive refinements to existing rate methodologies
6. Appropriation/Allocation: Medicaid Services / Senior and Disabilities Medicaid Services 2662
7. Estimated annual cost to comply with the proposed action to:  
  
A private person: None (no new costs are created)  
Another state agency: None  
A municipality: None
8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>2017</u>	Subsequent Years
Operating Cost	\$ <u>636.92</u>	\$ <u>636.92</u>
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ <u>318.46</u>	\$ <u>318.46</u>
1003 General fund match	\$ <u>318.46</u>	\$ <u>318.46</u>
1004 General fund	\$ _____	\$ _____
1005 General fund/		

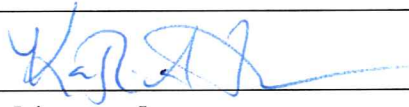
program \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other (identify) \$ \_\_\_\_\_ \$ \_\_\_\_\_

9. The name of the contact person for the regulation:

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10. The origin of the proposed action:

☐ Staff of state agency  
☒ Federal government  
☒ General public  
☐ Petition for regulation change  
☐ Other (identify): \_\_\_\_\_

11. Date: September 7, 2016 Prepared by:   
[signature]

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