

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))¹

1. Adopting agency: Department of Health & Social Services.
2. General subject of regulation: Medicaid Coverage (Individualized Supports Waiver, Community First Choice, Long Term Services & Supports Targeted Case Management); Medicaid Payment Rates; Medicaid Program.
3. Citation of regulation (may be grouped): 7 AAC 127, 7 AAC 128, 7 AAC 130, 7 AAC 145, 7 AAC 160.
4. Department of Law file number, if any: JU2017200498
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
 Other (identify): _____
6. Appropriation/Allocation: Senior and Disabilities/Medicaid Services
7. Estimated annual cost to comply with the proposed action to:
A private person: \$0
Another state agency: \$0
A municipality: \$0
8. Cost of implementation to the state agency and available funding (in thousands of dollars):


	Initial Year	Subsequent
	FY <u>2018</u>	Years
Operating Cost	\$ <u>6,183.9</u>	\$ <u>12,003.6</u>
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ <u>4,345.4</u>	\$ <u>8,509.0</u>
1003 General fund match	\$ <u>1,838.6</u>	\$ <u>3,494.6</u>
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$ _____	\$ _____
9. The name of the contact person for the regulation:

Name: Ms. Jetta Whittaker

Title: Health Program Manager III
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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: 10/12/17 Prepared by: 
[signature]
Name (printed): Deb Etheridge
Title (printed): Division Operations Manager
Telephone: (907) 465-5481