

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Coverage, Home Health Services
3. Citation of regulation (may be grouped): 7 AAC 125.310, .320.
4. Department of Law file number, if any: 2018200909
5. Reason for the proposed action:  
☒ (X) Compliance with federal law or action (identify): 42 CFR 440.70(c)(1)  
☐ ( ) Compliance with new or changed state statute  
☐ ( ) Compliance with federal or state court decision (identify):  
☐ ( ) Development of program standards  
☐ ( ) Other (identify):
6. Appropriation/Allocation: Medicaid Services/Health Care 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 FY2019	Subsequent Years
Operating Cost	\$ <u>0</u>	\$ <u>10,000</u>
Capital Cost	\$ <u>          </u>	\$ <u>          </u>
1002 Federal receipts	\$ <u>          </u>	\$ <u>5,000</u>
1003 General fund match	\$ <u>          </u>	\$ <u>5,000</u>
1004 General fund	\$ <u>          </u>	\$ <u>          </u>
1005 General fund/ program	\$ <u>          </u>	\$ <u>          </u>
Other (identify)	\$ <u>          </u>	\$ <u>          </u>
9. The name of the contact person for the regulation:

Name: Mr. Jamin Sprague

Title: Medical Assistance Administrator II

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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: 10/24/2018

Prepared by: \_\_\_\_\_

[signature]

Name (printed): Jamin Sprague

Title (printed): Medical Assistance Administrator II

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