

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, Home & Community-Based Waiver Services, Day Habilitation Services Amendments.
3. Citation of regulation (may be grouped): 7 AAC 130.260, .319.
4. Department of Law file number, if any: 2019200472
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): Terms of legal settlement for case number 1:18-CV-00004-HRH.
6. Appropriation/Allocation: Medicaid Services/Senior & Disabilities 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): None.

	Initial Year	Subsequent
	FY 19 _____	Years
Operating Cost	\$0 _____	\$0 _____
Capital Cost	\$0 _____	\$0 _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ _____	\$ _____
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$0 _____	\$0 _____
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: 7.31.19

Prepared by: 

Name (printed): Deb Etheridge ^[signature]

Title (printed): Deputy Director, DSDS

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