

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Coverage, Transportation & Accommodation Services.
3. Citation of regulation (may be grouped): 7 AAC 120.405, .410, .425, .430.
4. Department of Law file number, if any: 2018200907
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): Program maintenance and in compliance with a stipulated settlement agreement (Active and Giordano vs DHSS, #3DI-09-75CI).
6. Appropriation/Allocation: N/A
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 _____	Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
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: Ms. Susan Dunkin

Title: Medicaid Program Specialist III

Address: 4501 Business Park Blvd., Bldg. L, Anchorage, AK 99503.

Telephone: (907) 269-3638

E-mail address: susan.dunkin@alaska.gov

10. The origin of the proposed action:

- ☒ Staff of state agency
☐ Federal government
☐ General public
☐ Petition for regulation change⁷

☒ Other (identify): Alaska Superior Court Order in the case of Active and Giordano vs. DHSS (3DI-09-75CI).

11. Date: 08/22/19

Prepared by: 

[signature]

Name (printed): Susan Dunkin

Title (printed): Medicaid Program Specialist III

Telephone: (907) 269-3638