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**OFFICE OF THE LIEUTENANT GOVERNOR  
ALASKA**

**M E M O R A N D U M**

**TO:** Triptaa Surve  
Department of Health and Social Services

**FROM:** April Simpson, Office of the Lieutenant Governor  
465.4081

**DATE:** September 25, 2019

**RE:** Filed Permanent Regulations: Department of Health and Social Services

Department of Health and Social Services Regulation re: (Part 2) Emergency Regs. Made Permanent with Changes: Office of Rate Review: Medicaid (7 AAC 145.580, 7 AAC 160.900)

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Attorney General File:	2019200429.002
Regulation Filed:	9/25/2019
Effective Date:	10/25/2019
Print:	232, January 2020

cc with enclosures: Harry Hale, Department of Law  
Judy Herndon, LexisNexis

## CERTIFICATION OF COMPLIANCE

I, Adam Crum, Commissioner, certify that, as required by AS 44.62.260 in order to make the attached 3 pages of regulations permanent, as of this date a legal opinion of the Department of Law has been requested under AS 44.62.060, a notice conforming to AS 44.62.200 was issued in compliance with AS 44.62.190, and an opportunity for public comment was provided under AS 44.62.210, for the following emergency regulation:

7 AAC 145, 160. Medicaid Payment Rates, Cost Containment.

This regulation originally was filed as an emergency regulation on July 1, 2019.

In considering the public comments, the Department of Health & Social Services paid special attention to the cost to private persons of the regulatory action being taken.

Date:

9/19/19



Adam Crum

Commissioner, Department of Health & Social Services

## FILING CERTIFICATION

April Simpson for

I, Kevin Meyer, Lieutenant Governor for the State of Alaska, certify that on September 25<sup>th</sup>, 2019, at

2:08 p.m., I filed the attached regulation according to the provisions of AS 44.62.

April Simpson  
for Lieutenant Governor Kevin Meyer

Register:

232, January 2020

ORDER ADOPTING CHANGES TO REGULATIONS  
OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The attached three pages of regulations, dealing with Medicaid Payment Rates; Cost Containment, 7 AAC 145 and 7 AAC 45.160 are adopted and certified to be a correct copy of the regulation changes that the Department of Health and Social Services adopts under the authority of AS 47.05.010, AS 47.07.030, 47.07.040 and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

In considering public comments, the department paid special attention to the cost to private persons of the regulatory action being taken.

The regulations were first amended as emergency regulations effective July 1, 2019. These changes make permanent, with amendments, those regulations and the regulation changes adopted under this order take effect on the 30th day after they have been filed by the lieutenant governor as provided in AS 44.62.180.

Date:

9/19/19



Adam Crum

Commissioner, Department of Health & Social Services

FILING CERTIFICATION

April Simpson for

I, Kevin Meyer, Lieutenant Governor for the State of Alaska, certify that on September 29<sup>th</sup>, 2019, at 2:09 p.m., I filed the attached regulation according to the provisions of AS 44.62.

April Simpson  
for Lieutenant Governor Kevin Meyer

Register:

232, January 2020.

**FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY**

**I, KEVIN MEYER, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA,  
designate the following state employees to perform the Administrative Procedures Act  
filing functions of the Office of the Lieutenant Governor:**

**Josh Applebee, Chief of Staff  
Kady Levale, Notary Administrator  
April Simpson, Regulations and Initiatives Specialist**

**IN TESTIMONY WHEREOF, I have  
signed and affixed the Seal of the State of  
Alaska, in Juneau, on December 11th,  
2018.**



A handwritten signature in blue ink, appearing to read "K. Meyer", is written over a horizontal dotted line.

**KEVIN MEYER  
LIEUTENANT GOVERNOR**

The emergency amendment of 7 AAC 145.580(a)(2) is made permanent and that paragraph is further amended to read:

(2) the rate established in the department's *Chart of Community Behavioral Health and Mental Health Physician Clinic [SERVICES] Medicaid Covered Services Rates*, adopted by reference in 7 AAC 160.900; for state fiscal year 2020, the payment rates will be 95 percent of the January 1, 2019 [STATE FISCAL YEAR 2019] payment rates.

7 AAC 145.580(b) is amended to read:

(b) On or after July 1, 2018, rates of payment in the department's *Chart of Community Behavioral Health and Mental Health Physician Clinic [SERVICES] Medicaid Covered Services Rates*, adopted by reference in 7 AAC 160.900, will be reestablished at least every four years using a modeled rate methodology that includes components for salaries, fringe benefits, productivity, program support, administrative/general costs, and duration of units of service. Other sources that will be used in the modeled rate methodology include information from the Department of Labor and Workforce Development, Research and Analysis Section; the United States Internal Revenue Service; and provider surveys.

The emergency amendment of 7 AAC 145.580(c) is made permanent and that subsection is further amended to read:

(c) Each July 1, except July 1, 2019, that rates of payment in the *Chart of Community Behavioral Health and Mental Health Physician Clinic [SERVICES] Medicaid Covered Services Rates*, adopted by reference in 7 AAC 160.900, are not reestablished under (b) of this section, the department will adjust the rates of payment in the *Chart of Community Behavioral*

*Health and Mental Health Physician Clinic* [SERVICES] Medicaid Covered Services Rates for inflation using the CMS Home Health Agency Market Basket in the most recent quarterly publication of Global Insight's *Healthcare Cost Review* available 60 days after July 1.

The emergency amendment of 7 AAC 145.580(d) is made permanent and that subsection is further amended to read:

(d) The department will pay a corresponding unit of service for providing autism services under 7 AAC 135.350 at the lesser of the following rates:

(1) the amount charged by the provider in accordance with 7 AAC 145.020; or

(2) the rate established in the department's Medicaid Procedure Codes and

Rates – Autism Services, adopted by reference in 7 AAC 160.900; for state fiscal year 2020, the payment rates will be 95 percent of January 8, 2019 [STATE FISCAL YEAR 2019] payment rates. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4/9/2017, Register 222; am 5/21/2017, Register 222; am 7/1/2018, Register 226; am 1/1/2019, Register 228; ~~am~~ am 7/1/2019 10/28/2019, Register 231; am 10/25/2019, Register 232)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 160.900(d)(59) is amended to read:

(59) the *Chart of Community Behavioral Health and Mental Health Physician Clinic* [SERVICES] Medicaid Covered Services Rates, dated January 1, 2019 [SEPTEMBER 27, 2018].

The emergency amendment of 7 AAC 160.900(d) to add a new paragraph is made permanent and the paragraph is further amended to read:

**(62)** [(61)] *Medicaid Procedure Codes and Rates – Autism Services*, dated

**January 8, 2019;** [MAY 1, 2018.]

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am 1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011, Register 197; am 10/1/2011, Register 199; am 12/1/2011, Register 200; am 1/26/2012, Register 201; am 3/8/2012, Register 201; am 4/1/2012, Register 201; add'l am 4/1/2012, Register 201; am 5/11/2012, Register 202; am 10/16/2012, Register 204; am 11/3/2012, Register 204; am 12/1/2012, Register 204; am 12/2/2012, Register 204; am 1/1/2013, Register 204; am 1/16/2013, Register 205; am 7/1/2013, Register 206; add'l am 7/1/2013, Register 206; am 11/3/2013, Register 208; am 1/1/2014, Register 208; am 2/2/2014, Register 209; am 3/19/2014, Register 209; am 3/22/2014, Register 209; am 5/18/2014, Register 210; am 2/26/2015, Register 213; am 3/15/2015, Register 213; am 7/1/2015, Register 214; am 5/1/2016, Register 218; am 6/16/2016, Register 218; am 6/16/2016, Register 218; am 7/22/2017, Register 223; am 11/5/2017, Register 224; am 3/1/2018, Register 225; am 10/1/2018, Register 227; am 1/1/2019, Register 228; am 3/24/2019, Register 229; am 6/2/2019, Register 230; am 6/13/2019, Register 230; ~~am~~ am 7/1/2019 ~~10/28/2019~~, Register 231; am 10/25/2019, Register 232)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

AS 47.05.012

# MEMORANDUM


## State of Alaska Department of Law

**To:** The Honorable Kevin Meyer  
Lieutenant Governor

**Date:** September 23, 2019

**File No.:** 2019200429.002

**Tel. No.:** 465-3600

**From:** Susan R. Pollard   
Chief Assistant Attorney General  
and Regulations Attorney  
Legislation and Regulations Section

**Re:** Department of Health and Social  
Services Regulation re: (Part 2)  
Emergency Regs. Made Permanent  
with Changes: 7 AAC 145.580, 7  
AAC 160.900: Office of Rate  
Review: Medicaid

The Department of Law has reviewed the attached regulations of the Department of Health and Social Services against the statutory standards of the Administrative Procedure Act. Based upon our review, we find no legal problems. This memorandum constitutes the written statement of approval under AS 44.62.060(b) and (c) that authorizes your office to file the attached regulations. The department adopted the emergency regulations June 28, 2019, they took effect July 1, 2019, and will expire October 28, 2019, unless made permanent. The department wishes to make the regulations permanent, but with some changes from the regulations adopted as emergency regulations. The regulations were effective July 1, 2019; the changes made to the July 1, 2019, emergency regulations will be effective 30 days after filing. The regulations implement cost containment changes to regulations related to medical assistance payments to providers.

The September 19, 2019 adopting order states that this action is not expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.195 is not required. We have made some technical corrections to conform the regulations in accordance with AS 44.62.125. The corrections are shown on the attached copy of the regulations.

SRP:sjw

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cc: Honorable Adam Crum, Commissioner  
Department of Health and Social Services  
Heather Carpenter, Deputy Director  
Department of Health and Social Services  
Triptaa Surve, Regulations Contact  
Department of Health and Social Services  
Stacie Kraly, Assistant Attorney General  
Department of Health and Social Services



AFFIDAVIT OF NOTICE OF ADOPTION  
OF EMERGENCY REGULATION  
AND FURNISHING OF ADDITIONAL INFORMATION

I, Jamie Walker, Acting Executive Director, of the Department of Health & Social Services, being sworn, state the following:

As required by AS 44.62.250, notice of the July 1, 2019, emergency changes to 7 AAC 145, 160. Medicaid Payment Rates, Cost Containment, has been given under AS 44.62.190(a) by being

- (1) published in a newspaper or trade publication;
- (2) furnished to every person who has filed a request for notice of proposed action with the state agency;
- (3) furnished to appropriate state officials;
- (4) furnished to interested persons;
- (5) furnished to the Department of Law, along with a copy of the regulation;
- (6) electronically transmitted to incumbent State of Alaska legislators;
- (7) posted on the Alaska Online Public Notice System: as required by AS 44.62.175(a)(1) and (b) and 44.62.190(a)(1)

As required by AS 44.62.190, additional regulation notice information regarding the July 1, 2019, emergency changes to the regulation described above has been furnished to interested persons and furnished to those in (2), (4) and (6) of the list above. The additional regulation notice information also has been posted on the Alaska Online Public Notice System.


Date: \_\_\_\_\_

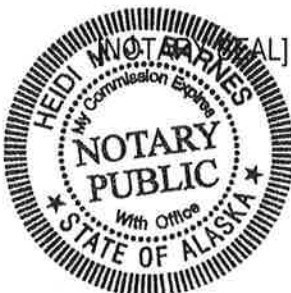
9/12/19

  
\_\_\_\_\_  
Jamie Walker,  
Acting Executive Director, Office of Rate Review

Subscribed and sworn to before me at 3601 'C' St., 978 Anchorage AK.  
on 9-12-19

(date)

  
\_\_\_\_\_  
Notary Public in and for the State of Alaska



NOTICE OF ADOPTION OF EMERGENCY REGULATION ON MEDICAID COST CONTAINMENT  
MEASURES OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES

BRIEF DESCRIPTION

The Department of Health & Social Services proposes to make permanent regulation changes made by emergency regulation on Medicaid cost containment.

On June 28, 2019, the Department of Health & Social Services adopted, as an emergency regulation, changes in Title 7 of the Alaska Administrative Code dealing with Medicaid cost containment measures related to rates for Medicaid services, including the following:

- 7 AAC 145. Medicaid Payment Rates, is proposed to be changed as follows: (1) freeze inflation for non-primary care professional services, home and community-based waiver and personal care services, community behavioral health services, and targeted case management services; and (2) reduce reimbursement rates for non-primary care professional services, personal care services, community behavioral health services, applied behavioral analysis services, and transportation & accommodation services.

The emergency regulation takes effect on July 1, 2019, and will expire October 28, 2019. The Department of Health & Social Services intends to make the emergency regulation permanent.

You may comment on the regulation changes, including the potential costs to private persons of complying with the changes, by submitting written comments to Ms. Jamie Walker, Office of Rate Review, at 3601 C Street, Suite 978, Anchorage, AK 99503. Additionally, the Department of Health & Social Services will accept comments by electronic mail at [jamie.walker@alaska.gov](mailto:jamie.walker@alaska.gov). The comments must be received not later than 5 p.m. on August 8, 2019.

You may submit written questions relevant to the proposed action to Ms. Jamie Walker, by electronic mail at [jamie.walker@alaska.gov](mailto:jamie.walker@alaska.gov) or at the State of Alaska, Department of Health & Social Services, Office of Rate Review, at 3601 C Street, Suite 978, Anchorage, AK 99503. The questions must be received at least 10 days before the end of the public comment period. The Department of Health & Social Services will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System. The Department of Health & Social Services may, but is not required to, answer written questions received after the 10-day cut-off date and before the end of the comment period.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Ms. Katherine McDonald at [katherine.mcdonald@alaska.gov](mailto:katherine.mcdonald@alaska.gov) not later than July 11, 2019, to ensure that any necessary accommodation can be provided.

A copy of the emergency regulation is available on the Alaska Online Public Notice System at <https://aws.state.ak.us/OnlinePublicNotices/Default.aspx> and by contacting Ms. Jamie Walker at [jamie.walker@alaska.gov](mailto:jamie.walker@alaska.gov) or at (907) 334-2447.

A copy of material proposed for adoption by reference is available on the Alaska Online Public Notice System and may be viewed at the agency's office at State of Alaska, Department of Health & Social Services, Office of Rate Review, 3601 C Street, Suite 978, Anchorage, AK 99503.

The language of the permanent regulations may be different from that of the original emergency regulation and may include other provisions dealing with the same subject. You should comment during the time allowed if your interests could be affected. Written comments received are public records and are subject to public inspection.

**Statutory authority:** AS 47.05.010; AS 47.05.012; AS 47.07.020; AS 47.07.030; AS 47.07.036; AS 47.07.040; AS 47.07.070; AS 47.20.060; AS 47.20.070; AS 47.20.110.

**Statutes being implemented, interpreted, or made specific:** AS 47.05.010; AS 47.05.012; AS 47.07.020; AS 47.07.030; AS 47.07.036; AS 47.07.040; AS 47.07.070; AS 47.20.060; AS 47.20.070; AS 47.20.110.

**Fiscal information:** The regulations are not expected to require an increased appropriation.

DATE: June 28, 2019.

/s/Adam Crum

Commissioner,

Department of Health & Social Services.

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services.
2. General subject of regulation: Medicaid Cost Containment- Medicaid rate reduction and inflation freeze SFY20.
3. Citation of regulation (may be grouped): 7 AAC 145, 160.
4. Department of Law file number, if any: JU2019200429.
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): The Medicaid program will be significantly underfunded in state fiscal year (SFY) 2020. The Department is initiating cost containment measures under AS 47.07.036 to preserve current services and eligibility.
6. Appropriation/Allocation: N/A
7. Estimated annual cost to comply with the proposed action to:  
A private person: Medicaid providers, with the exception of primary care professional services and federally qualified health centers, will not receive cost of living increases (inflation) to Medicaid payment rates for SFY20. Additionally, Medicaid reimbursement rates for non-primary care professional services, personal care services, community behavioral health services, transportation and accommodations services, and applied behavioral analysis services will be decreased 5% for SFY20.  
Another state agency: \$0.  
A municipality: \$0.
8. Cost of implementation to the state agency and available funding (in thousands of dollars): \$0.

	Initial Year FY _____	Subsequent 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. Jamie Walker

Title: Acting Executive Director, Office of Rate Review

Address: 3601 C Street, Suite 978, Anchorage, AK 99503

Telephone: (907) 334-2447

E-mail address: jamie.walker@alaska.gov

10. The origin of the proposed action:

☒ Staff of state agency

☐ Federal government

☐ General public

☐ Petition for regulation change<sup>7</sup>

☐ Other (identify): \_\_\_\_\_

11. Date: 6/27/19

Prepared by:   
[signature]

Name (printed): Ms. Katherine McDonald

Title (printed): Audit & Review Analyst III

Telephone: (907) 334-2644

AFFIDAVIT OF AGENCY RECORD OF PUBLIC COMMENT

I, Jamie Walker, Acting Executive Director, of the Department of Health & Social Services, being sworn, state the following:

In compliance with AS 44.62.215, the Department of Health & Social Services has kept a record of its use or rejection of factual or other substantive information that was submitted in writing as public comment and that was relevant to the accuracy, coverage, or other aspect of the Department of Health & Social Services regulation on 7 AAC 145, 160. Medicaid Payment Rates, Cost Containment.

Date:


9/12/19

  
\_\_\_\_\_  
Jamie Walker,  
Acting Executive Director, Office of Rate Review

Subscribed and sworn to before me at 3601 'C' Ste. ste 978, Anchorage AK.

on 9-12-19

(date)

  
\_\_\_\_\_  
Notary Public in and for the State of Alaska



# Department of Health and Social Services

## Chart of Waiver Services Rates

**Effective July 1, 2019**

The following are Medicaid payment rates for specified Waiver Services. This Chart does not cover all services reimbursed by Medicaid for Waiver Services. For services not covered here, the controlling regulation should be consulted (example: Specialized Medical Equipment, Environmental Modifications, or specialized Private Duty Nursing).

### Waiver Programs:

Alaskans Living Independently  
Adults with Physical and Developmental Disabilities  
Children with Complex Medical Conditions  
Intellectual and Developmental Disabilities  
Intellectual and Development Disabilities Individualized Service Waiver

ALI  
APDD  
CCMC  
IDD  
IDD-ISW

**Note: Regulatory payment restrictions such as payment limits, coverage limitations, or mutually exclusive restrictions are not addressed in this rate chart.**

Care Coordination – 7 AAC 130.240 & 7 AAC 145.520				
Service	Service Unit and Limit	Service Rate	Procedure Code	Waiver Program
Care Coordination Monthly	Per Month	\$246.79	T2022	ALI, APDD, CCMC, IDD
Care Coordination Monthly	Per Month	\$152.47	T2022 CG	IDD-ISW

Residential Supported Living (RSL) – 7 AAC 130.255 & 7 AAC 145.520- State Government owned and operated provider				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
RSL	Per day	\$162.70	T2031 CG	ALI, APDD
RSL - Acuity Add-on <sup>1</sup>	Per day	\$359.58	T2031 TG	ALI, APDD

<sup>1</sup>Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

Residential Supported Living (RSL) – 7 AAC 130.255 & 7 AAC 145.520 - Non- State Government owned and operated provider				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
RSL - 5 or fewer beds per EIN <sup>2</sup>	Per day	\$148.08	T2031 UR	ALI, APDD
RSL - 6 to 16 beds per EIN <sup>2</sup>	Per day	\$152.45	T2031 US	ALI, APDD
RSL - 17 or more beds per EIN <sup>2</sup>	Per day	\$162.70	T2031	ALI, APDD
RSL - Acuity Add-on <sup>3</sup>	Per day	\$359.58	T2031 TG	ALI, APDD

<sup>2</sup>EIN is the provider's Employer Identification Number as issued by the Internal Revenue Service. The provider's licensed assisted living beds (for all locations) must be added together to determine the code used for billing the service.

<sup>3</sup>Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

<b>Residential Habilitation – 7 AAC 130.265 &amp; 7 AAC 145.520</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Family Home Habilitation – Adult	Per Diem	\$122.93	S5140	APDD, CMCC, IDD Must be 18 or over
Family Home Habilitation – Child	Per Diem	\$153.76	S5145	CCMC, IDD Must be 17 or younger
Group Home Habilitation	Per Diem	\$324.78	T2016	APDD, CMCC, IDD Must be 18 or over
Group Home Habilitation Acuity Add-on <sup>3</sup>	Per Diem	\$359.58	T2016 TG	APDD, CMCC, IDD Must be 18 or over
Supported Living Habilitation	Residential - 15 Minute	\$10.93	T2017	APDD, CMCC, IDD, IDD-ISW Must be 18 or over
In-Home Habilitation	In home – 15 Minute	\$10.93	T2017 U4	CCMC, IDD, IDD-ISW Must be 17 or younger

<sup>3</sup>Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

<b>Respite (unskilled) – 7 AAC 130.280 &amp; 7 AAC 145.520</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Respite	Per 15 Minute	\$6.42	S5150	ALI, APDD, CCMC, IDD, IDD-ISW
Respite – Family Directed	Per 15 Minute	\$4.33	S5150 U2	CCMC, IDD, IDD-ISW
Respite	Per Day	\$307.27	S5151	ALI, APDD, CCMC, IDD, IDD-ISW
Respite – Family Directed	Per Day	\$207.75	S5151 U2	CCMC, IDD, IDD-ISW

<b>Intensive Active Treatment – 7 AAC 130.275 &amp; 7 AAC 145.520</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Time limited intervention, treatment, or therapy	Per 15 minute – local (recipient within 200 miles of provider)	\$22.94	H2011 CG	APDD, CMCC, IDD, IDD-ISW
Time limited intervention, treatment, or therapy	Per 15 minute – non-local <sup>4</sup> (recipient greater than 200 miles from provider)	\$45.89	H2011TN	APDD, CMCC, IDD, IDD-ISW

Note: Intensive Active Treatment does not include services for routine and on-going behavioral challenges or services related to administration of care through training of staff.

<sup>4</sup>Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

<b>Nursing Oversight and Care Management – 7 AAC 130.235 &amp; 7 AAC 145.520</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Oversight and Care Management	Per 15 minute – local (service within 200 miles of provider)	\$22.94	T1016 CG	CCMC, IDD
Oversight and Care Management	Per 15 minute – non-local <sup>4</sup> (recipient greater than 200 miles from provider)	\$91.17	T1016 TN	CCMC, IDD

<sup>4</sup>Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.



Various - 7 AAC 145.520 & as listed				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Day Habilitation - Individual 7 AAC 130.260	15 Minute	\$10.98	T2021	APDD, CMCC, IDD, IDD-ISW
Day Habilitation - Group 7 AAC 130.260	15 Minute	\$7.69	T2021 HQ	APDD, CMCC, IDD, IDD-ISW
Supported Employment - Individual 7 AAC 130.270	15 Minute	\$12.42	T2019	APDD, CMCC, IDD, IDD-ISW
Supported Employment - Group 7 AAC 130.270	15 Minute	\$8.70	T2019 HQ	APDD, CMCC, IDD, IDD-ISW
Pre-Employment - Individual 7 AAC 130.270	15 Minute	\$12.42	T2019 CG	APDD, CMCC, IDD, IDD-ISW
Pre-Employment - Group 7 AAC 130.270	15 Minute	\$8.70	T2019 TT	APDD, CMCC, IDD, IDD-ISW
Adult Day Service 7 AAC 130.250	Per Half Day <sup>5</sup>	\$86.21	S5101	ALI, APDD
Adult Day Service 7 AAC 130.250	15 Minute	\$5.38	S5100	ALI, APDD
Meals 7 AAC 130.295	Home Delivered Per Meal	\$22.31	S5170	ALI, APDD, CMCC, IDD
Congregate Meals 7 AAC 130.295	Per Meal	\$21.68	T2025	ALI, APDD, CMCC, IDD

<sup>5</sup>Service period must be at least one (1) hour with coverage up to four (4) hours per day. This service unit is limited to one unit per day. Adult Day Services in excess of one Per Half Day unit must be billed using the 15 minute service units

Various – Continued - 7 AAC 145.520 & as listed				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Chore 7 AAC 130.245	15 Minute	\$6.87	S5120	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip – Attendant or Escort	\$15.11	T2001 SE	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip up to 20 miles - Recipient	\$15.11	T2003	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip greater than 20 miles - Recipient	\$30.22	T2003 TN	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Paratransit provider Per Trip – Recipient <sup>6</sup>	\$30.22	T2003 CG	ALI, APDD, CMCC, IDD, IDD-ISW
Specialized private duty nursing 7 AAC 130.285	15 minute Registered Nurse	Per 7 AAC 145.250	T1002 U2	ALI, APDD, IDD Must be 21 or over
Specialized private duty nursing 7 AAC 130.285	15 minute LPN/LVN	Per 7 AAC 145.250	T1003 U2	ALI, APDD, IDD Must be 21 or over

<sup>6</sup>Paratransit providers defined under 49 CFR 37 Subpart F.

**Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the region in which the provider is located. These regional factors are based upon the designated planning regions described in Table I-1 of the *Alaska Geographic Differential Study*, Dated April 30, 2009. Rate adjustments are as follows:**

• Anchorage Region	No adj.	1.00
• Fairbanks	3%	1.03
• Parks/Elliott/Steese Highways	No adj.	1.00
• Glennallen Region	N/A	1.00
• Delta Junction/Tok Region	4%	1.04
• Roadless Interior	31%	1.31
• Mat-Su	N/A	1.00
• Kenai Peninsula	1%	1.01
• Prince William Sound	8%	1.08
• Kodiak	12%	1.12
• Arctic Region	48%	1.48
• Bethel/Dillingham	49%	1.49
• Aleutian Region	50%	1.50
• Southwest Small Communities	44%	1.44

Regional factors are weighted for all southeast communities for a 9% factor

• Juneau	N/A	1.09
• Ketchikan/Sitka	N/A	1.09
• Southeast Mid-Size Communities	N/A	1.09
• Southeast Small Communities	N/A	1.09

Department of Health and Social Services  
Chart of Personal Care Services and Community First Choice Services  
Rates

**Effective July 1, 2019**

The following are Medicaid payment rates for Personal Care Services and Community First Choice Services.

**Note: Regulatory payment restrictions such as payment limits, coverage limitations, or mutually exclusive restrictions are not addressed in this rate chart.**

<b>Personal Care Services – 7 AAC 125.010 – 7 AAC 125.199 &amp; 7 AAC 127.010 – 7 AAC 127.190 &amp; 7 AAC 145.500 &amp; 7 AAC 145.520</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Personal Care -Agency	Per 15 Minute	\$5.94	T1019	N/A
Personal Care – Consumer Directed	Per 15 Minute	\$5.94	T1019 U3	N/A
Personal Care -Agency - Community First Choice	Per 15 Minute	\$5.94	S5125	N/A
Personal Care – Consumer Directed - Community First Choice	Per 15 Minute	\$5.94	S5125 SE	N/A
Skills Building Personal Care - Community First Choice <sup>1</sup>	Per 15 Minute	\$7.97	S5108	N/A

<sup>1</sup>Skills Building Personal Care – Community First Choice can only be billed as noted in 7 AAC 127.040 (a)(3).

**Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the region in which the provider is located. These regional factors are based upon the designated planning regions described in Table I-1 of the *Alaska Geographic Differential Study*, Dated April 30, 2009. Rate adjustments are as follows:**

• Anchorage Region	No adj.	1.00
• Fairbanks	3%	1.03
• Parks/Elliott/Steese Highways	No adj.	1.00
• Glennallen Region	N/A	1.00
• Delta Junction/Tok Region	4%	1.04
• Roadless Interior	31%	1.31
• Mat-Su	N/A	1.00
• Kenai Peninsula	1%	1.01
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Regional factors are weighted for all southeast communities for a 9% factor

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• Southeast Small Communities	N/A	1.09

# ANCHORAGE DAILY NEWS

## AFFIDAVIT OF PUBLICATION

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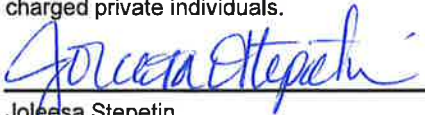
Joleesa Stepetin

being first duly sworn on oath deposes and says that he/she is a representative of the Anchorage Daily News, a daily newspaper. That said newspaper has been approved by the Third Judicial Court, Anchorage, Alaska, and it now and has been published in the English language continually as a daily newspaper in Anchorage, Alaska, and it is now and during all said time was printed in an office maintained at the aforesaid place of publication of said newspaper. That the annexed is a copy of an advertisement as it was published in regular issues (and not in supplemental form) of said newspaper on

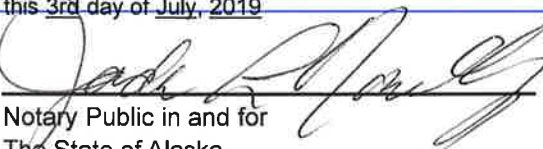
July 02, 2019

and that such newspaper was regularly distributed to its subscribers during all of said period. That the full amount of the fee charged for the foregoing publication is not in excess of the rate charged private individuals.

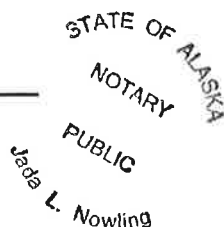
Signed

  
Joleesa Stepetin

Subscribed and sworn to before me  
this 3rd day of July, 2019

  
Notary Public in and for  
The State of Alaska.  
Third Division  
Anchorage, Alaska

MY COMMISSION EXPIRES

7/14/2020  


### NOTICE OF ADOPTION OF EMERGENCY REGULATION ON MEDICAID COST CONTAINMENT MEASURES OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES

On June 28, 2019, the Department of Health & Social Services adopted, as an emergency regulation, changes in Title 7 of the Alaska Administrative Code dealing with Medicaid cost containment measures related to rates for Medicaid services, including the following:

- 7 AAC 145. Medicaid Payment Rates, is proposed to be changed as follows: (1) freeze inflation for non-primary care professional services, home and community-based waiver and personal care services, community behavioral health services, and targeted case management services; and (2) reduce reimbursement rates for non-primary care professional services, home and community based waiver and personal care services, community behavioral health services, applied behavioral analysis services, and transportation & accommodation services.

The emergency regulation takes effect on July 1, 2019, and will expire October 28, 2019. The Department of Health & Social Services intends to make the emergency regulation permanent.

You may comment on the regulation changes, including the potential costs to private persons of complying with the changes, by submitting written comments to Ms. Jamie Walker, Office of Rate Review, at 3601 C Street, Suite 978, Anchorage, AK 99503. Additionally, the Department of Health & Social Services will accept comments by electronic mail at [jamie.walker@alaska.gov](mailto:jamie.walker@alaska.gov). The comments must be received not later than 5 p.m. on August 8, 2019.

You may submit written questions relevant to the proposed action to Ms. Jamie Walker, by electronic mail at [jamie.walker@alaska.gov](mailto:jamie.walker@alaska.gov) or at the State of Alaska, Department of Health & Social Services, Office of Rate Review, at 3601 C Street, Suite 978, Anchorage, AK 99503. The questions must be received at least 10 days before the end of the public comment period. The Department of Health & Social Services will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System. The Department of Health & Social Services may, but is not required to, answer written questions received after the 10-day cut-off date and before the end of the comment period.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Ms. Katherine McDonald at [katherine.mcdonald@alaska.gov](mailto:katherine.mcdonald@alaska.gov) not later than July 11, 2019, to ensure that any necessary accommodation can be provided.

A copy of the emergency regulation is available on the Alaska Online Public Notice System at <https://aws.state.ak.us/OnlinePublicNotices/Default.aspx> and by

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