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**OFFICE OF THE LIEUTENANT GOVERNOR
ALASKA**

MEMORANDUM

TO: Triptaa Surve
Department of Health and Social Services

FROM: April Simpson, Office of the Lieutenant Governor
465.4081 

DATE: October 1, 2019

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

Emergency Regulations being made permanent re: Prospective Payment System (7 AAC 150, 160)

Attorney General File:	2019200430
Regulation Filed:	10/1/2019
Effective Date:	7/1/2019 (Emergency regulations being made permanent)
Print:	232, January 2020

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

CERTIFICATION OF COMPLIANCE

I, Heather Carpenter, Deputy Director, 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 150, 160, 190. Prospective Payment System, 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: 9/12/2019

Heather R. Carpenter
Heather Carpenter, Deputy Director

FILING CERTIFICATION

I, Kevin Meyer, Lieutenant Governor for the State of Alaska, certify that on Oct. 1, 2019, at 9:48 Am., I filed the attached regulation according to the provisions of AS 44.62.

Kevin Meyer
Lieutenant Governor

Register: 232, January 2020.

LIMITED DELEGATION OF AUTHORITY FOR ADOPTING REGULATIONS

Under as 44.17.010, I delegate the authority and responsibility for adopting regulations of the Department of Health and Social Services under the Alaska Administrative Procedure Act to Heather Carpenter, Deputy Director, Department of Health and Social Services when I am out of the state or otherwise unavailable. This Delegation of Authority will remain in effect until modified or revoked by a subsequent delegation. This Delegation supersedes and revokes all delegations preceding it.

Date: 8/28/19


Adam Crum,
Commissioner,
Department of Health & Social Services

Subscribed and sworn to before me at Anchorage Alaska on

8/28/19
[date]


Notary Public in and for the State of Alaska



The emergency amendment to 7 AAC 150.150 is made permanent to read:

(h) For state fiscal year 2020, the department will not adjust for inflation, the noncapital or capital components of the payment rate. A facility licensed as a Critical Access Hospital (CAH) through the State of Alaska, Division of Health Care Services, *Health Facilities Licensing Certification List*, revised February 28, 2019, will be exempt from this provision. (Eff. 2/1/2010, Register 193; am 10/1/2017, Register 223; am 7 / 1 / 2019, Register 231)

Authority: AS 47.05.010 AS 47.07.071 AS 47.07.073
AS 47.07.070

The emergency amendment to 7 AAC 150.160(b) is made permanent to read:

(b) The department will express the inpatient hospital payment rate for general acute care, specialty, and inpatient psychiatric hospitals as a per-day rate. The per-day inpatient hospital payment rate will be based on allowable costs calculated from the appropriate base year adjusted Medicare cost report as follows:

• • •

(11) in state fiscal year 2020, the payment rate will be set at 95 percent of the rate calculated in (1) – (9) of this subsection; a facility licensed as a Critical Access Hospital (CAH) through the State of Alaska, Division of Health Care Services, *Health Facilities Licensing Certification List*, revised February 28, 2019, will be exempt from this provision and will be reimbursed at 100 percent of the rate calculated in (1) – (9) of this subsection.

The emergency amendment to 7 AAC 150.160(c) is made permanent to read:

(c) The department will express outpatient general acute care hospital payment rates as a percentage of charges calculated as follows:

...

(8) in state fiscal year 2020, the payment rate will be set at 95 percent of the rate calculated in (1) – (6) of this subsection; a facility licensed as a Critical Access Hospital (CAH) through the State of Alaska, Division of Health Care Services, Health Facilities Licensing Certification List, revised February 28, 2019, will be exempt from this provision and will be reimbursed at 100 percent of the rate calculated in (1) – (6) of this subsection.

The emergency amendment to 7 AAC 150.160(h) is made permanent to read:

(h) The department will determine a rate of payment for ambulatory surgical centers based on the federal Medicare ambulatory surgical center payment rates for federal fiscal year 2000, adopted by reference in 7 AAC 160.900, and as adjusted annually by the adjustment factors in 7 AAC 150.150. In state fiscal year 2020, the payment rate is 95 percent of the rate calculated in this subsection.

(Eff. 2/1/2010, Register 193; am 10/1/2017, Register 223; am 11/10/2018, Register 228;

am 7 / 1 / 2019, Register 231)

Authority: AS 47.05.010 AS 47.07.070

The emergency amendment to 7 AAC 150.190(g)(3) is made permanent to read:

(1) a first year payment rate for long-term care will be expressed as a per-day rate as calculated in 7 AAC 150.160(e); for each complete fiscal year of the small facility that begins during the period after the first payment year of the rate agreement made under (d) of this section

and that ends at the expiration of the rate agreement, the first year payment rate will be increased by updating the noncapital portion of the payment rate annually at the rate of three percent per year and by updating the capital portion of the payment rate annually at the rate of 1.1 percent per year; for state fiscal year 2020, the inflation referenced in this paragraph will not be applied; (Eff. 2/1/2010, Register 193; am 10/1/2017, Register 223; am 7 / 1 / 2019 Register 231)

Authority: AS 47.05.010 AS 47.07.071 AS 47.07.073

AS 47.07.070

MEMORANDUM

State of Alaska Department of Law

To: The Honorable Kevin Meyer
Lieutenant Governor

Date: September 19, 2019

File No.: 2019200430

Tel. No.: 465-3600

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

Re: Emergency Regulations being
made permanent re: 7 AAC 150,
160: Prospective Payment System

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 without change. The regulations implement a freeze to inflation adjustments for medical assistance payments in response to fiscal constraints.

The June 26, 2019 adoption 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.

SRP:srp

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

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 150. Prospective Payment System; Other Payment, is proposed to be changed as follows: Apply inflationary freeze and rate reductions on select Medicaid reimbursement rates.

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. 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 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. Christine Goetz at christine.goetz@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 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 47.07.070; AS 47.07.071; AS 47.07.073.

Statutes being implemented, interpreted, or made specific: AS 47.05.010; AS 47.07.070; AS 47.07.071; AS 47.07.073.

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 150, 160, 190.
4. Department of Law file number, if any: JU2019200430
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
 - (X) 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 inpatient hospitals not licensed as a critical access hospital, long-term care facilities, or ambulatory surgical centers, will not receive cost of living increases (inflation) to Medicaid payment rates. If a Medicaid hospital is not licensed as a critical access hospital, the inpatient and outpatient rates will be reimbursed at 95 percent. Ambulatory surgical centers will also be reimbursed at 95 percent.

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 change⁷

☐ Other (identify): _____

11. Date: 6/14/19

Prepared by: Christine Goetz
[signature]

Name (printed): Ms. Christine Goetz

Title (printed): Audit & Review Analyst III

Telephone: (907) 334-2476

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 150, 160, 190. Prospective Payment System, 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

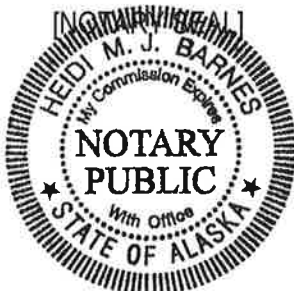
Subscribed and sworn to before me at 3601 'C' Street Ste 978 Anchorage Ak.

on _____

9-12-19

(date)

Notary Public in and for the State of Alaska



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 150, 160, 190. Prospective Payment System, Cost Containment.

Date: 9/12/19



Jamie Walker,
Acting Executive Director, Office of Rate Review

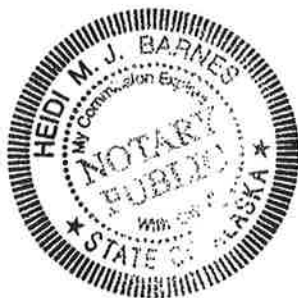
Subscribed and sworn to before me at 3601 'C' Street, Ste 978, Anch. AK.
on 9-12-19

(date)



Notary Public in and for the State of Alaska

[NOTARY SEAL]



Additional Adopted By Reference Documents for EMERGENCY REGULATIONS Medicaid Payment Rates, Cost Containment

Below is a list of additional items that have their effective dates updated in 7 AAC 160.900.

- 1) Residential Behavioral Rehabilitation Services Handbook, 2019 Edition at <http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/RBRS%20Documents/BRS%20Handbook%202019.pdf>
- 2) Medicaid Procedure Codes and Rates – Autism Services, dated May 1, 2018 at: <http://dhss.alaska.gov/dbh/Documents/Medicaid%20Related/AutismServicesMedicaidProcedureCodeRatesMay2018.pdf>
- 3) State Fiscal Year 2019 CPT Fee Schedule for Chiropractic Services, revised as of August 24, 2018 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Chiropractic_SFY2019.pdf
- 4) State Fiscal Year 2019 CDT Fee Schedule for Dental Services for Children, State Fiscal Year 2019 CDT Fee Schedule; Emergent Adult Dental Services, State Fiscal Year 2019 CDT Fee Schedule: Prosthodontic Adult Dental Services, and State Fiscal Year 2019 CDT Fee Schedule: Enhanced Adult Dental Services, all revised as of April 19, 2019 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Dental_SFY2019.pdf
- 5) State Fiscal Year 2019 CPT Fee Schedule for Direct Entry Midwife Services and State Fiscal Year 2019 HCPC Fee Schedule for Direct Entry Midwife Services, revised as of November 26, 2018 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Direct_Entry_Midwife_SFY2019.pdf
- 6) State Fiscal Year 2019 CPT Fee Schedule for Audiology Services, Tables I-2(a), I-2(b), and I-3 revised as of January 15, 2019 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Audiology_SFY2019.pdf
- 7) 2019 CDT Fee Schedule for Home Infusion Therapy Services, Tables I-3(a) and I-3(b) revised as of September 10, 2018 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Home_Infusion_Therapy_SFY2019.pdf
- 8) 2019 HCPC Fee Schedule for Incontinence Supplies, Table I-1, revised as of September 10, 2018 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_DME_Incontinence_SFY2019.pdf
- 9) State Fiscal Year 2019 CPT Fee Schedule for Occupational Therapy Services and State Fiscal Year 2019 HCPC Fee Schedule for Occupational Therapy Services, revised as of January 22, 2019 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Therapies_Matrix_SFY2019.pdf
- 10) State Fiscal Year 2019 CDT Fee Schedule for Outpatient Therapy Services and State Fiscal Year 2019 HCPC Fee Schedule for Outpatient Therapy Services revised January 22, 2019 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Therapies_Matrix_SFY2019.pdf
- 11) State Fiscal Year 2019 CDT Fee Schedule for Independent Physical Therapists and State Fiscal Year 2019 HCPC Fee Schedule for Independent Physical Therapists, revised January 22, 2019 at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Therapies_Matrix_SFY2019.pdf

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.

Personal Care Services – 7 AAC 125.010 – 7 AAC 125.199 & 7 AAC 127.010 – 7 AAC 127.190 & 7 AAC 145.500 & 7 AAC 145.520				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
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 ¹	Per 15 Minute	\$7.97	S5108	N/A

¹Skills 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
• 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 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	ALI
Adults with Physical and Developmental Disabilities	APDD
Children with Complex Medical Conditions	CCMC
Intellectual and Developmental Disabilities	IDD
Intellectual and Development Disabilities Individualized Service Waiver	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 ¹	Per day	\$359.58	T2031 TG	ALI, APDD

¹Per 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 ²	Per day	\$148.08	T2031 UR	ALI, APDD
RSL - 6 to 16 beds per EIN ²	Per day	\$152.45	T2031 US	ALI, APDD
RSL - 17 or more beds per EIN ²	Per day	\$162.70	T2031	ALI, APDD
RSL Acuity Add-on ³	Per day	\$359.58	T2031 TG	ALI, APDD

²EIN 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.

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

Residential Habilitation – 7 AAC 130.265 & 7 AAC 145.520				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
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 ³	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

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

Respite (unskilled) – 7 AAC 130.280 & 7 AAC 145.520				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
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

Intensive Active Treatment – 7 AAC 130.275 & 7 AAC 145.520				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
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 ⁴ (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 though training of staff.

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

Nursing Oversight and Care Management – 7 AAC 130.235 & 7 AAC 145.520				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
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 ⁴ (recipient greater than 200 miles from provider)	\$91.17	T1016 TN	CCMC, IDD

⁴Non-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 ⁵	\$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

⁵Service 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 ⁶	\$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

⁶Paratransit 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

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STATE OF ALASKA
THIRD JUDICIAL DISTRICT

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

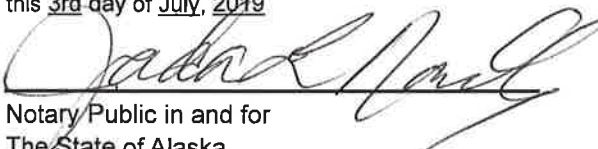
July 02, 2019

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

STATE OF ALASKA
NOTARY
PUBLIC
Jada L. Nowling

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 150. Prospective Payment System; Other Payment, is proposed to be changed as follows: Apply inflationary freeze and rate reductions on select Medicaid reimbursement rates.

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. 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 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. Christine Goetz at christine.goetz@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 or at (907) 334-2447.

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 47.07.070; AS 47.07.071;

