

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))<sup>1</sup>

1. Adopting agency: Department of Health & Social Services (DHSS)
2. General subject of regulation: Moving chore services from Medicaid Coverage, Home & Community-Based Waiver Services, to Community First Choice Personal Care Services.
3. Citation of regulation (may be grouped): 7 AAC 127.025, .040, .050, .087; 7 AAC 130.206, .220, .245, .255, .265; 7 AAC 160.900.
4. Department of Law file number, if any: 2019200641
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): DHSS/SOA cost reductions.
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 FY 19____	Subsequent 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:  
Name: Jetta Whittaker  
Title: Health Program Manager III  
Address: 240 Main Street, Suite 600, Juneau, AK 99801  
Telephone: (907) 464-1605  
E-mail address: jetta.whittaker@alaska.gov

10. The origin of the proposed action:  
☒ Staff of state agency  
☐ Federal government  
☐ General public  
☐ Petition for regulation change  
☐ Other (identify): \_\_\_\_\_

11. Date: 1/10/20

Prepared by: Jetta Whittaker

[signature]

Name (printed): Jetta Whittaker

Title (printed): Health Program Manager III

Telephone: 405-1605