ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))¹

- 1. Adopting agency: <u>Department of Health & Social Services (DHSS)</u>
- 2. General subject of regulation: <u>Streamlining the assessment process for nursing facility level of care</u> <u>determinations for waiver services.</u>
- 3. Citation of regulation (may be grouped): 7 AAC 130, 7 AAC 160.900.
- 4. Department of Law file number, if any: 2020200487
- 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): <u>DHSS budget reductions that affect the process for making eligibility</u> <u>determinations.</u>
- 6. Appropriation/Allocation: <u>Medicaid Services/Senior & Disabilities Services</u>
- 7. Estimated annual cost to comply with the proposed action to: A private person: <u>\$0</u> Another state agency:<u>\$0</u> A municipality:<u>\$0</u>
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars): None.

	Initial Year	Subsequent
	FY 2021	Years
Operating Cost	\$ <u>0</u>	\$ <u>0</u>
Capital Cost	\$ <u>0</u>	\$ <u>0</u>
1002 Federal receipts	\$	\$
1003 General fund match	\$	\$
1004 General fund	\$	\$
1005 General fund/		
program	\$	\$
Other (identify)	\$ <u>0</u>	\$ <u>0</u>

- The name of the contact person for the regulation: Name: <u>Jetta Whittaker</u> Title: <u>Health Program Manager III</u> Address: <u>240 Main Street, Suite 600, Juneau, AK 99801</u> Telephone: <u>(907) 464-1605</u> E-mail address: <u>jetta.whittaker@alaska.gov</u>
- 10. The origin of the proposed action:
 - __X__ Staff of state agency
 - _____ Federal government
 - _____ General public
 - _____ Petition for regulation change
 - _____ Other (identify):______

11. Date & Prepared by:_____

[signature] Name (printed): Jetta Whittaker Title (printed): Health Program Manager III Telephone: (907) 465-1605