

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Home Health Agency Licensure Requirements and Medicaid Coverage, specifically, 7 AAC 12. Facilities and Local Units; 7 AAC 125. Medicaid Coverage; Personal Care Services and Home Health Care Services (7 AAC 125.310. Home health care services, and 7 AAC 125.320. Requirements for home health care services).
3. Citation of regulation (may be grouped): 7 AAC 12, 125.
4. Department of Law file number, if any: 2020200541
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): Comply with Section 3708 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that allows, on a permanent basis, advanced practice registered nurses and physician assistants to certify need for, and oversee, plans of care.
 - () Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify): _____
 - (X) Development of program standards
 - (X) Other (identify): Align DHSS regulations with professional scopes of practice.
6. Appropriation/Allocation: Department of Health and Social Services/Health Care Services/Medical Assistance Administration
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 _____	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. Susan Miller Dunkin
Title: Medicaid Program Specialist IV
Address: 4501 Business Park Blvd., Bldg. L, Anchorage, AK 99503.
Telephone: (907) 269-3638 or (907) 310-2769
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): _____

11. Date & Prepared by: _____
[signature]
Name (printed): Susan Miller Dunkin
Title (printed): Medicaid Program Specialist IV
Telephone: (907) 269-3638 or (907) 310-2769