

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

1. Adopting agency: Department of Health & Social Services (DHSS)
2. General subject of regulation: Medicaid Employment Services Coverage (7 AAC 130, 160), specifically, 7 AAC 130. Medicaid Coverage; Home and Community-Based Waiver Services, and 7 AAC 160.900. Medicaid Program; General Provisions. Requirements adopted by reference.
3. Citation of regulation (may be grouped): 7 AAC 130, 160.
4. Department of Law file number, if any: 2021200009
5. Reason for the proposed action:
☐ Compliance with federal law or action (identify):
☒ Compliance with new or changed state statute: Comply with and implement requirements of AS 23.15.095 - Gainful employment of individuals with disabilities.
☐ Compliance with federal or state court decision (identify): _____
☐ Development of program standards
☐ Other (identify): _____
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 2021____	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 & Prepared by: _____
[signature]
Name (printed): Jetta Whittaker
Title (printed): Health Program Manager III
Telephone: (907) 465-1605