

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid, Transfer Cost-of-Care Liability Collection, specifically, 7 AAC 100.552. Medicaid Eligibility. Payment of recipient's cost-of-care liability.
3. Citation of regulation (may be grouped): 7 AAC 100.552
4. Department of Law file number, if any: 2021200066
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): Conform the cost-of-care amount (CoCA) collection process with the Centers for Medicare & Medicaid Services' (CMS) interpretation of 42 C.F.R 435.
 - () Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify): _____
 - () Development of program standards
 - () Other (identify) _____
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	Subsequent
	FY _____	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

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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

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