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>Level-of-Care Determination for Intermediate Care Facilities for</u> <u>Individuals with Intellectual Disabilities, Home and Community-Based Waiver Services, and</u> <u>Community First Choice Services.</u>
- 3. Citation of regulation (may be grouped): 7 AAC 127, 130, 140.
- 4. Department of Law file number, if any: <u>2021200496.</u>
- 5. Reason for the proposed action:
 - () Compliance with federal law or action (identify):
 - () Compliance with new or changed state statute (identify) : _____
 - () Compliance with federal or state court decision (identify):
 - () Development of program standards
 - Other (identify): <u>Align the level-of-care determination process with the (1) current practice for</u> <u>home and community-based waiver services waivers; (2) intermediate care facilities for</u> <u>individuals with intellectual disabilities services; and (3) federal definition of developmental</u> <u>and intellectual disability.</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	\$ <u></u>	\$ <u></u>
1003 General fund match	\$	\$
1004 General fund	\$	\$
1005 General fund/		
program	\$	\$
Other (identify)	\$ <u>0</u>	\$ <u>0</u>

- 9. 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) 465-1605</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