

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 Coverage, Waiver Services, COVID Flexibilities Made Permanent.
3. Citation of regulation (may be grouped): 7 AAC 110, 125, 130, 160.
4. Department of Law file number, if any: 2021200495
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
 - (X) Other (identify): During the COVID pandemic, DHSS sought, and the Centers for Medicare & Medicaid (CMS) approved, flexibilities in implementing approved waiver and personal care services conditions, with suspension of corresponding state regulations. Some of these flexibilities proved to be very useful or successful. Thus, DHSS proposes to amend regulations to make the temporary flexibilities permanent.
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	<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	<u>\$</u>	<u>\$</u>
1004 General fund	<u>\$</u>	<u>\$</u>
1005 General fund/ program	<u>\$</u>	<u>\$</u>
Other (identify)	<u>\$0</u>	<u>\$0</u>

9. The name of the contact person for the regulation:
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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
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