

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health (DOH)
2. General subject of regulation: Medicaid Electronic Visit Verification (EVV) Requirements for Home Health Care & Specialized Private-Duty Nursing Services.
3. Citation of regulation (may be grouped): 7 AAC 105, 125, 130.
4. Department of Law file number, if any: 2022200287.
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): Section 12006(a) of the 21st Century Cures Act (see <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>).
 - () Compliance with new or changed state statute (identify): _____
 - () Compliance with federal or state court decision (identify): _____
 - () Development of program standards
 - () Other (identify): _____
6. Appropriation/Allocation: Department of Health/Medicaid Services/Medicaid 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 2023_____	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:
Name: Jetta Whittaker

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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
- Telephone: (907) 465-1605