ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: <u>Department of Health.</u>
- 2. General subject of regulation: <u>Medicaid coverage for employment services related to home and community-based waiver services</u>.
- 3. Citation of regulation (may be grouped): 7 AAC 130.270, 160.900.
- 4. Department of Law file number, if any: 2024200284.
- 5. Reason for the proposed action:
 - () Compliance with federal law or action (identify):
 - () Compliance with new or changed state statute.
 - () Compliance with federal or state court decision (identify):
 - (X) Development of program standards.
 - (X) Other (identify): Current regulations require an <u>employment service provider to complete specific</u> <u>training and certification requirements</u>. The required training and certification, however, is expensive and limited in capacity and availability. The COVID-related public health emergency allowed flexibility in employment services provider training and certification requirements. The allowed flexibilities are scheduled to end on July 1, 2024. The proposed regulations will change current regulation to increase options for an employment service provider to fulfill the training and certification requirements.
- 6. Appropriation/Allocation: <u>Senior and Disabilities Services/Senior and Disabilities Services Administration;</u> OMB Component Number: 2663.
- 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):

	Initial Year	Subsequent
	FY	Years
Operating Cost	\$ <u>0.</u>	\$ <u>0.</u>
Capital Cost	\$ <u>0.</u>	\$ <u>0.</u>
1002 Federal receipts	\$ <u>0.</u>	\$ <u>0.</u>
1003 General fund match	\$ <u>0.</u>	\$ <u>0.</u>
1004 General fund	\$ <u>0.</u>	\$ <u>0.</u>
1005 General fund/		
program	\$ <u>0.</u>	\$ <u>0.</u>
Other (identify)	\$ <u>0.</u>	\$ <u>0.</u>

- 9. The name of the contact person for the regulation: Name: <u>Jenny Murray.</u> Title: <u>Health Program Manager II.</u> Address: <u>1835 Bragaw Street, Suite 350, Anchorage, AK 99508.</u> Telephone: <u>(907) 269-3641.</u> E-mail address: <u>jenny.murray@alaska.gov</u>.
- 10. The origin of the proposed action:
 - __X__ Staff of state agency
 - _____ Federal government
 - _____ General public
 - _____ Petition for regulation change⁷
 - _____ Other (identify):_____
- 11. Date & DOH Division Project Lead:_

[e-signature] Name (printed): <u>Jenny Murray.</u> Title (printed): <u>Health Program Manager II.</u> Telephone: <u>(907) 269-3641.</u>