

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Residential Child Care Licensing Exemption for Foster Care Licensee Providing Home and Community-Based Waiver (HCBW) Services.
3. Citation of regulation (may be grouped): 7 AAC 50.010.
4. Department of Law file number, if any: 2024200486.
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): DOH received Centers for Medicare & Medicaid Services (CMS) approval to add a home and community-based waiver (HCBW) service for children with complex needs. A foster care home will need to hire outside staff to provide this service under 7 AAC 130.265. An entity that employs staff to provide 24-hour care to minors who do not reside with their parents or guardians is considered a residential child care facility (RCCF). The proposed change will exempt a licensed foster care home from RCCF licensure requirements, and allow a licensed foster care home to provide HCBW habilitation services to children with complex care needs without getting a license to operate as a RCCF.
6. Appropriation/Allocation: Senior and Disabilities Services; Senior and Disabilities Services Administration; OMB Component Number: 2663.
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 _____	Subsequent Years
Operating Cost	\$0 _____	\$0 _____
Capital Cost	\$0 _____	\$0 _____
1002 Federal receipts	\$0 _____	\$0 _____
1003 General fund match	\$0 _____	\$0 _____
1004 General fund	\$0 _____	\$0 _____
1005 General fund/ program	\$0 _____	\$0 _____
Other (identify)	\$0 _____	\$0 _____

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.<sup>7</sup>  
 Other (identify): \_\_\_\_\_

11. Date & DOH Division Project Lead: \_\_\_\_\_  
[e-signature]  
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