

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Coverage & Payment for Specialized Group Home and Family Home Habilitation Services.
3. Citation of regulation (may be grouped): 7 AAC 130, 7 AAC 145, 7 AAC 160.
4. Department of Law file number, if any: 2025200430.
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.
 - () Other (identify): _____
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:
 - Name: Jordyn Grant.
 - Title: Health Program Manager III.
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10. The origin of the proposed action:
 Staff of state agency.
 Federal government.
 General public.
 Petition for regulation change.⁷
 Other (identify): _____

11. Date & Prepared by: _____

[e-signature]

Name (printed): Triptaa Surve, J.D., M.P.H.

Title (printed): Project Coordinator, Department of Health.

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