ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.

2. General subject of regulation: Assessment tools for personal care services (PCS), Community First Choice (CFC), and home and community-based waiver (HCBW) services.

3. Citation of regulation (may be grouped): 7 AAC 125; 7 AAC 127; 7 AAC 130; 7 AAC 160.900.

4. Department of Law file number, if any: 2026200182.

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):

	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: Ellen Hackenmueller

Title: Health Program Manager II.
Address: 1835 Bragaw Street, Suite 350, Anchorage, AK 99508.
Telephone: (907) 269-3666.
E-mail address: ellen.hackenmueller@alaska.gov .

10. The origin of the proposed action:
__X__ Staff of state agency.
_____ Federal government.
_____ General public.
_____ Petition for regulation change.[7]
_____ Other (identify):

11. Date & Prepared by: Triptaa Surve Digitally signed by Triptaa Surve Date: 2026.11.09 18:53:18 -09'00'

[e-signature]

Name (printed): Triptaa Surve, J.D., M.P.H.
Title (printed): Project Coordinator, Department of Health.
E-Mail: triptaa.surve@alaska.gov .