Fiscal Note

State of Alaska 2025 Legislative Session

0493-DOH-MS-01-24-25

COMPLEX CARE RESIDENTIAL HOMES

RLS BY REQUEST OF THE GOVERNOR

Identifier:

Sponsor:

Requester: Governor

Expenditures/Revenues

Title:

Bill Version:	HB 73
Fiscal Note Number:	3
(H) Publish Date:	1/27/2025

Department: Department of Health

Appropriation: Medicaid Services Allocation: **Medicaid Services**

OMB Component Number: 3234

Note: Amounts do not include in	oflation unless of	otherwise noted	below.			(Thousand	ls of Dollars)	
		Included in						
	FY2026	Governor's						
	Appropriation	FY2026		Out-Y	ear Cost Estima	ates		
	Requested	Request						
OPERATING EXPENDITURES	FY 2026	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Fund Source (Operating Only))							
None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Positions								
Full-time								
Part-time								
Temporary								
Change in Revenues								
Change in Revenues	1							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Estimated SUPPLEMENTAL (I		010						
•					upplemental appropriation required)			
Estimated CAPITAL (FY2026)			0.0 (separate capital appropriation required)					
Does the bill create or modify			No					
(Supplemental/Capital/New Fun	id - discuss rea	sons and fund s	source(s) in ana	alysis section)				
ASSOCIATED REGULATIONS								
Does the bill direct, or will the bi		lation changes	adopted by you	ir agency?	Yes			
If yes, by what date are the regulations to be adopted, amended or re				07/01/31				
		•	•		01/01/01			
Why this fiscal note differs fro	om previous ve	ersion/commer	nts:					

Not applicable, initial version.

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Division:	Medicaid Services	Date:	01/21/2025 03:00 PM
Approved By:	Pam Halloran	Date:	01/24/25
Agency:	Department of Health	_	

STATE OF ALASKA 2025 LEGISLATIVE SESSION

Analysis

This bill establishes a new health facility licensing category for Complex Care Residential Homes (CCRHs), addressing a critical gap in Alaska's care continuum for individuals with complex needs. The CCRHs will provide long-term, multidisciplinary care in a structured and supportive residential environment for individuals with severe emotional, behavioral, cognitive disorders, but who do not qualify for traditional intermediate care facilities (ICFs). The CCRHs will accommodate fewer than 15 residents.

Currently, Alaska lacks a statutory mechanism to support facilities tailored to meet these needs. Many individuals with complex needs such as severe and persistent mental illness or other co-occurring disorders are placed in assisted living homes, Psychiatric Residential Treatment Facilities (PRTFs), or acute psychiatric hospitals like the Alaska Psychiatric Institute (API). This bill introduces a solution for both adults and children by bridging the gap between higher-acuity inpatient settings like PRTFs and home-based care, providing a safe and supportive intermediary option that promotes long-term stabilization and community reintegration.

The CCRHs will serve several subpopulations, including children who have cycled through PRTFs and who struggle to transition directly to home settings, adults with severe behavioral health needs exceeding the scope of existing community programs, and individuals with dementia exhibiting behaviors unsuitable for traditional long-term care options. These homes will provide services equivalent to those of ICFs but for individuals who do not have a qualifying disability, ensuring a comprehensive system of care.

Many individuals who would be served by CCRHs are already accessing residential or facility-based services. In some cases, CCRH services may be more cost-effective than current options, while in others, they may be more expensive. As such, the department estimates a net zero cost impact.

New regulations will need to be developed for this facility type. Regulations must be effective by July 1, 2031, but it is expected the department will receive Centers for Medicare and Medicaid Services (CMS) approval prior to that date, allowing establishment of CCRH's to occur at that time.

(Revised 9/6/24 OMB/LFD)

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