

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version:	SB 76
Fiscal Note Number:	3
(S) Publish Date:	1/27/2025

Identifier: 0493-DOH-MS-01-24-25
 Title: COMPLEX CARE RESIDENTIAL HOMES
 Sponsor: RLS BY REQUEST OF THE GOVERNOR
 Requester: Governor

Department: Department of Health
 Appropriation: Medicaid Services
 Allocation: Medicaid Services
 OMB Component Number: 3234

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2026	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2026 Request	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
OPERATING EXPENDITURES	FY 2026	FY 2026					
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

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2026) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**
 If yes, by what date are the regulations to be adopted, amended or repealed? **07/01/31**

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By:	Terra Serpette, Division Operations Manager	Phone:	(907)465-6333
Division:	Medicaid Services	Date:	01/21/2025 03:00 PM
Approved By:	Pam Halloran	Date:	01/24/25
Agency:	Department of Health		

FISCAL NOTE ANALYSIS

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.