

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))<sup>1</sup>

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Opioid Treatment Program Requirements/Behavioral Health Services, Medicaid Coverage, Medicaid Program
3. Citation of regulation (may be grouped): 7 AAC 33, 7 AAC 70, 7 AAC 135, 7 AAC 160
4. Department of Law file number, if any: JU2016200745
5. Reason for the proposed action:  
☒ ( X ) Compliance with federal law or action (identify): 42 CFR, Part 8  
☐ ( ) Compliance with new or changed state statute  
☐ ( ) Compliance with federal or state court decision (identify): \_\_\_\_\_  
☐ ( ) Development of program standards  
☐ ( ) Other (identify): \_\_\_\_\_
6. Appropriation/Allocation: N/A
7. Estimated annual cost to comply with the proposed action to: None.  
  
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<br>FY <u>17</u> | Subsequent<br>Years |
|-------------------------------|------------------------------|---------------------|
| Operating Cost                | \$ <u>-0-</u>                | \$ <u>-0-</u>       |
| Capital Cost                  | \$ <u>-0-</u>                | \$ <u>-0-</u>       |
| 1002 Federal receipts         | \$ <u>-0-</u>                | \$ <u>-0-</u>       |
| 1003 General fund match       | \$ <u>-0-</u>                | \$ <u>-0-</u>       |
| 1004 General fund             | \$ <u>-0-</u>                | \$ <u>-0-</u>       |
| 1005 General fund/<br>program | \$ <u>-0-</u>                | \$ <u>-0-</u>       |
| Other (identify)              | \$ _____                     | \$ _____            |

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  
☐ Other (identify): \_\_\_\_\_

11. Date: Oct 7, 2016

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