

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))¹

1. Adopting agency: Department of Health and Social Services
2. General subject of regulation: Revised service criteria for Recipient Support Services
3. Citation of regulation (may be grouped): 7 AAC 135.230; 7 AAC 135.990.
4. Department of Law file number, if any: JU2016200888
5. Reason for the proposed action:
☒ (X) Compliance with federal law or action (identify): CMS request to clarify service criteria.
☐ () Compliance with new or changed state statute
☐ () Compliance with federal or state court decision (identify): _____
☐ () Development of program standards
☐ () Other (identify): _____
6. Appropriation/Allocation: None (Revisions expected to result in savings to State GF Match).
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	Subsequent
	FY <u>17</u>	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/ program	\$ <u>-0-</u>	\$ <u>-0-</u>
Other (identify)	\$ <u>-0-</u>	\$ <u>-0-</u>
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: 11.1.16

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