

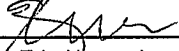
**FISCAL NOTE<sup>1</sup>**Agency: Department of Health and Social ServicesAppropriation/Allocation: Medicaid Services/Health Care Medicaid ServicesGeneral subject of regulation: DMEPOS SFY17 Fee Schedule – Medicaid Coverage and PaymentCitation of regulation: 7 AAC 120, 145, 160; 7 AAC 160.900Estimated appropriations required (in thousands of dollars) \$400,000 annual**Expenditures/Revenues**

	FY 17 Appropriation Requested	(Thousands of Dollars)	
OPERATING EXPENDITURES	FY17*	FY 18	FY 19
Personal Services			
Travel			
Services			
Commodities			
Capital Outlay			
Grants & Benefits	\$300	\$400	\$400
Miscellaneous			
<b>TOTAL OPERATING</b>			

FUNDING SOURCE		(Thousands of Dollars)		
1002	Federal Receipts	\$150	\$200	\$200
1003	General Fund Match	\$150	\$200	\$200
1004	General Fund			
1005	General Fund/Program			

POSITIONS				
Full-time				
Part-time				
Temporary				

CHANGE IN REVENUES			
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