

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

1. Adopting agency: Department of Health and Social Services
2. General subject of regulation: Behavioral Health Services Payment Rates
3. Citation of regulation (may be grouped): 7 AAC 145.580
4. Department of Law file number, if any: _____
5. Reason for the proposed action:

☐ Compliance with federal law or action (identify): _____
☐ Compliance with new or changed state statute
☐ Compliance with federal or state court decision (identify): _____
☐ Development of program standards
☒ Other (identify): Interim rate increase pending completion of Office of Rate Review "Rebasing Project"
6. Appropriation/Allocation: FY17 \$580,813: grant awards will be reduced by an equivalent amount for organizations affected by the rate increase and change in regulation. The net result is a zero economic impact to State GF.
7. Estimated annual cost to comply with the proposed action to:

A private person: None
Another state agency: None
A municipality: None
8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>17</u>	Subsequent Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ <u>290.</u>	\$ <u>1,162</u>
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____

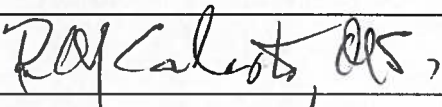
Other (identify) \$_____ \$_____

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: 1.17.2017 Prepared by: 
[signature]

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