

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: Rate and service reduction, no inflation or rebasing in FY18.
3. Citation of regulation (may be grouped): 7 AAC 130, 145, & 150.
4. Department of Law file number, if any: JU2017200200
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
  - (X) Other (identify): Cost containment
6. Appropriation/Allocation: Medicaid Services/Health Care Medicaid Services
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 FY <u>2018</u>	Subsequent 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: 4/6/2017

Prepared by:  \_\_\_\_\_

Name (printed): Kurt West \_\_\_\_\_

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