

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

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Define Certified Health Providers and establish methodology for reimbursement (encounter rate).
3. Citation of regulation (may be grouped): 7 AAC 155.020
4. Department of Law file number, if any: JU2017200424

5. Reason for the proposed action:

- (X) Compliance with federal law or action (identify): Comply with allowances in federal State Plan Amendment.
- () 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

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>2017</u>	Subsequent Years
Operating Cost	\$ <u>0</u>	\$ _____
Capital Cost	\$ <u>0</u>	\$ _____
1002 Federal receipts	\$ <u>22.4 mil</u>	\$ _____
1003 General fund match	\$ <u>0</u>	\$ _____
1004 General fund	\$ <u>0</u>	\$ _____
1005 General fund/ program	\$ <u>0</u>	\$ _____
Other (identify)	\$ <u>0</u>	\$ _____

9. The name of the contact person for the regulation:

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Title: Policy Coordinator/Medical Assistance Administrator IV

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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: 7/17/17

Prepared by: _____



[signature]

Name (printed): Donna Steward

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