

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

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Autism Services
3. Citation of regulation (may be grouped): 7 AAC 70; 105, 110, 135, 145, 160.
4. Department of Law file number, if any: JU2016200132
5. Reason for the proposed action:

(X) Compliance with federal law or action (identify): Federal requirement to cover all medically necessary services for children including children with Autism Spectrum Disorder (ASD) under Early and Periodic Screening Diagnostic and Treatment (EPSDT).

() Compliance with new or changed state statute

() Compliance with federal or state court decision (identify): _____

(X) Development of program standards

() Other (identify): _____
6. Appropriation/Allocation: Div. of Behavioral Health/BH Admin.; Medicaid Services/BH Medicaid.
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 FY 17 _____	Subsequent Years FY 18 and forward
Operating Cost	<u>\$373.4</u>	<u>\$275.7</u>
Capital Cost	<u>\$ _____</u>	<u>\$ _____</u>
1002 Federal receipts	<u>\$10,646.3</u>	<u>\$14,805.4</u>
1003 General fund match	<u>\$10,669.4</u>	<u>\$14,837.6</u>
1004 General fund	<u>\$ _____</u>	<u>\$ _____</u>
1005 General fund/ program	<u>\$ _____</u>	<u>\$ _____</u>
Other (identify)	<u>\$ _____</u>	<u>\$ _____</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: 8/9/2017

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