

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

1. Adopting agency: Department of Health and Social Services
2. General subject of regulation: Durable Medical Equipment, Prosthetics & Orthotics, and Supplies – Medicaid Coverage & Payment; includes PT & OT
3. Citation of regulation (may be grouped): 7 AAC 115.110; 7 AAC 115.310; 7 AAC 120.200-299; 7 AAC 120.300-399 (new); 7 AAC 145.420; 7 AAC 145.421 (new); 7 AAC 160.900
4. Department of Law file number, if any: JU2016200858

5. Reason for the proposed action:

- (x) Compliance with federal law or action (identify): 42 USC 1396b(i)(27)
() 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: Medicaid Services/Health Care Medicaid Services

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):

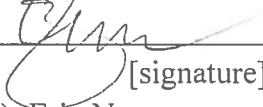
	Initial Year FY <u>18</u>	Subsequent Years
Operating Cost	\$ <u>200</u>	\$ <u>400</u>
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ <u>100</u>	\$ <u>200</u>
1003 General fund match	\$ <u>100</u>	\$ <u>200</u>
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (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): Enrolled Medicaid providers

11. Date: 10.13.17 Prepared by: 
[signature]
Name (printed): Erin Narus
Title (printed): Lead Pharmacist, Pharm&Ancil.SvcsMgr
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