

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

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Community behavioral health services Medicaid rates
3. Citation of regulation (may be grouped): 7 AAC 145; 7 AAC 160
4. Department of Law file number, if any: 2018200204
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): Revise rate setting methodology
6. Appropriation/Allocation: Medicaid Services/Behavioral Health Medicaid Services
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 _____	Subsequent Years
Operating Cost	<u>\$14,351.</u>	<u>\$14,351.</u>
Capital Cost	<u>\$ _____</u>	<u>\$ _____</u>
1002 Federal receipts	<u>\$14,351.</u>	<u>\$14,351.</u>
1003 General fund match	<u>\$11,050.</u>	<u>\$11,050.</u>
1004 General fund	<u>\$(11,050.)</u>	<u>\$(11,050.)</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:

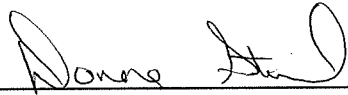
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10. The origin of the proposed action:

- ☒ Staff of state agency
☐ Federal government
☐ General public
☐ Petition for regulation change
☐ Other (identify): _____

11.

Date: 6/13/18

Prepared by: 
[signature]

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