ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

1. 2. 3. 4.	Adopting agency: <u>Department of Health & Social Services</u> General subject of regulation: <u>Medicaid Coverage & Payment; Behavioral Health Services; 1115</u> <u>Waiver Services; Substance Use Disorder Waiver Services.</u> Citation of regulation (may be grouped): <u>New Chapters- 7 AAC 136; 7 AAC 138.</u> Department of Law file number, if any: <u>2019200445</u>				
5.	Reason for the proposed action: () Compliance with federal law or action (identify):				
6.	Appropriation/Allocation: Medicaid/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 st Operating Cost Capital Cost	Initial Year		in thousands of dollars): \$124. FY2022	
	1002 Federal receipts 1003 General fund match 1004 General fund 1005 General fund/	\$ <u>109.1</u> \$ <u>14.9</u> \$	\$839.5 \$114.5 \$	\$1,554. \$212.0	
	program Other (identify)-Grants & Benefits	\$ \$ <u>124.</u>	\$ \$954.	\$1,77 <u>6.</u>	

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

Name: Rick Calcote

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10.	The origin of the proposed action:
	X Staff of state agency
	Federal government
	General public
	Petition for regulation change ⁷
	Other (identify):
11.	Date: 6.27.19 Prepared by: Ralaleste, OF.
	[signature]
	Name (printed): Rick Calcote
	Title (printed): Mental Health Clinician III
	Telephone: (907) 269-3617