

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Cost-of-Care & Third-Level Review
3. Citation of regulation (may be grouped): 7 AAC 100, 105, 145.
4. Department of Law file number, if any: 2019200476

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): _____

6. Appropriation/Allocation: N/A


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): None.

	Initial Year FY _____	Subsequent Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ _____	\$ _____
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$ _____	\$ _____

9. The name of the contact person for the regulation:
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Title: Medicaid Program Specialist III
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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: 10/21/19 Prepared by: 
[signature]
Name (printed): Susan Miller Dunkin
Title (printed): Medicaid Program Specialist III
Telephone: (907) 269-3638