

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Care Management Program (specifically, Medicaid Provider & Recipient Participation; Restriction of recipient's choice of providers, 7 AAC 105.600)
3. Citation of regulation (may be grouped): 7 AAC 105.600
4. Department of Law file number, if any: 2019200876

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): _____
- (X) 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:
 Name: Ms. Susan Miller Dunkin

Title: Medicaid Program Specialist IV
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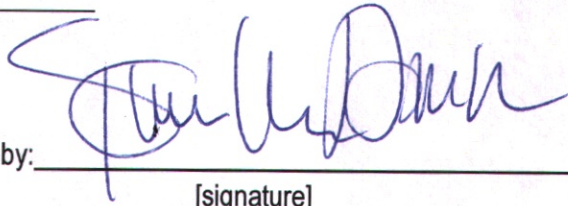
10. The origin of the proposed action:
 Staff of state agency
 Federal government
 General public
 Petition for regulation change⁷
 Other (identify): _____

11.

Date:

12/12/2019

Prepared by:



[signature]

Name (printed): Susan Miller Dunkin

Title (printed): Medicaid Program Specialist IV

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