

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

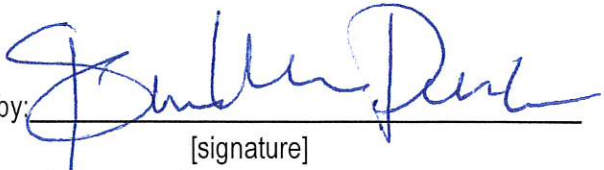
1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Noncovered Services, specifically, Medicaid Provider & Recipient Participation, Noncovered services; Medicaid Coverage; Professional Services, Physician services coverage and limitations.
3. Citation of regulation (may be grouped): 7 AAC 105, 110.
4. Department of Law file number, if any: 2020200045
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): Internal program review as a result of federal litigation.
6. Appropriation/Allocation: N/A
7. Estimated annual cost to comply with the proposed action to: None  
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  
Address: 4501 Business Park Blvd., Bldg. L, Anchorage, AK 99503.

Telephone: (907) 269-3638  
E-mail address: susan.dunkin@alaska.gov

10. The origin of the proposed action:
- Staff of state agency
  - Federal government
  - General public
  - Petition for regulation change<sup>7</sup>
  - Other (identify): Department of Law

11. Date: 02/21/2000

Prepared by:   
[signature]

Name (printed): Susan Miller Dunkin  
Title (printed): Medicaid Program Specialist IV  
Telephone: (907) 269-3638