

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid 1115 Behavioral Health Waiver Services
3. Citation of regulation (may be grouped): 7 AAC 70. Behavioral Health Services; 7 AAC 136. Alaska Substance Use Disorder and Behavioral Health Program: 1115 Demonstration Waiver; 7 AAC 138. 1115 Substance Use Disorder Waiver Services; 7 AAC 139. Behavioral Health 1115 Demonstration Waiver Services.
4. Department of Law file number, if any: 2020200364
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: 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 state agency and available funding (in thousands of dollars):

	Initial Year	Subsequent Years	
	FY2021	FY2022	FY2023
Operating Cost	\$ _____	\$ _____	
Capital Cost	\$ _____	\$ _____	
1002 Federal receipts	<u>\$109.1</u>	<u>\$839.5</u>	<u>\$1,554.</u>
1003 General fund match	<u>\$14.9</u>	<u>\$114.5</u>	<u>\$212.0</u>
1004 General fund	\$ _____	\$ _____	
1005 General fund/ program	\$ _____	\$ _____	
Other (identify)-Grants & Benefits	<u>\$124.</u>	<u>\$954.</u>	<u>\$1,776.</u>
9. The name of the contact person for the regulation:
Name: Farina Brown
Title: Deputy Director

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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: May 20, 2020.

Prepared by: _____

[signature]

Name (printed): Farina Brown

Title (printed): Deputy Director

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