

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Procedure Codes & Rates, Autism Services, specifically, 7 AAC 145.580. Medicaid Payment Rates. Behavioral health services payment rates; 7 AAC 160.900. Medicaid Program; General Provisions. Requirements adopted by reference.
3. Citation of regulation (may be grouped): 7 AAC 145, 160.
4. Department of Law file number, if any: 2020200350

5. Reason for the proposed action:

- ( ) Compliance with federal law or action (identify): \_\_\_\_\_
- (X) 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 FY2021	Subsequent Years FY2022
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ _____	\$ _____
1004 General fund	\$ _____	
1005 General fund/ program	\$ _____	\$ _____
Other (identify)-Grants & Benefits	\$ _____	\$ _____

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

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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 change<sup>7</sup>  
☐ Other (identify): \_\_\_\_\_

11. Date & Prepared by: \_\_\_\_\_

[signature]

Name (printed): Farina Brown

Title (printed): Deputy Director

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