

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Payment Rates, Supplemental Emergency Medical Transport (SEMT) Program; Medicaid Program; General Provisions.
3. Citation of regulation (may be grouped): 7 AAC 145, 160.
4. Department of Law file number, if any: 2020200385
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: 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: Katherine McDonald  
Title: Audit & Review Analyst II  
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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): Comply with an amended state statute.

11. Date & Prepared by: \_\_\_\_\_
- [signature]
- Name (printed): Katherine McDonald
- Title (printed): Audit & Review Analyst II
- Telephone: (907) 334-2462