

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Dental Services Coverage & Payment, specifically, 7 AAC 110. Medicaid Coverage; Professional Services, 7 AAC 140. Medicaid Coverage; Facility and Facility-Based Services, 7 AAC 145. Medicaid Payment Rates, and 7 AAC 160. Medicaid Program; General Provisions.
3. Citation of regulation (may be grouped): 7 AAC 110, 140, 145, 160.
4. Department of Law file number, if any: 2021200003
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): Comply with Centers for Medicare & Medicaid Services (CMS) requirements regarding service limits.
 - () Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify): _____
 - (X) Development of program standards
 - (X) Other (identify) Conform to industry standards; address overuse or misuse of services; update obsolete nomenclature; reduce need for future updates based on appropriation; reorganize child and adult dental to follow a logical and similar flow; increase minimum Handicapping Labiolingual Deviation (HLD) score to align with the majority of state Medicaid programs; allow life endangerment exception for certain otherwise limited services; comply with legislative audit recommendations and findings; update fee schedules and materials adopted by reference.
6. Appropriation/Allocation: Department of Health and Social Services/Health Care Services/Medical Assistance Administration
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	Subsequent
	FY _____	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:
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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 & Prepared by: _____
[signature]
Name (printed): Susan Miller Dunkin
Title (printed): Medicaid Program Specialist IV
Telephone: (907) 269-3638