

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Behavioral Health Licensed Professional Counselor Services (7 AAC 70, 105, 110), specifically, 7 AAC 70. Behavioral Health Services; 7 AAC 105. Medicaid Provider & Recipient Participation; 7 AAC 110. Medicaid Coverage; Professional Services; 7 AAC 160. Medicaid Program; General Provisions.
3. Citation of regulation (may be grouped): 7 AAC 70, 105, 110, 160.
4. Department of Law file number, if any: 2021200049
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): Comply with the Centers for Medicare & Medicaid Services (CMS) requirements regarding the type of provider eligible to provide Medicaid services.
 - (X) 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 FY2022	Subsequent Years FY2023
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	<u>\$597.3</u>	<u>\$657.0</u>
1003 General fund match	<u>\$232.2</u>	<u>\$246.3</u>
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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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): Allison Weeks, LCSW
Title (printed): Health Program Manager III
Telephone: (907) 385-8312