

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, Psychiatric Residential Treatment Facility (PRTF); specifically, 7 AAC 145. Medicaid Payment Rates; 7 AAC 160. Medicaid Program; General Provisions.
3. Citation of regulation (may be grouped): 7 AAC 145, 160.
4. Department of Law file number, if any: 2021200498
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): Update rates using the 1115 services modeled methodology; allow for periodic rate review to adjust rates.
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>\$21,500</u>	<u>\$23,600</u>
1003 General fund match	<u>\$5,400</u>	<u>\$5,900</u>
1004 General fund	\$ _____	
1005 General fund/ program	\$ _____	\$ _____
Other (identify)-Grants & Benefits	\$ _____	\$ _____
9. The name of the contact person for the regulation:  
Name: Allison Weeks, LCSW  
Title: Health Program Manager III

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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): Allison Weeks, LCSW

Title (printed): Health Program Manager III

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