

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Preventive, Therapy, & Vision Services Coverage & Payment (7 AAC 105, 110, 115, 120, 145, 160).
3. Citation of regulation (may be grouped): 7 AAC 105, 110, 115, 120, 145, 160.
4. Department of Law file number, if any: 2022200120.
5. Reason for the proposed action:
 - Compliance with federal law or action (identify): Patient Protection and Affordable Care Act.
 - Compliance with new or changed state statute
 - Compliance with federal or state court decision (identify): _____
 - Development of program standards
 - Other (identify): _____
6. Appropriation/Allocation: 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:
 - Name: Ms. Susan Miller Dunkin
 - 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

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