ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: <u>Department of Health.</u>
- 2. General subject of regulation: <u>Medicaid coverage and behavioral health services psychotherapy</u> <u>limit.</u>
- 3. Citation of regulation (may be grouped): <u>7 AAC 110, 135, 160.</u>
- 4. Department of Law file number, if any: <u>2022200286.</u>
- 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):
 - (X) Development of program standards
 - (X) Other (identify): <u>Related to state and tribal workgroup discussions to ensure that tribal</u> behavioral health providers may continue to bill for crisis intervention services.
- 6. Appropriation/Allocation: <u>Department of Health/Medicaid Services/Medicaid Services</u>
- 7. Estimated annual cost to comply with the proposed action to: A private person: <u>\$0.</u> Another state agency: <u>\$0.</u> A municipality: <u>\$0.</u>
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars): <u>\$0.</u>

	Initial Year FY2023	Subsequent Years
Operating Cost	\$	\$
Capital Cost	\$	\$
1002 Federal receipts	\$	\$
1003 General fund match	\$ <u></u>	\$
1004 General fund	\$	\$
1005 General fund/		
program	\$	\$
Other (identify)	\$	\$

 9. The name of the contact person for the regulation: Name: <u>Heather Phelps, M.A., L.P.C.</u> Title: <u>Mental Health Clinician III</u> Address: <u>3601 C Street, Suite 934, Anchorage AK 99516.</u> Telephone: <u>(907) 269-3616</u> E-mail address: heather.phelps@alaska.gov

- 10. The origin of the proposed action:
 - __X__ Staff of state agency
 - _____ Federal government
 - _____ General public
 - Petition for regulation change⁷

___X___Other (identify): <u>Related to state and tribal workgroup discussions to ensure tribal</u> behavioral health providers may bill for crisis intervention services.

11. Date & Prepared by:

[signature] Name (printed): <u>Heather Phelps, M.A., L.P.C.</u> Title (printed): <u>Mental Health Clinician III</u> Telephone: <u>(907) 269-3616</u>