

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Coverage & Payment for Federally Qualified Health Center (FQHC) licensed marital and family therapist (LMFT) & licensed professional counselor (LPC) Services.
3. Citation of regulation (may be grouped): 7 AAC 135, 140, 145.
4. Department of Law file number, if any: 2022200371.
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): \_\_\_\_\_
6. Appropriation/Allocation: Medicaid Services/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 FY _____	Subsequent Years
Operating Cost	<u>\$245.7</u>	<u>\$245.7</u>
Capital Cost	<u>\$ _____</u>	<u>\$ _____</u>
1002 Federal receipts	<u>\$162.6</u>	<u>\$162.6</u>
1003 General fund match	<u>\$83.0</u>	<u>\$83.0</u>
1004 General fund	<u>\$ _____</u>	<u>\$ _____</u>
1005 General fund/ program	<u>\$ _____</u>	<u>\$ _____</u>
Other (identify)	<u>\$ _____</u>	<u>\$ _____</u>
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 change
  - ☐ Other (identify): \_\_\_\_\_

11. Date & Prepared by: \_\_\_\_\_

[signature]

Name (printed): Susan Miller Dunkin

Title (printed): Medicaid Program Specialist IV

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