

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Coverage & Payment for 1115 Behavioral Health (BH) & Substance Use Disorder (SUD) Waiver Services.
3. Citation of regulation (may be grouped): 7 AAC 105, 135, 138, 139, 160.
4. Department of Law file number, if any: 2023200105.
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): The proposed changes align the state's regulations with mutually agreed upon revisions to the 1115 demonstration waiver services.
 - () Compliance with new or changed state statute.
 - () Compliance with federal or state court decision (identify): _____
 - () Development of program standards
 - (X) Other (identify): The proposed changes are related to the 1115 demonstration waiver services and based on provider feedback. The proposed changes update services, and include required technical edits to the behavioral health (BH) and substance use disorder (SUD) components.
6. Appropriation/Allocation: Medicaid Services/Medicaid Services; OMB Component Number: 3234.
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	<u>\$0</u>	<u>\$0</u>
Capital Cost	<u>\$0</u>	<u>\$ 0</u>
1002 Federal receipts	<u>\$0</u>	<u>\$0</u>
1003 General fund match	<u>\$0</u>	<u>\$0</u>
1004 General fund	<u>\$0</u>	<u>\$0</u>
1005 General fund/ program	<u>\$0</u>	<u>\$0</u>
Other (identify)	<u>\$0</u>	<u>\$0</u>

APPENDIX C-1: Additional Regulation Notice Information
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9. The name of the contact person for the regulation:
Name: Heather Phelps, M.A., L.P.C.
Title: Mental Health Clinician III
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Telephone: (907) 269-3616
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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): The proposed changes are related to the 1115 demonstration waiver services and based on provider feedback. The proposed changes update services, and include required technical edits to the behavioral health (BH) and substance use disorder (SUD) components.
11. Date & Prepared by: _____
[signature]
Name (printed): Heather Phelps, M.A., L.P.C.
Title (printed): Mental Health Clinician III
Telephone: (907) 269-3616