## 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 for behavioral health services</u>, specifically, <u>autism services</u>.
- 3. Citation of regulation (may be grouped): <u>7 AAC 145.580, 160.900.</u>
- 4. Department of Law file number, if any: 2023200298.
- 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
  - (X) Other (identify): (1) Include an annual inflation rate increase for autism services to address both state and federal rate increases. (2) Amend a department document adopted by reference, the Medicaid Procedure Codes and Rates - Autism Services rate chart to include the updated version. The updated version includes telehealth modifiers to ensure that providers of autism services may deliver those services through telehealth. This may increase access to autism services in communities across the state.
- 6. Appropriation/Allocation: <u>Medicaid Services/Medicaid Services; OMB component number: 3234.</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: \$0.
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year		
	FY2025	FY2026	FY2027
Operating Cost	\$ <u>102.6</u>	\$ <u>117.2</u>	\$ <u>133.3</u>
Capital Cost	\$ <u>0</u>	\$ <u>0</u>	<u>\$0</u>
1002 Federal receipts	\$ <u>65.4</u>	\$ <u>77.0</u>	\$ <u>86.7</u>
1003 General fund match	\$ <u>37.2</u>	\$ <u>40.2</u>	\$ <u>45.7</u>
1004 General fund	\$ <u>0</u>	\$ <u>0</u>	<u>\$0</u>
1005 General fund/			
program	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (identify)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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 99503.</u> Telephone: <u>(907) 269-3616</u> E-mail address: <u>heather.phelps@alaska.gov</u>

- 10. The origin of the proposed action:
  - \_\_X\_\_ Staff of state agency
  - \_\_\_\_\_ Federal government
  - \_\_\_\_\_ General public
  - \_\_\_\_\_ Petition for regulation change<sup>7</sup>
  - \_\_X\_\_ Other (identify): (1) Include an annual inflation rate increase for autism services to address both state and federal rate increases. (2) Amend a department document adopted by reference, the Medicaid Procedure Codes and Rates - Autism Services rate chart to include the updated version. The updated version includes telehealth modifiers to ensure that providers of autism services may deliver those services through telehealth. This may increase access to autism services in communities across the state.
- 11. Date & DOH Division Project Lead:

[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>