

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid State Plan Service Authorization for Behavioral Health Services.
3. Citation of regulation (may be grouped): 7 AAC 135.040; .210; .300; .350; 7 AAC 160.900.
4. Department of Law file number, if any: 2024200040.
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; 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):

	Initial Year	Subsequent
	FY2025	Years
Operating Cost	\$0. _____	\$0. _____
Capital Cost	\$0. _____	\$0. _____
1002 Federal receipts	\$0. _____	\$0. _____
1003 General fund match	\$0. _____	\$0. _____
1004 General fund	\$0. _____	\$0. _____
1005 General fund/ program	\$0. _____	\$0. _____
Other (identify)	\$0. _____	\$0. _____
9. The name of the contact person for the regulation:
Name: Shauna Credit.
Title: Medicaid Program Specialist V.

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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 & DOH Division Project Lead: _____

[signature]

Name (printed): Shauna Credit, MS, MA, RHIA.

Title (printed): Medicaid Program Specialist V.

Telephone: (907) 269-7826.