

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Payment Rates for Community Behavioral Health & Mental Health Physician Clinic Services.
3. Citation of regulation (may be grouped): 7 AAC 145.580, 7 AAC 160.900.
4. Department of Law file number, if any: 2024200268.
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):
 - The proposed rate increase is required to ensure that Medicaid rates are periodically reestablished to adjust for factors in the current healthcare market.¹
 - Alaska-based behavioral health providers have informed the Division of Behavioral Health that the
 - (1) Medicaid reimbursement rates
 - (a) do not align with the cost of providing services; and
 - (b) in some cases, do not adequately consider the staffing and programmatic components of service delivery, including crisis and youth services; and
 - (2) inadequate reimbursement rates limit their ability to maintain current programs, and is a barrier to expanding operations to increase network capacity and available services.
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.

¹ **Please Note.** The Department of Health (DOH) has attached the DOH Office of Rate Review's (ORR) 'Rate Inputs for CBH Rebase (Informational Purposes Only)' document to its online non-newspaper proposed regulations public notice. The ORR previously held meetings with the public on the rebasing of rates. During those meetings, the ORR told the public that ORR would make its calculations available to the public. The document is titled 'Community Behavioral Health Services and Mental Health Physician Clinics Rate Rebasing,' and is provided for the public's reference.

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY2025	Subsequent Years.
Operating Cost	<u>\$11,624.7</u>	<u>\$11,624.7</u>
Capital Cost	<u>\$ _____</u>	<u>\$ _____</u>
1002 Federal receipts	<u>\$7,590.9</u>	<u>\$7,590.9</u>
1003 General fund match	<u>\$4,033.8</u>	<u>\$4,033.8</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:

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Title: Program Coordinator II.

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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): William Hurr.

Title (printed): Program Coordinator II.

Telephone: (907) 269-6549.