

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid service authorization requirements for hospital inpatient stays.
3. Citation of regulation (may be grouped): 7 AAC 105; 7 AAC 140.
4. Department of Law file number, if any: 2024200406.
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.
 - () 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): None.

	Initial Year FY _____	Subsequent 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: Ms. Susan Miller Dunkin
 - Title: Medicaid Program Specialist IV
 - Address: 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503-7167
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 - E-mail address: susan.dunkin@alaska.gov

10. The origin of the proposed action:
 Staff of state agency.
 Federal government.
 General public.
 Petition for regulation change.⁷
 Other (identify): _____

11. Date & DOH Division Project Lead: _____

[e-signature]

Name (printed): Susan Miller Dunkin.

Title (printed): Medicaid Program Specialist IV.

Telephone: (907) 310-2769.