ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: Department of Health.
- 2. General subject of regulation: Medicaid behavioral health services state plan service authorization.
- 3. Citation of regulation (may be grouped): 7 AAC 135.
- 4. Department of Law file number, if any: 2024200550.
- 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): Make permanent most of the service authorizations implemented under the Disaster Relief Medicaid State Plan Amendment during the public health emergency. The current suspension of service authorizations is scheduled to end 6/30/2025.
- 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: <u>\$0.</u> Another state agency: <u>\$0.</u> A municipality: <u>\$0.</u>
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars):

| | Initial Year | Subsequent |
|-------------------------|--------------|--------------|
| | FY2026 | 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> |
| | | |

 9. The name of the contact person for the regulation: Name: William Hurr. Title: Program Coordinator II. Address: 3601 C Street, Suite 934, Anchorage AK 99516. Telephone: (907) 269-6549. E-mail address: william.hurr@alaska.gov.

- 10. The origin of the proposed action:
 - ___X__ Staff of state agency
 - _____ Federal government
 - General public
 - Petition for regulation change
 - Other (identify):
- 11. Date & DOH Division Project Lead:_

[signature] Name (printed): <u>William Hurr.</u> Title (printed): <u>Social Services Program Coordinator.</u> Telephone: <u>(907) 269-6549.</u>