

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Payment Rates for Behavioral Health Services.
3. Citation of regulation (may be grouped): 7 AAC 160.900.
4. Department of Law file number, if any: 2026200054.
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): The proposed changes include the adoption of key benchmark Medicaid reimbursement rates for behavioral health services. These proposed changes will align Medicaid reimbursement with the actual cost of care. The benchmark rates were developed by the Department of Health's Alaska Medicaid Rate Methodology Study for community behavioral health services with stakeholder input that included behavioral health service providers. The findings of that study were published in a report titled *Alaska Rate Evaluations: Community Behavioral Health Services*.¹
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 |
|-------------------------|--------------|------------|
| | FY _____ | Years |
| Operating Cost | \$0. _____ | \$0. _____ |
| Capital Cost | \$0. _____ | \$0. _____ |
| 1002 Federal receipts | \$0. _____ | \$0. _____ |
| 1003 General fund match | \$0. _____ | \$0. _____ |

¹ Website links for the *Alaska Behavioral Health Report*: (1) <https://health.alaska.gov/media/kbpx2ve/alaska-department-of-health-behavioral-health-report-2025.pdf> ; and (2) <https://health.alaska.gov/media/sqigxsxk/alaska-behavioral-health-rate-study-appendix-a-508c.pdf> .

| | | |
|-------------------------------|-----------|-----------|
| 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:
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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 & Prepared by:_____

[e-signature]

Name (printed): Triptaa Surve, J.D., M.P.H.

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