

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid coverage and payment for school-based services.
3. Citation of regulation (may be grouped): 7 AAC 115, 7 AAC 145, 7 AAC 160.
4. Department of Law file number, if any: 2026200279.
5. Reason for the proposed action:
☐ Compliance with federal law or action (identify): _____
☒ Compliance with new or changed state statute.¹
☐ Compliance with federal or state court decision (identify): _____
☐ Development of program standards.
☒ Other (identify): Adopt current-year fee schedule.
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	Subsequent
	FY _____	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/		

¹ H.B. 344, 2023 -2024 Leg., 33rd Sess. (AK 2024): Details related to HB 344: Short Title: *MEDICAL ASSISTANCE; FOOD STAMP PROGRAM*; Title: *"An Act relating to medical assistance demonstration projects established by the Department of Health; and relating to medical assistance coverage for rehabilitative, mandatory, and optional services furnished or paid for by a school district on behalf of certain children; relating to the supplemental nutrition assistance program; and providing for an effective date."* (HB 344; 33rd Legislature). HB 344 was signed into law. The related details may be accessed on the Alaska State Legislature's website at https://www.akleg.gov/basis/Bill/Detail/33?Root=HB%20344#tab1_4 ; the PDF version of HB 344 may be accessed at <https://www.akleg.gov/PDF/33/Bills/HB0344Z.PDF> .

program	\$0	\$0
Other (identify)	\$0	\$0

9. The name of the contact person for the regulation:
Name: Ms. Katie Fett.
Title: Medicaid Program Specialist III.
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10. The origin of the proposed action:
☒ Staff of state agency.
☐ Federal government.
☐ General public.
☐ Petition for regulation change.⁷
☐ Other (identify): _____

11. Date & Prepared by: **Triptaa Surve** Digitally signed by Triptaa Surve
Date: 2026.09.29 13:59:05 -08'00'
[e-signature]
Name (printed): Triptaa Surve, M.P.H., J.D.
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