

ADDITIONAL REGULATIONS NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Changes effective date of the National Accreditation requirement for behavioral health providers.
3. Citation of regulation (may be grouped): 7AAC 70.150(b)
4. Department of Law file number, if any: _____
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
 - (X) Other (identify): Behavioral health provider agency concerns
6. Appropriation/Allocation: Behavioral Health / Behavioral Health Administration
7. Estimated annual costs in the aggregate to comply with the proposed action to:
 - Private Persons: \$0
 - Other State Agencies: \$0
 - Municipalities: \$0
8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>2016</u>	Subsequent 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>
1037 General fund/ mental health	\$ <u>0</u>	\$ <u>0</u>
Other	\$ <u>0</u>	\$ <u>0</u>

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9. The name of the contact person for the regulations:
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10. The origin of the proposed action:

_____ Staff of state agency

_____ Federal government

X General public

_____ Petition for regulation change

_____ Other (identify) _____

11. Date: 01/05/2015 Prepared by: Teri Keklak
[signature]

Name (printed): Teri Keklak

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