ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.

2. General subject of regulation: Certified Community Behavioral Health Clinic (CCBHC) Prospective Payment System (PPS).

3. Citation of regulation (may be grouped): 7 AAC 150; 7 AAC 160.900.

4. Department of Law file number, if any: 2026200285.

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):
   - Alaska was competitively selected to participate in the federal Certified Community Behavioral Health Center (CCBHC) Demonstration Project beginning July 1, 2026.
   - The CCBHC Demonstration Program requires participating clinics to be reimbursed through a Prospective Payment System (PPS), a facility-specific, cost-based reimbursement methodology designed to more accurately align Medicaid payments with the costs of delivering integrated, comprehensive behavioral health services.
   - The CCBHC PPS is an innovative payment model that aligns with the objectives of Administrative Order 360 (AO 360). This payment model will (1) support providers that deliver a comprehensive continuum of behavioral health services through a single organizational setting; and (2) improve crisis mental health services and intensive, community-based mental health care for members of the armed forces and veterans.
   - Under the PPS methodology, participating CCBHCs will receive reimbursement for activities and service components that are (1) not currently recognized; (2) federally restricted; or (3) otherwise uncompensated under existing Alaska Medicaid behavioral health reimbursement methodologies.
   - States participating in the CCBHC Demonstration Program receive an enhanced Federal Medical Assistance Percentage (FMAP), increasing federal financial funding and reducing state general fund obligations during the demonstration period.

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

11. Date & Prepared by: Triptaa Surve Digitally signed by Triptaa Surve Date: 2026.09.11 14:11:42 -08'00'

[e-signature]
Name (printed): Triptaa Surve, J.D., M.P.H.
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