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): _____
   (X) Compliance with new or changed state statute.[1]
   ( ) Compliance with federal or state court decision (identify):_____
   ( ) Development of program standards.
   (X) 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 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/		

[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: Sarah Dahlen.
Title: Medicaid Program Specialist IV.
Address: 4601 Business Park Blvd, Building K, Anchorage, AK 99503.
Telephone: (907) 310-2769.
E-mail address: sarah.dahlen@alaska.gov .

10. The origin of the proposed action:
__X__ 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: 2026.09.15 14:14:24 -08'00'

[e-signature]
Name (printed): Triptaa Surve, M.P.H., J.D.
Title (printed): Project Coordinator, Department of Health.
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