



TO: Medical Care Advisory Committee

DATE:

FROM:

SUBJECT: Agenda Item No.: _____ Amendments to:

BACKGROUND: Federal Requirement _____ Legislative Requirement _____ Other _____

ISSUES AND ALTERNATIVES:

STAKEHOLDER INVOLVEMENT:

FISCAL IMPACT:

None Yes (if yes, please complete table below)

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
State					
Federal					

RULE DEVELOPMENT SCHEDULE:

REQUESTED ACTION:

- The MCAC recommends approval of the proposed rule(s) for publication.
- The Council recommends approval of these rules.
- Information Only