

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-003

2. STATE
Alabama

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430 Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 09 \$ 40,868.90
b. FFY 10 \$ 50,327.40

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.22-C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
N/A

10. SUBJECT OF AMENDMENT:

This amendment is being made to explain the State's methodology for determining cost effectiveness that is used with the State's Health Insurance Premium Payment Program (HIPP).

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Governor's designee on file
via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:
Carol H. Steckel
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

13. TYPED NAME:
Carol H. Steckel

14. TITLE:
Commissioner

15. DATE SUBMITTED:
July 20, 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
07/15/09

18. DATE APPROVED:
09/29/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
08/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Mary Kaye Justis, RN, MBA

22. TITLE:
Acting Associate Regional administrator
Division of Medicaid & Children's Health Opns

23. REMARKS: