

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

1. TRANSMITTAL NUMBER:  
09-004

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  
October 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 10                      \$No data available to  
b. FFY 11                      \$ project impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 11b, 11c and 11d of Section 2.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

This amendment is the election of the Express Lane Eligibility option in Sec 203 of the Children's Health Insurance Program Reauthorization Act of 2009 in redetermining Medicaid eligibility for children under age 19.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's designee on file  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      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:

September 21, 2009

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/18/09

18. DATE APPROVED:

11/02/09

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/09

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:

Block # 5 checked ADMENDMENT TO BE CONSIDERED AS NEW PLAN; changed to read AMENDMENT and block #6. 42 CFR 430 Subpart B changed to read 1902(c)(13) of the Social Security Act.