

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



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May 18, 2010

Ms. Carol A. Herrmann-Steckel, MPH  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, Alabama 36103-5624

Re: Alabama Title XIX State Plan Amendment, Transmittal #10-005

Dear Ms. Herrmann-Steckel:

We have reviewed the proposed amendment to the Alabama Medicaid State Plan that was submitted under transmittal number 10-005. This State Plan Amendment will allow the exclusion of federal and state tax refunds and refundable tax credits as income when determining eligibility for Medicaid for certain mandatory and optional categorically needy groups under Sections 1902(a)(10)(i), 1902(a)(10)(A)(ii), and 1905(p) of the Social Security Act.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 10-005 was approved on May 14, 2010. The effective date for this amendment is April 1, 2010. We are also enclosing the approved HCFA-179 and plan pages.

If you have any questions or need any further assistance, please contact Rita Nimmons at (404) 562-7415 or Sally Brown at (404) 562-7352.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive style with a horizontal line at the end.

Jackie Glaze  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:  
10-005

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  
April 1, 2010

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:  
1902(r)(2) of the Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 10                      \$0  
b. FFY 11                      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A, page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New

10. SUBJECT OF AMENDMENT: The exclusion of federal and state tax refunds and refundable tax credits as income when determining eligibility for certain eligibility groups under Sections 1902(a)(10)(A)(i), 1902(a)(10)(A)(ii), and 1905(p) of the Social Security Act.

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:

*Carol H. Steckel*

13. TYPED NAME:

Carol H. Steckel

14. TITLE:

Commissioner

15. DATE SUBMITTED:

*3/22/10*

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/22/10

18. DATE APPROVED: 05/14/10

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

04/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

*Jan Swanson*

21. TYPED NAME:

Jackie Glaze

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

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 05/04/10:

Block #8 Supplements 8a to Attachment 2.6-A, page 2 changed to read: Block #8 Supplements 8a to Attachment 2.6-A, page 2 and Supplement 8b to Attachment 2.6-A, page 3 and Block # remains the same.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Alabama

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT\*

\_\_\_ Section 1902(f) State X Non-Section 1902(f) State

Federal and State tax refunds and refundable tax credits are excluded as resources for the following eligibility groups:

- X Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).
- X Poverty level pregnant women and infants (133 –185% FPL) under 1902(a)(10)(A)(i)(IV).
- X Poverty level children aged 1 up to age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI).
- X Poverty level children aged 6 up to age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII).
- X Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below.
  - Children receiving adoption subsidy payments under 1902 (a)(10)(A)(ii)(VIII)
  - Adolescents in state foster care under 1902 (a)(10)(A)(ii)(I)
  - Individuals receiving state supplementary payment based on need under 1902 (a)(10)(A)(ii)(XI)
- \_\_\_ Medically Needy under 1902(a)(10)(C)(i)(III).
- \_\_\_ All aged, blind or disabled groups in 209(b) states under 1902(f).
- X QMBs, SLMBs and QIs under 1905(p),