

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

1. TRANSMITTAL NUMBER:
10-007

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
January 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:
1905 (p)(1)(C)

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

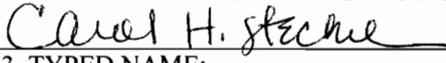
Attachment 2.2-A pages 9b and 9b1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2-A pages 9b and 9b1

10. SUBJECT OF AMENDMENT:
Aligning the resource limit for Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals with the resource limit for individuals who qualify for the full subsidy under the Medicare Part D Low-Income Subsidy Program.

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:


13. TYPED NAME:
Carol H. Steckel

14. TITLE:
Commissioner

15. DATE SUBMITTED:
3/30/10

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

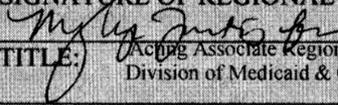
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
03/30/10

18. DATE APPROVED:
05/12/10

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:


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 04/14/10:

Block # 6 1905 (p)(1)(c) changed to read 1905 (p)(1) (C), 1860D-14(a)(3)(D) and 1902(a)(10)(E)(i)-(iv) of the Act

Block #8 Attachment 2.2-A pages 9b and 9b1 **changed to read** Attachment 2.2-A pages 9b, 9b1 and 9b2 and **Block #9** Attachment 2.2-A pages 9b and 9b1 **changed to read** Attachment 2.2-A pages 9b, 9b1 and 9b2.