

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

1. TRANSMITTAL NUMBER:  
AL-12-002

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, 2012

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 455 subpart E

7. FEDERAL BUDGET IMPACT:  
a. FFY 12 \$46,587  
b. FFY 13 \$188,461

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Pre-print 4.46, pages 79z, 79aa, and 79bb

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

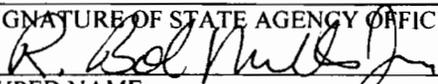
The primary purpose for this amendment is to allow the Alabama Medicaid Agency assurance for provider screening and enrollment.

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:



13. TYPED NAME:  
R. Bob Mullins, Jr., MD

14. TITLE:  
Commissioner

15. DATE SUBMITTED: 3/29/2012

16. RETURN TO:

R. Bob Mullins, Jr., MD  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, Alabama 36103-5624

**FOR REGIONAL OFFICE USE ONLY**

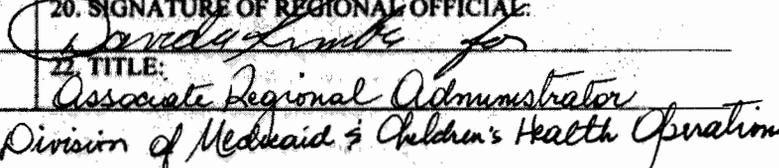
17. DATE RECEIVED: 03/29/12

18. DATE APPROVED: 05/30/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
04/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
JACKIE GLAZE

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

Division of Medicaid & Children's Health Operations