

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-13-003	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 431.11	7. FEDERAL BUDGET IMPACT: a. FFY 2013 0 b. FFY 2014 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Pages 1,2,2a,3,3a,4,4b,5,6,6e,6g,7,8,9, 9a,9a.1,9b,9b1,9b2, 9c,10,10a,11,12,13a,14,19,23b,23c,27 Attachment 1.2-D, Pages 1-12	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, Pages 1,2,2a,3,3a,4,4b,5,6,6e,6g,7,8,9,9a,9a.1,9b,9b1, 9b2,9c,10,10a,11,12,13a,14,19,23b,23c,27 Attachment 1.2-D, Pages 1-9

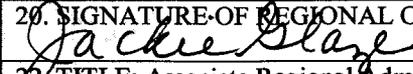
10. SUBJECT OF AMENDMENT:
The purpose of this amendment is to grant Public Health employees, working in Health Departments and/or Customer Service Centers as Medicaid representatives, the authority to determine Medicaid eligibility for mandatory and optional coverage groups.

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: Stephanie McGee Azar Acting Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Acting Commissioner	
15. DATE SUBMITTED: 3/27/13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 03/27/13	18. DATE APPROVED: 06/24/13

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	21. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:
Approved with the following changes to item 6, 8 and 9 as authorized by State Agency e-mails 06-11-13 and 06-21-13:

Block # 6 changed to read: 42 CFR 431.10 and 42 CFR 431.11.

Block # 8 changed to read: Section 1 pages 1, 2 and 7; Attachment 1.2-D pages 1, 2, and 3; Attachment 2.2-A pages 1,2,2a,3,3a,4,4b,5,6,6e,6g,7,8,9,9a,9a.1,9b,9b.1,9b.2,9c,10,10a,11,12,13a,14,19,23b,23c and 27.

Block # 9 changed to read: Section 1 pages 1, 2 and 7; Attachment 1.2-D pages 1, 2, and 3; Attachment 2.2-A pages 1,2,2a,3,3a,4,4b,5,6,6e,6g,7,8,9,9a,9a.1,9b,9b.1,9b.2,9c,10,10a,11,12,13a,14,19,23b,23c and 27.