

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
AL-13-010

2. STATE  
Alabama

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2013

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 447.54

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 (\$ 374,240.00)  
b. FFY 2014 (\$ 1,502,737.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.18-A, Pages 1, 1-B, 1-C, 1-D, 1-E

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.18-A, Pages 1, 1-B, 1-C, 1-D, 1-E

10. SUBJECT OF AMENDMENT:

The purpose of this amendment is to increase copayments currently imposed on Medicaid eligibles. The increase will be up to the federal maximum amount.

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:

Stephanie McGee Azar

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

5-1-13

16. RETURN TO:

Stephanie McGee Azar  
Acting Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, Alabama 36103-5624

**FOR REGIONAL OFFICE USE ONLY**

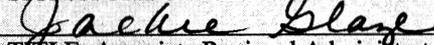
17. DATE RECEIVED: 05/06/13

18. DATE APPROVED: 08/02/13

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Jackie Glaze

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

23. REMARKS:

Approved with the following changes to items 8 and 9 as authorized by State Agency e-mail dated 05/23/13:

**Block # 8 changed to read:** Attachment 4.18-A, pages 1, 1-B, 1-C, 1-D, 1-E and 2.

**Block # 9 changed to read:** Attachment 4.18-A, pages 1, 1-B, 1-C, 1-D, 1-E and 2.