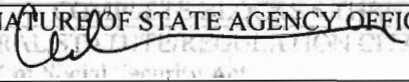
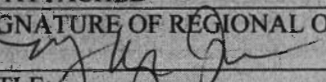


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-007	2. STATE Alabama
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 2, 2009	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 10 \$ Budget neutral b. FFY 11 \$ Budget neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 2a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Page 2a	
10. SUBJECT OF AMENDMENT: This amendment will allow Alabama Medicaid to reimburse Medicaid enrolled pharmacy providers for the administration of the influenza and H1N1 vaccines for eligible recipients.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: -- Governor's designee on file via letter with CMS	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Carol H. Steckel Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624	
13. TYPED NAME: Carol H. Steckel		17. DATE RECEIVED: 10/27/09	
14. TITLE: Commissioner		18. DATE APPROVED: 01/21/10	
15. DATE SUBMITTED: October 26, 2009		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/02/09		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary Kaye Justis, RN, MBA		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 01/14/10: Block number # 8 4.19-B page 2a changed to read Attachment 4.19-B page 2a and 3.1-A page 3.6a; and block number 9 4.19-B page 2a changed to read Attachment 4.19-B page 2a and 3.1-A page 3.6a			