

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

1. TRANSMITTAL NUMBER:
AL 10-013

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 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:
42 CFR 440.166

7. FEDERAL BUDGET IMPACT:
FY 11 – CRNPs are reimbursed at 80% of the physician’s rate. Women’s Health Care specialty will expand access to care, and potentially produce a cost savings of \$25,000.
FY12- Increased enrollment of CRNPs with this specialty will continue to expand access to care, and a potential cost savings of \$25,000.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 3.6a, Page 8a, Page 8.23a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A. Page 3.6a, Page 8a, Page 8.23a

10. SUBJECT OF AMENDMENT:

This amendment will allow Alabama Medicaid to improve access to medical services for women by adding the CRNP specialty of Women’s Health Care.

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:

Carol H. Steckel

13. TYPED NAME:

Carol H. Steckel

14. TITLE:

Commissioner

15. DATE SUBMITTED:

10-18-10

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:

10-19-10

18. DATE APPROVED:

12/16/10

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Justin Glaze

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children’s Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 11/08/10:

Block #8 Attachment 3.1-A, page 3.6a, 8a and 8.23a **changed to read** Block #8 Attachment 3.1-A page 3.6a.