

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

1. TRANSMITTAL NUMBER:
11-002

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
January 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:
Section 115 of MIPPA, 42 USC 1396p(b)(1)(B)(ii)

7. FEDERAL BUDGET IMPACT:
a. FFY 10 -\$7,000 (This is money not collected)
b. FFY 11 -\$10,000 (This is money not collected)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.17 (b) (3), Page 53a-1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:
Medicaid Savings Program Protection from Estate Recovery

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:
Robert D. Church, Jr., CPA

14. TITLE:
Commissioner

15. DATE SUBMITTED:

1-18-11

16. RETURN TO:
Robert D. Church, Jr., CPA
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1-13-11

18. DATE APPROVED:

03-29-11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01-01-11

21. TYPED NAME:

Jackie Glaze

20. SIGNATURE OF REGIONAL OFFICIAL:

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: 02-28-11

Block #4 Changed to read: January 1, 2011; **Block # 6 Changed to read:** Section 115 of MIPPA, 42 USC 1396p(b)(1)(B)(ii); "(Section 1917(b)(1) of the Social Security Act)"; **Block 7a Changed to read:** FFY 2011 -\$10,000.00 and 7b FFY 2012 -\$12,000; **Block # 8 Changed to read:** Atch 4.17-A page 9 and preprint pages 53, 53a and 53a-1; **Block #9 Changed to read:** preprint pages 53 and 53a; Atch 4.17-A page 8.
Block #10 Changed to read: Medicaid Savings Program Protection from Estate Recovery for dual eligibles age 55 and over, with dates of service on or after January 1, 2010 (MIPPA Section 115).