HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	AL 11-009	Alabama
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO, DECIONAL ADMINISTRATOR	A DRODOCED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 6505 amends section 1902(a) of the Social Security Act.	a. FFY 11 Neutral	
A DA CENTRAL DED OF THE DIAN OF CONON OR A TOTAL OLD OTHER	b. FFY 12 Neutral	TREE BLANGE CENTAIN
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	
	OR ATTACHMENT (If Applicable):	
Preprint 4.44; page 79Y		
<u> </u>		
10. SUBJECT OF AMENDMENT:		
This State Plan Amendment provides a statement of compliance with Section 6505 of the Affordable Care Act of		
2010 which prohibits States from providing any payments for items or services provided under the State plan or under		
a waiver to any financial institution or entity located outside of the United States (U.S.).		
The state of the s	01 3110 0 11100 0 111000 (0 10 1).	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠ OTHER, AS SPEC	EIED.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor's designe	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	via letter with CM	
THO RELET RECEIVED WITHIN 43 DATO OF SCHWITTIRE		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCYT OF POLAE.	R. Bob Mullins, Jr., MD	
	Commissioner	
13. TYPED NAME: \checkmark	Alabama Medicaid Agency	
R. Bob Mullins, Jr., MD	501 Dexter Avenue	
14. TITLE:	Post Office Box 5624	
Commissioner	Montgomery, Alabama 36103-5624	
15. DATE SUBMITTED:	Wienigomery, Alabama 50105-5024	
13. DATE SUBMITTED. 5 - 2 - 11		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
5-3-11	06-14-11	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20/SIGNATURE OF REGIONAL OFF	ICIAL:
	1 20/ Arith E.	
21. TYPED NAME:	22 TITLE: Associate Regional Administra	
Jackie Glaze	Division of Medicaid & Child	ren's Health Opns
23. REMARKS:		