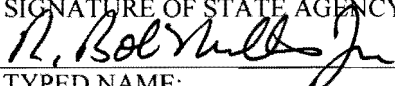
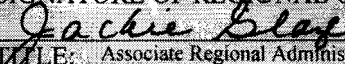


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: AL 11-010	2. STATE Alabama
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE June 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS NEW PLAN	
		AMENDMENT <input checked="" type="checkbox"/>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 400.70;		7. FEDERAL BUDGET IMPACT: a. FFY 11 Neutral b. FFY 12 Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Page 3.7a Attachment 4.19-B, Page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: This State Plan Amendment provides coverage of in home monitoring nursing service and equipment.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Governor's designee on file	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		via letter with CMS	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: R. Bob Mullins, Jr., MD Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624	
13. TYPED NAME: R. Bob Mullins, Jr., MD			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 5-12-11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/12/11		18. DATE APPROVED: 02/03/12	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 06/01/11		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 item 8 and 9 as authorized by State Agency on email dated 11/10/11 and 01/25/12: Block# 8 changed to read: Attachment 3.1-A pages 3.7 and 3.7a; Attachment 4.19-B pages 6, 6a, 7 and 7a. Block# 9 changed to read: Attachment 3.1-A pages 3.7 and 3.7a; Attachment 4.19-B pages 6, 6a (new), 7 and 7a.			