

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

1. TRANSMITTAL NUMBER:
AL-11-012

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
July 1, 2011

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 430 Subpart B

7. FEDERAL BUDGET IMPACT: This will not in any way
impact or be of any cost to the budget for the Waiver.
a. FFY 11 \$0
b. FFY 12 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, pages 1-30

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Attachment 3.1-A, pages 1-30

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to include transitional case management as an activity within targeted case management for clients in institutions who desire to return to the community. Other changes include: modifying the target populations for the Technology Assisted Waiver for Adults and updating agency name changes.

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:
R. Bob Mullins, Jr., MD

U

14. TITLE:
Commissioner

15. DATE SUBMITTED:

6-30-11

16. RETURN TO:

R. Bob Mullins, Jr., MD
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/30/2011

18. DATE APPROVED:

09/27/2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Jackie Glaze

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

Approved with the following changes to item 8 as authorized by State agency on email dated 09/16/11: Block#8 changed to read- Supplement 1 to Attachment 3.1-A, pages 1 thru 44. Block #9 changed to read- Supplement 1 to Attachment 3.1-A, pages 1 thru 33 and pages 34 thru 44(new).