DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	AL 11-013	Alabama
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	CONSIDERED AS NEW PLAN	AMENDMENT
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	итенитені)
42 CFR § 440.210	No anticipated impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
Attachment 3.1-A, page 8.20	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Page 8	Attachment 3.1-A, page 8.20	
	Attachment 3.1-A, Page 8	
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10. SUBJECT OF AMENDMENT: This amendment is being made to cl recipients.	arify labor and delivery services available	to qualified Medicaid
11. GOVERNOR'S REVIEW (Check One):	MOTHER ACCRE	OLELED
GOVERNOR'S OFFICE REPORTED NO COMMENT	.⊠ OTHER, AS SPECIFIED: Governor's designee on file	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	· · · · · · · · · · · · · · · · · · ·	
NO REFET RECEIVED WITHIN 45 DATS OF SODWITTAE	via letter with civic	,
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	R. Bob Mullins, Jr. M.D.	
	Commissioner	
R. Bob Mullins, Jr. M.D.	Alabama Medicaid Agency 501 Dexter Avenue	
14. TITLE:	Post Office Box 5624	
Commissioner	Montgomery, Alabama 36103-5624	
15. DATE SUBMITTED: 22, 2011		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
08/22/11	10/14/	11,775
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF	ICIAI.
09/01/11 f 21. TYPED NAME: 1 Jackie Glaze	22. TITIO: Associate regional Administra	en Health Opns
23. REMARKS:		
	114.44.09.02.41.	
Approved with the following changes to item 8 as authorized by State Ag	ency on chian dated 06/23/112	
Block# 8 changed to read: Attachment 3.1-A page15		
Block#9 changed to read: Attachment 3,1-A page 15 new		
DIOCKY / MICHELL IV FLAUS AMERICAN D. FLAUS		
FORM HCFA-179 (07-92)		