

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: AL-12-017	2. STATE Alabama
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE December 1, 2012		

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)

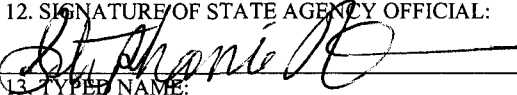
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR -418.200 Section 2302 and §1905(o)	7. FEDERAL BUDGET IMPACT: a. FFY 12 \$0.00 savings b. FFY 13 \$0.00 savings
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 7 Attachment 3.1-B Page 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 7 Attachment 3.1-B Page 6

10. SUBJECT OF AMENDMENT:

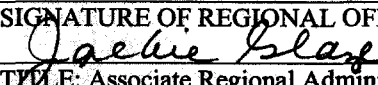
The primary purpose for this amendment is to allow the Medicaid Agency to no longer require parents with children under the age of 21 receiving hospice care, to waive all rights to Medicaid services covered under Medicaid for the duration of hospice care. Based on the *Patient Protection and Affordable Care Act*, a voluntary election to receive hospice care for a child shall not constitute a waiver of any rights of the child to be provided with, or to have payments made for services that are related to the treatment of the child's condition for which a diagnosis of terminal illness has been made. Children can now receive services related to the treatment of the condition for which a diagnosis of terminal illness was made.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Governor's designee on file
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Stephanie McGee Azar Acting Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Acting Commissioner	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/30/12	18. DATE APPROVED: 01/29/13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/01/12	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 7 as authorized by State Agency e-mail dated 01/23/13:

Block # 8 changed to read: Attachment 3.1-A page 7 and Attachment 3.1-B page 10.

Block # 9 changed to read: Attachment 3.1-A page 7 and Attachment 3.1-B page 10.