

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-58-.11

Rule Title: Service Providers

_____ New Rule; Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____no_____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____yes_____

Is there another, less restrictive method of regulation available that could adequately protect the public? _____no_____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____no_____

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____no_____

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____yes_____

Does the proposed rule have any economic impact? _____no_____

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 4-19-12

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PUBLISHED IN VOLUME _____ ISSUE NO. _____

EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-58-.11 –Service Providers

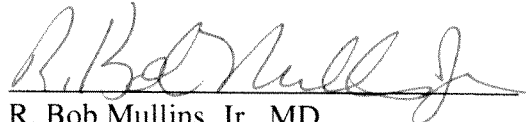
INTENDED ACTION: Amend 560-X-58-.11.

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to change the name of the Operating Agency of the HIV/AIDS Waiver from the Alabama Department of Public Health to the Alabama Department of Senior Services.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than June 5, 2012.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., MD
Commissioner

Rule No. 560-X-58-.11. Service Providers.

The Home and Community-Based HIV/AIDS Waiver is a cooperative effort between the Alabama Medicaid Agency and the Alabama Department of ~~Public Health~~ Senior Services.

Author: Samantha McLeod, Associate Director, LTC Specialized Waiver Programs.

Statutory Authority: Social Security Act §1915(c); 42 CFR Section 441, Subpart G—
Home and Community-Based Services: Waiver Requirements.

History: New Rule: Filed June 20, 2003; effective September 15, 2003. **Amended:**
Filed April 20, 2012.