

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-58-.03 – Home and Community-Based Services for Individuals Diagnosed with HIV/AIDS and Related Illness - Eligibility

**INTENDED ACTION:** Amend 560-X-58-.03(1), (4)

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to modify the language within the Alabama Medicaid Administrative Code and other applicable documents to add additional financial eligibility groups that can be served by the HIV/AIDS Waiver.

**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 February 4, 2008.

**CONTACT PERSON AT AGENCY:** William O. Butler, III,  
Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue,  
Post Office Box 5624, Montgomery, Alabama 36103-5624.



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Carol H. Steckel  
Commissioner