

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-25-.15 Medicaid for Low Income Families, Extended Medicaid Benefits due to State Collected Child Support, and Transitional Medicaid Benefits

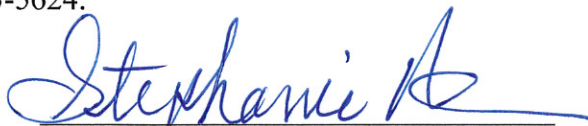
INTENDED ACTION: Amend 560-X-25-.15

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended. The amendment is to change the terminology 'family' to 'household', 'Medicaid for Low Income Families' to 'Parents and Other Caretaker Relatives', and change 'State Collected Child Support' to 'Spousal Support.' As required by law, policy change was added for Parents and Other Caretaker Relatives to reflect new income at or below 13% of the federal poverty level. Self-attestation is accepted for this group.

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. 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, 2014.

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



Stephanie McGee Azar
Acting Commissioner