

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-58-.02 Description of Services

**INTENDED ACTION:** Amend Rule 560-X-58-.02(1),(2)

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to describe two new services in the HIV/AIDS Waiver, case management and homemaker 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 March 7, 2007.

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



Carol H. Steckel  
Commissioner