## ALABAMA MEDICAID AGENCY

## **NOTICE OF INTENDED ACTION**

**<u>RULE NO. & TITLE:</u>** 560-X-57-.07 (1), (4) – Financial Accountability of Operating Agency

**INTENDED ACTION:** Amend 560-X-57.-07 (1), (4).

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above-referenced rule is being amended to accurately reflect retention of records and change Homebound to SAIL for the Quarterly Cost Report.

**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