## ALABAMA MEDICAID AGENCY

## NOTICE OF INTENDED ACTION

**RULE NO. & TITLE:** 560-X-62-.16 Solvency and Financial Requirements for Regional Care Organizations

**INTENDED ACTION:** Add New Rule 560-X-62-.16

**SUBSTANCE OF PROPOSED ACTION**: The above referenced rule is being created to set forth the solvency and financial requirements which must be met and maintained by each regional care organization.

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 March 9, 2015.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.

Stephanie McGee Azar Acting Commissioner