

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-51-.10 – Reimbursement for Levels of Care

INTENDED ACTION: Amend 560-X-51-.10(2), (3)(c)(d)

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to edit the section for Reimbursement for Levels of Care.

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 August 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.



Carol H. Steckel
Commissioner