



ROBERT BENTLEY  
Governor

# Alabama Medicaid Agency

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Telecommunication for the Deaf: 1-800-253-0799  
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STEPHANIE MCGEE AZAR  
Acting Commissioner

## PUBLIC NOTICE

### SUBJECT: AMENDMENT TO THE ALABAMA STATE PLAN FOR THE VERIFICATION OF ASSETS SYSTEM

The Alabama Medicaid Agency is proposing to amend its State Plan to establish an Asset Verification System for purpose of determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients in accordance with Section 190 (a) of the Social Security Act.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning these changes are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Stephanie McGee Azar  
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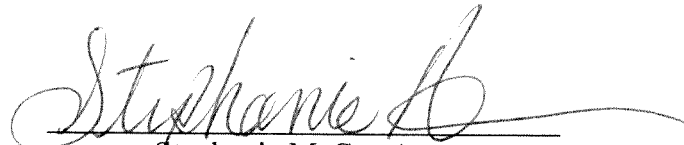
## PUBLIC NOTICE

### SUBJECT: AMENDMENT TO THE ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

The Alabama Medicaid Agency is proposing to amend Attachment 2.2-A and Attachment 1.2-D of State Plan for Medical Assistance through State Plan Amendment 13-003. The purpose of this amendment, effective April 1, 2013, is to grant Public Health employees, working in Health Departments and/or Customer Service Centers as Medicaid representatives, the authority to determine Medicaid eligibility for mandatory and optional coverage groups.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning these changes are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

  
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## PUBLIC NOTICE

### SUBJECT: AMENDMENT TO THE ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

The Alabama Medicaid Agency is proposing to add Attachment 3.1-F to the State Plan for Medical Assistance. This amendment will allow the Medicaid Agency to transfer the authority for the Primary Care Case Management (PCCM), Patient 1<sup>st</sup> Program from a 1915 (b) waiver authority to a State Plan Authority.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning these changes are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

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## PUBLIC NOTICE

### SUBJECT: AMENDMENT TO THE ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

Effective April 1, 2013, the Alabama Medicaid Agency is proposing to amend Attachment 4.19-B, Pages 4 and 7 of the Alabama Plan for Medical Assistance.

The purpose of the amendment is for Alabama Medicaid to decrease Durable Medical Equipment (DME) providers' reimbursement to 76% of Medicare's allowable amount effective April 1, 2013.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning this change are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Stephanie McGee Azar, Acting Commissioner



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## PUBLIC NOTICE

SUBJECT: AMENDMENT TO THE ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

The Alabama Medicaid Agency requests to amend Attachment 3.1-D page 1, Attachment 4.19-B page 14.a, and the Attachment 3.1-A pages 9.a to 9.g of the Alabama State Plan for Medical Assistance through State Plan Amendment AL-13-009. The estimated effective date for this amendment is October 1, 2013.

This amendment will allow the Alabama Medicaid Agency to change from an In-House Reimbursement Model for Non-Emergency Transportation to a Broker Model.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning these changes are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

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