

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-63 Ventilator Dependent and Qualified  
Tracheotomy Care

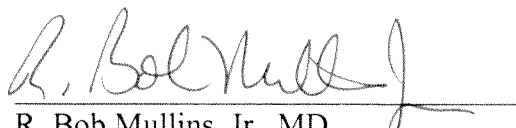
**INTENDED ACTION:** New

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being added to allow the Medicaid Agency to pay nursing facilities a supplemental fee-for-service payment for care provided to Medicaid recipients who are ventilator-dependent or qualified tracheostomy residents of a nursing facility. This coverage includes, but is not limited to, individuals currently on the Technology Assisted Waiver for Adults and the Private Duty Nursing program who meet the criteria to receive care in the nursing facility based upon their need for ventilator-dependent/tracheostomy 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 December 5, 2011.

**CONTACT PERSON AT AGENCY:** Stephanie McGee Azar,  
Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue,  
Post Office Box 5624, Montgomery, Alabama 36103-5624.

  
R. Bob Mullins, Jr., MD  
Commissioner