

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-63-.06. Nursing Facility Participation Requirements

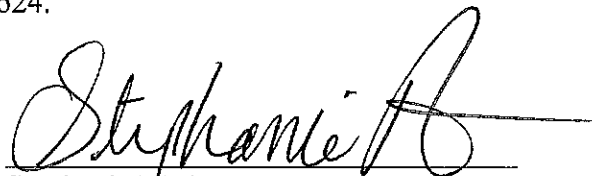
**INTENDED ACTION:** Amend 560-X-63-.06

**SUBSTANCE OF PROPOSED ACTION:** This section is being revised to change the certification period from three months to six months for the qualified ventilator-dependent/qualified tracheostomy care residents.

**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 December 5, 2014.

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

A handwritten signature in black ink, appearing to read "Stephanie A", written over a horizontal line.

Stephanie McGee Azar  
Acting Commissioner