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State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-24-0031-FCEP and
AL-24-0031-ABSC

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages



Children and Adults Health Programs Group

April 1, 2024

Wanda Davis
Deputy Director, Children's Health Insurance Program
201 Monroe Street
Montgomery, AL 36104

Dear Wanda Davis:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs) numbers AL-24-0031-FCEP and AL-24-0031-ABSC, submitted on January 18, 2024, have been approved. These SPAs have an effective date of October 1, 2024.

Through AL-24-0031-FCEP, Alabama expands CHIP eligibility from 36 counties to statewide for the from-conception-to-end-of-pregnancy (FCEP) coverage group with family incomes up to and including 312 percent of the federal poverty level (FPL) whose birth parent is not otherwise eligible for Medicaid or CHIP. Coverage for the FCEP population is identical to the benefit package provided to pregnant individuals in Medicaid. A copy of the approved CS9 template is attached and has been incorporated into sections 4.1.2 and 4.1.3 of Alabama's CHIP state plan.

Also through AL-24-0031-ABSC, Alabama expands its health services initiative (HSI), the ALL Babies Postpartum Initiative, from 36 counties to statewide in order to provide 60 days of postpartum coverage for birth parents covered under the ALL Babies program.

The HSI approval is based on section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorize use of title XXI administrative funding for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding. The state's total title XXI administrative expenditures may not exceed 10 percent of its total annual title XXI computable expenditures.

The state shall ensure that the available title XXI administrative funding is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP state plan. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Page 2 – Wanda Davis

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8117
E-mail: joshua.bougie@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN’S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Alabama
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))

Scott Harris, State Health Officer, Alabama Department of Public Health, **January 16, 2024**
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Cathy Donald

Position/Title: Acting CHIP Director

Name: Shaundra B. Morris

Position/Title: Director, ADPH Financial Services

Name: _____

Position/Title: _____

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended the Social Security Act (the Act) by adding a new title XXI, the Children’s Health Insurance Program (CHIP). In February 2009, the Children’s Health Insurance Program Reauthorization Act (CHIPRA) renewed the program. The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, further modified the program. The HEALTHY KIDS Act and The Bipartisan Budget Act of 2018 together resulted in an extension of funding for CHIP through federal fiscal year 2027.

This template outlines the information that must be included in the state plans and the State plan amendments (SPAs). It reflects the regulatory requirements at 42 CFR Part 457 as well as the previously approved SPA templates that accompanied guidance issued to States through State Health Official (SHO) letters. Where applicable, we indicate the SHO number and the date it was issued for your reference. The CHIP SPA template includes the following changes:

- Combined the instruction document with the CHIP SPA template to have a single document. Any modifications to previous instructions are for clarification only and do not reflect new policy guidance.
- Incorporated the previously issued guidance and templates (see the Key following the template for information on the newly added templates), including:
 - Prenatal care and associated health care services (SHO #02-004, issued November 12, 2002)
 - Coverage of pregnant women (CHIPRA #2, SHO # 09-006, issued May 11, 2009)
 - Tribal consultation requirements (ARRA #2, CHIPRA #3, issued May 28, 2009)
 - Dental and supplemental dental benefits (CHIPRA # 7, SHO # #09-012, issued October 7, 2009)
 - Premium assistance (CHIPRA # 13, SHO # 10-002, issued February 2, 2010)
 - Express lane eligibility (CHIPRA # 14, SHO # 10-003, issued February 4, 2010)
 - Lawfully Residing requirements (CHIPRA # 17, SHO # 10-006, issued July 1, 2010)
- Moved sections 2.2 and 2.3 into section 5 to eliminate redundancies between sections 2 and 5.
- Removed crowd-out language that had been added by the August 17 letter that later was repealed.
- Added new provisions related to delivery methods, including managed care, to section 3 (81 FR 27498, issued May 6, 2016)

States are not required to resubmit existing State plans using this current updated template. However, States must use this updated template when submitting a new State Plan Amendment.

Federal Requirements for Submission and Review of a Proposed SPA. (42 CFR Part 457 Subpart A)

In order to be eligible for payment under this statute, each State must submit a Title XXI plan for approval by the Secretary that details how the State intends to use the funds and fulfill other requirements under the law and regulations at 42 CFR Part 457. ASPA is approved in 90 days unless the Secretary notifies the State in writing that the plan is disapproved or that specified additional information is needed. Unlike Medicaid SPAs, there is only one 90-day review period, or clock for CHIP Spas, that may be stopped by a request for additional information and restarted after a complete response is received. More information on the SPA review process is found at 42 CFR 457 Subpart A.

When submitting a State plan amendment, states should redline the changes that are being made to the existing State plan and provide a “clean” copy including changes that are being made to the existing state plan.

The template includes the following sections:

1. **General Description and Purpose of the Children’s Health Insurance Plans and the Requirements-** This section should describe how the State has designed their program. It also is the place in the template that a State updates to insert a short description and the proposed effective date of the SPA, and the proposed implementation date(s) if different from the effective date. (Section 2101) ;(42 CFR 457.70)
2. **General Background and Description of State Approach to Child Health Coverage and Coordination-** This section should provide general information related to the special characteristics of each state’s program. The information should include the extent and manner to which children in the State currently have creditable health coverage, current State efforts to provide or obtain creditable health coverage for uninsured children and how the plan is designed to be coordinated with current health insurance, public health efforts, or other enrollment initiatives. This information provides a health insurance baseline in terms of the status of the children in a given State and the State programs currently in place. (Section 2103); (42 CFR 457.410(A))
3. **Methods of Delivery and Utilization Controls-** This section requires a description that must include both proposed methods of delivery and proposed utilization control systems. This section should fully describe the delivery system of the Title XXI program including the proposed contracting standards, the proposed delivery systems and the plans for enrolling providers. (Section 2103); (42 CFR 457.410(A))
4. **Eligibility Standards and Methodology-** The plan must include a description of the standards used to determine the eligibility of targeted low-income children for child health assistance under the plan. This section includes a list of potential eligibility standards the State can check off and provide a short description of how those standards will be applied. All eligibility standards must be consistent with the provisions of Title XXI and may not discriminate on the basis of diagnosis. In addition, if the standards vary within the state, the State should describe how they will be applied and under what circumstances they will be applied. In addition, this section provides information on income eligibility for Medicaid expansion programs (which are exempt from Section 4 of the State plan template) if applicable. (Section 2102(b)); (42 CFR 457.305 and 457.320)
5. **Outreach-** This section is designed for the State to fully explain its outreach activities. Outreach is defined in law as outreach to families of children likely to be eligible for child health assistance under the plan or under other public or private health coverage programs. The purpose is to inform these families of the availability of, and to assist them in enrolling their children in, such a program. (Section 2102(c)(1)); (42CFR 457.90)
6. **Coverage Requirements for Children’s Health Insurance-** Regarding the required scope of health insurance coverage in a State plan, the child health assistance provided must consist of any of the four types of coverage outlined in Section 2103(a) (specifically, benchmark coverage; benchmark-equivalent coverage; existing comprehensive state-based coverage; and/or Secretary-approved coverage). In this section States identify the scope of coverage and benefits offered under the plan including the categories under which that coverage is offered. The amount, scope,

and duration of each offered service should be fully explained, as well as any corresponding limitations or exclusions. (Section 2103); (42 CFR 457.410(A))

7. **Quality and Appropriateness of Care-** This section includes a description of the methods (including monitoring) to be used to assure the quality and appropriateness of care and to assure access to covered services. A variety of methods are available for State's use in monitoring and evaluating the quality and appropriateness of care in its child health assistance program. The section lists some of the methods which states may consider using. In addition to methods, there are a variety of tools available for State adaptation and use with this program. The section lists some of these tools. States also have the option to choose who will conduct these activities. As an alternative to using staff of the State agency administering the program, states have the option to contract out with other organizations for this quality of care function. (Section 2107); (42 CFR 457.495)
8. **Cost Sharing and Payment-** This section addresses the requirement of a State child health plan to include a description of its proposed cost sharing for enrollees. Cost sharing is the amount (if any) of premiums, deductibles, coinsurance and other cost sharing imposed. The cost-sharing requirements provide protection for lower income children, ban cost sharing for preventive services, address the limitations on premiums and cost-sharing and address the treatment of pre-existing medical conditions. (Section 2103(e)); (42 CFR 457, Subpart E)
9. **Strategic Objectives and Performance Goals and Plan Administration-** The section addresses the strategic objectives, the performance goals, and the performance measures the State has established for providing child health assistance to targeted low income children under the plan for maximizing health benefits coverage for other low income children and children generally in the state. (Section 2107); (42 CFR 457.710)
10. **Annual Reports and Evaluations-** Section 2108(a) requires the State to assess the operation of the Children's Health Insurance Program plan and submit to the Secretary an annual report which includes the progress made in reducing the number of uninsured low income children. The report is due by January 1, following the end of the Federal fiscal year and should cover that Federal Fiscal Year. In this section, states are asked to assure that they will comply with these requirements, indicated by checking the box. (Section 2108); (42 CFR 457.750)
11. **Program Integrity-** In this section, the State assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Sections 2101(a) and 2107(e); (42 CFR 457, subpart I)
12. **Applicant and Enrollee Protections-** This section addresses the review process for eligibility and enrollment matters, health services matters (i.e., grievances), and for states that use premium assistance a description of how it will assure that applicants and enrollees are given the opportunity at initial enrollment and at each redetermination of eligibility to obtain health benefits coverage other than through that group health plan. (Section 2101(a)); (42 CFR 457.1120)

Program Options. As mentioned above, the law allows States to expand coverage for children through a separate child health insurance program, through a Medicaid expansion program, or through a combination of these programs. These options are described further below:

- **Option to Create a Separate Program-** States may elect to establish a separate child health program that are in compliance with title XXI and applicable rules. These states must

- establish enrollment systems that are coordinated with Medicaid and other sources of health coverage for children and also must screen children during the application process to determine if they are eligible for Medicaid and, if they are, enroll these children promptly in Medicaid.
- **Option to Expand Medicaid-** States may elect to expand coverage through Medicaid. This option for states would be available for children who do not qualify for Medicaid under State rules in effect as of March 31, 1997. Under this option, current Medicaid rules would apply.

Medicaid Expansion- CHIP SPA Requirements

In order to expedite the SPA process, states choosing to expand coverage only through an expansion of Medicaid eligibility would be required to complete sections:

- 1 (General Description)
- 2 (General Background)

They will also be required to complete the appropriate program sections, including:

- 4 (Eligibility Standards and Methodology)
- 5 (Outreach)
- 9 (Strategic Objectives and Performance Goals and Plan Administration including the budget)
- 10 (Annual Reports and Evaluations).

Medicaid Expansion- Medicaid SPA Requirements

States expanding through Medicaid-only will also be required to submit a Medicaid State Plan Amendment to modify their Title XIX State plans. These states may complete the first check-off and indicate that the description of the requirements for these sections are incorporated by reference through their State Medicaid plans for sections:

- 3 (Methods of Delivery and Utilization Controls)
- 4 (Eligibility Standards and Methodology)
- 6 (Coverage Requirements for Children's Health Insurance)
- 7 (Quality and Appropriateness of Care)
- 8 (Cost Sharing and Payment)
- 11 (Program Integrity)
- 12 (Applicant and Enrollee Protections)

- **Combination of Options-**CHIP allows states to elect to use a combination of the Medicaid program and a separate child health program to increase health coverage for children. For example, a State may cover optional targeted-low income children in families with incomes of up to 133 percent of poverty through Medicaid and a targeted group of children above that level through a separate child health program. For the children the State chooses to cover under an expansion of Medicaid, the description provided under "Option to Expand Medicaid" would apply. Similarly, for children the State chooses to cover under a separate program, the provisions outlined above in "Option to Create a Separate Program" would apply. States wishing to use a combination of approaches will be required to complete the Title XXI State plan and the necessary State plan amendment under Title XIX.

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 457 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date.

Proposed State plan amendments should be submitted electronically and one signed hard copy to the Centers for Medicare & Medicaid Services at the following address:

Name of Project Officer
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244
Attn: Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Mail Stop - S2-01-16

Section 1. General Description and Purpose of the Children’s Health Insurance Plans and the Requirements

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101) (a)(1)); (42 CFR 457.70):

Guidance: Check below if child health assistance shall be provided primarily through the development of a separate program that meets the requirements of Section 2101, which details coverage requirements and the other applicable requirements of Title XXI.

1.1.1. * Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

Guidance: Check below if child health assistance shall be provided primarily through providing expanded eligibility under the State’s Medicaid program (Title XIX). Note that if this is selected the State must also submit a corresponding Medicaid SPA to CMS for review and approval.

1.1.2. Providing expanded benefits under the State’s Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

Guidance: Check below if child health assistance shall be provided through a combination of both 1.1.1. and 1.1.2. (Coverage that meets the requirements of Title XXI, in conjunction with an expansion in the State’s Medicaid program). Note that if this is selected the state must also submit a corresponding Medicaid state plan amendment to CMS for review and approval.

1.1.3. A combination of both above. (Section 2101(a)(2))

Until October 1, 2002, Alabama’s CHIP was a combination program. With the mandated gradual increase of Medicaid coverage at higher income levels for children born after September 30, 1983, the Medicaid expansion portion of CHIP was subsumed, on October 1, 2002, by the Alabama Medicaid SOBRA Program for Pregnant Women and Children.

1.1-DS The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

1.2. Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

Alabama has not and will not claim expenditures for child health assistance prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS.

1.3.

Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Assurances are on file with DHHS. The Alabama Department of Public Health continues to assure that compliance with all applicable civil rights requirements.

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA(42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: February 1, 1998

Implementation Date:

Amendment 1 – Establishment of ALL Kids

Effective Date: February 1, 1998

Implementation Date: October 1, 1998

Amendment 2 – Establishment of ALL Kids PLUS

Effective/Implementation Date: October 1, 1999

Amendment 3 – Disregards

Effective/Implementation Date: June 1, 2001

Amendment 4 - Compliance

Effective/Implementation Date: August 24, 2001

Amendment 5 – Waiting List, Cost Sharing, Benefit Changes

Effective/Implementation Date: October 1, 2003

Amendment 6 – Discontinuance of the Waiting List and other Clean-Up changes

Effective/Implementation Date: November 23, 2004

Amendment 7 – Raise the upper income eligibility limit to 300% of FPL and other minor changes

Effective/Implementation Date: October 1, 2009

Amendment 8 – Include a private foundation grant as an additional source of state funding

Effective/Implementation Date: October 27, 2009

Amendment 9 – Establishment of a Prospective Payment System for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics

(RHCs)

Effective/Implementation Date: October 1, 2009;

Addendum on Dental Benefits Under Title XXI:

Effective/Implementation Date: October 1, 1998

Amendment 10 – Eligibility for children of employees of a public agency (state employees and public education employees)

Effective/Implementation Date: January 1, 2011

Amendment 11 – Provisions for Implementing Temporary Adjustments to Enrollment Determination and/or Redetermination Policies and Cost Sharing Requirements for Applicants/Renewals living in and/or working in FEMA or Governor declared disaster areas at the time of a disaster event. In the event of a disaster, the State will notify CMS of the intent to provide temporary adjustments to its enrollment and/or redetermination policies, the effective dates of such adjustments and the counties/areas impacted by the disaster.

Effective/Implementation Date: April 15, 2011

Amendment 12 – Increase premiums, increase co-pays and revise the methodology for determining annual aggregate cost-sharing

Effective/Implementation Date: May 1, 2012

Amendment 13 – Establishment of copayments for therapy services (physical, occupational, and speech), vision services and chiropractic services; and cleanup changes

Effective/Implementation Date: August 1, 2013

Amendment 14 – Alignment of ALL Kids fee groups with provisions of the Affordable Care Act (ACA) and other editorial changes to comply with previously approved ACA SPAs.

Effective/Implementation Date: January 1, 2014

Amendment 15 - AL-16-0015-MEXP – CHIP Medicaid expansion to cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL.

Effective Date: October 1, 2015

Implementation Date: January 1, 2016

Amendment 16 – AL-18-0016-PAR - Attestation and documentation of Mental Health Parity and Addiction Equity.

Submission Date: July 10, 2018

Effective Date: October 1, 2017*

Implementation Date: October 1, 2017*

***Note: Benefits were adjusted in October 2010 to be compliant with mental health parity; this amendment did not require any benefit changes**

Amendment 17 – AL-19-0017-RIM

- Reducing Infant Mortality (RIM) Health Service Initiative

Submission Date: July 17, 2019

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

- Amendment 18 – AL-19-0018-RIM**
CS9 Eligibility – Coverage From Conception to Birth
Submission Date: July 17, 2019
Effective Date: July 1, 2019
Implementation Date: July 1, 2019
- Amendment 19 – AL-20-0019-CEN**
CS15 MAGI-Based Income Methodologies – Temporary Income
Submission Date: February 26, 2020
Effective Date: July 1, 2020
Implementation Date July 1, 2020
- Amendment 20 – AL-20-0020-COVI**
Allowing for Temporary Waiving of cost sharing requirements for enrollees who reside and/or work in a State or Federally declared disaster area.
Submission Date: July 29, 2020
Effective Date: March 1, 2020
Implementation Date: March 1, 2020
- Amendment 21 - AL-20-0021-BH**
Documentation of AL CHIP compliance with the SUPPORT Act.
Submission Date: July 29, 2020
Effective Date: October 1, 2019
Implementation Date: October 24, 2018
- Amendment 22 – AL-21-0022-PP**
Postpartum coverage Health Services Initiative for ALL Babies
Submission Date: May 13, 2021
Effective Date: July 1, 2021
Implementation Date: July 1, 2021
- Amendment 23 – AL-22-0023-OBJ**
Edits to align Strategic Objectives and Performance Goals with CARTS
Submission Date: March 30, 2022
Effective Date: October 1, 2021
Implementation Date: October 1, 2021
- Amendment 24 – AL-22-0024-ARP**
Coverage of COVID-19 vaccine, testing, and treatment under American Rescue Plan Act
Submission Date: March 30, 2022
Effective Date: March 11, 2021
Implementation Date: March 11, 2021
- Amendment 25 - AL-22-0025-CE**
12-Month Postpartum Period Continuous Eligibility
Submission Date: August 25, 2022
Effective Date: October 1, 2022
Implementation Date: October 1, 2022
- Amendment 26 - AL-23-0026-RIM2**

CS9 Eligibility - Statewide Coverage from Conception to Birth

Submission Date: January 9, 2023

Effective Date: May 1, 2023

Implementation Date: May 1, 2023

Amendment 27 - AL-23-0027-CC

Amending AL-19-0017-RIM to discontinue HSI

Submission Date: January 9, 2023

Effective Date: October 1, 2023

Implementation Date: September 30, 2023

Amendment 28 - AL-23-0028-ROR

Reach Out and Read HSI

Submission Date: February 1, 2023

Effective Date: June 1, 2023

Implementation Date: June 1, 2023

Amendment 29 - AL-23-0029-MH

Project ECHO Model for IECMH

Submission Date: February 1, 2023

Effective Date: June 1, 2023

Implementation Date: June 1, 2023

Amendment 30 – AL-24-0030-VC/TE (Pending)

Transition the current approved State Plan into the new Title XXI

Template; Assure compliance with SHO #23-003 re: Mandatory Coverage of Adult Vaccinations; updating and relating the

Grievance Policy description from Attachment A to Section 12;

And other minor technical edits

Submission Date: January 10, 2024

Effective Date: October 1, 2023

Implementation Date: October 1, 2023

Amendment 31 – AL-24-0031-ABSC

Expand FCEP and the HSI Postpartum Coverage from 36 counties to statewide

Submission Date: January 18, 2024

Effective date: October 1, 2024

Implementation date: October 1, 2024

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
<p>AL-14-0016 (Original: AL-14-0016 Effective/Implementation Date: January 1, 2014)</p> <p>AL-20-0019-CEN (affects only CS15) Effective Implementation Date: July 1, 2020</p>	<p>MAGI Eligibility & Methods</p>	<p>CS7</p> <p>CS10</p> <p>CS15</p>	<p>Eligibility – Targeted Low Income Children</p> <p>Children With Access to Public Employee Coverage</p> <p>MAGI-Based Income Methodologies</p>	<p>Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 Section 4.4.1: Supersedes only the information on dependents of public employees in this section; supporting documentation should be incorporated as an appendix to the current state plan</p> <p>Incorporate within a separate subsection under section 4.3</p>
<p>AL-24-0031-FCEP</p> <p>AL-23-0026-RIM2 Effective/Approval Date: May 1, 2023</p> <p>Original: AL-19-0018-RIM Effective/Approval Date: July 1, 2019</p>		<p>CS9</p>	<p>Coverage from Conception to Birth</p>	<p>Supersedes previously approved CS9</p>

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
<p><i>(Original: AL-14-0014 Effective/Implementation Date: January 1, 2014)</i></p> <p>AL-16-0015-MEXP</p> <p>Effective/Implementation Date: October 1, 2015</p>	XXI Medicaid Expansion	CS3	<p>Eligibility for Medicaid Expansion Program</p> <p>CHIP Medicaid expansion to cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL</p>	Supersedes the current Medicaid expansion section 4.0
<p>AL-14-0015</p> <p>Effective/Implementation Date: January 1, 2014</p>	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
<p>AL-14-0018</p> <p>Effective/Implementation Date: January 1, 2014</p>	Eligibility Process	CS24	Single, Streamlined Application Screen and Enroll Process Renewals	Supersedes the current sections 4.3 and 4.4
<p>AL-14-0017</p> <p>Effective/Implementation Date: January 1, 2014</p>	Non-Financial Eligibility	<p>CS17</p> <p>CS18</p> <p>CS19</p> <p>CS20</p> <p>CS21</p> <p>CS27</p>	<p>Non-Financial Eligibility – Residency</p> <p>Non-Financial – Citizenship</p> <p>Non-Financial – Social Security Number</p> <p>Substitution of Coverage</p> <p>Non-Payment of Premiums</p> <p>Continuous Eligibility</p>	<p>Supersedes the current section 4.1.5</p> <p>Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR</p> <p>Supersedes the current section 4.1.9.1</p> <p>Supersedes the</p>

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
				<p>current section 4.4.4</p> <p>Supersedes the current section 8.7</p> <p>Supersedes the current section 4.1.8</p>

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

In accordance with approved policies, on December 14, 2023, a certified letter explaining the changes proposed in AL-24-0031-FCEP and AL-24-0031-ABSC was mailed to the Tribal Chairman of the one federally recognized Native American tribe in Alabama, the Poarch Band of Creek Indians. The letter included the purpose for the proposed changes and a description of the changes. In the letter, the Tribal Chairman was also reminded that she had the opportunity to respond to the proposed changes within 30 days and was given contact information for any such response. The certified letter was signed by the CHIP Deputy Director.

TN No: Approval Date Effective Date: January 14, 2024

2.2. Health Services Initiatives-Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

HSI I - ALL Babies Postpartum Initiative: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to support the ALL Babies Postpartum Initiative. This HSI will not supplant or match CHIP Federal funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds. This HSI will assist in improving the health of children by ensuring their mothers have access to healthcare services during their postpartum period. The aim of this initiative is to provide full health insurance coverage during the postpartum period to enrollees who have been prenatally covered in the ~~Reducing Infant Mortality~~ **From Conception to Birth End of Pregnancy program known as ALL Babies. The length of the ALL Babies postpartum period is equivalent to Alabama Medicaid's current definition of the length of postpartum period "From delivery through the end of the month in which the 60th day postpartum falls, counting from the date the pregnancy ends either as a full term or as a miscarriage." ALL Babies participants will be enrolled automatically in the postpartum HSI initiative. Metrics used to measure the impact of the state's HSI program on the health of low-income children and their mothers will be included in the state's CHIP Annual Report.**

Cost: The cost of the HSI is budgeted to be \$2,982,927 for FY2025. This figure is based on anticipated enrollment (4,527 enrollees) in 36 counties statewide with an average enrollment of 2.5 months.

HSI II – Reach Out and Read (ROR) Initiative: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to continue to deliver Reach Out and Read, an AAP-endorsed, evidence-based model to promote early literacy, early learning and school readiness as part of routine pediatric primary care visits for children, birth to age 5 in five Alabama counties (Jefferson, Macon, Marshall, Monroe, and Randolph). Funding for this initiative is to bolster ROR efforts in the five counties for the existing ROR program in order to increase grade level reading. This HSI will assist in transforming the standard of pediatric care for young children in Alabama to sharpen the focus on activities that support social and emotional development. The criteria used to determine eligibility for the services is the age of the child and the type of visit. The child must be seen for a well-child visit in order to receive the service.

Funds under this HSI will not supplant or match CHIP Federal Funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds. Metrics used to measure the impact of the state’s HSI program on the health of low-income children will be included in the state’s CHIP Annual Report.

Cost: The cost of the HSI is budgeted to be \$500,000 and limited to two years (\$250,000 for FY 2023 and \$250,000 for FY2024). The budget timeline for the ROR HSI begins June 1, 2023 and will end May 31, 2025.

Find information on Reach Out and Reach and the evidence supporting its effectiveness at <https://reachoutandread.org/why-we-matter/>

HSI III – Infant and Early Childhood Mental Health Services: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to increase workforce capacity around Infant and Early Childhood Mental Health Services (IECMH). IECMH works to develop the capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships. The vision of the Alabama IECMH System of Care is that *“Every child has opportunities from the start to reach their full potential within healthy positive relationships.”* To achieve this vision, their mission is *“to create and sustain a culturally sensitive system that promotes positive early experiences through collaborative partnerships, empowering families, and building capacity across communities.”*

Alabama Department of Mental Health will establish the evidence based Project ECHO Model® learning framework to train a variety of professionals (childcare workers, head start staff, mental health clinicians, etc.) statewide working directly with children birth to five and their families on topics such as Understanding Trauma in Young Children, What is IECMH and IECMH Consultation and Why It is Important, Self-Care, Addressing Behavioral Challenges in Young Children, Attachment, and Early Brain Development. The Project ECHO Model® is a telementoring program designed to create communities of learners by bringing together

healthcare or other service providers and experts in topical areas using didactic and case-based presentations, fostering an “all learn, all teach approach.” The only eligibility to participate in the IECMH ECHO training/telementoring program is to be a professional serving young children and families who want to build their capacity to address the social/emotional, and behavioral needs of the population they care for. The participating professionals will be surveyed in those foundational topics to determine additional topics they desire to learn about that will be applicable and beneficial to their practice. Advertisement of the availability of the training will be coordinated through our partner state agencies and local agencies who serve low-income children/families. Child welfare and childcare licensing staff will be asked to share information with local childcare and county staff, through the training calendar on the website for the Alabama Association for Infant and Early Childhood Mental Health (First 5 Alabama) which is sent out to all First 5 Alabama members (many of whom serve low-income children), to Early Head Start and Head Start state and local administrators, etc. Metrics used to measure the impact of the state’s HSI program on the health of low-income children will be included in the state’s CHIP Annual Report.

Funds under this HSI will not supplant or match CHIP Federal Funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds.

Cost: The cost of the HSI is budgeted to be \$20,000 for FY 2023 and funding will end September 30, 2023.

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4.1.9 Other Standards- Identify and describe other standards for or affecting eligibility, including those standards in 42 CFR 457.310 and 457.320 that are not addressed above. For instance:

Comprehensive health coverage will be provided from conception to ~~birth~~ **end of pregnancy** for those with family incomes up to and including 312% FPL, whose mothers do not have comprehensive coverage, and reside in ~~select counties in~~ Alabama (~~initially Montgomery, Macon and Russell~~). A phased in approach (~~see CS9 for list of initial phase counties~~) will be **was** utilized until coverage is **could be offered provided** statewide. ~~The time frame for the phase in period will be 3-5 years.~~ Comprehensive coverage will be provided to this population from the date of enrollment and will continue until the last day of the month in which the 60-day postpartum period has elapsed after the end of a pregnancy. The date of enrollment may be as early as the first day of maternity-related service provision even if the application is completed a few days after the service is received. In other cases coverage will begin on the date the application is received ~~by the CHIP office~~. Prenatal care, labor and delivery and limited postpartum care are paid using a bundled payment. In addition to the bundled payment, the state will provide comprehensive coverage during the postpartum period through ALL Babies HSI Initiative. For example, if a woman gives birth on June 26, benefits covered in the bundled package or postpartum HSI would end on August 31. Obstetric coverage for current ALL Kids members includes all prenatal care through 90 days postpartum and is billed as a bundled

payment. Social Security numbers for the babies will not be required unless and until the child is born and applies for renewal.

Guidance: Check below if the State elects to provide a source of coverage that is not described above. Describe the coverage that will be offered, including any benefit limitations or exclusions.

6.1.4.7. Other. (Describe)

Comprehensive health coverage will be provided from conception to ~~birth~~ **end of pregnancy** for those with family incomes up to and including 312% FPL, whose mothers do not have comprehensive coverage, and reside in ~~select counties in geographic areas in Alabama where CHIP unborn coverage is available.~~ Alabama will utilize a phased in approach (see CS9 for list of initial phase counties) **for FCEP** until coverage is **could be** provided statewide. Prenatal care, labor and delivery and limited postpartum care are paid using a bundled payment. In addition to the bundled payment, the state will provide comprehensive coverage during the postpartum period through **an** ALL Babies HSI Initiative. Coverage begins upon enrollment and will continue until the last day of the month in which the 60-day postpartum period has elapsed after the end of a pregnancy. For example, if a woman gives birth on June 26, benefits covered in the bundled package or postpartum HSI would end on August 31. The first day without coverage would be September 1. The date of enrollment may be as early as the first day of maternity-related service provision even if the application is completed a few days after the service is received. In other cases coverage will begin on the date the application is received ~~by the CHIP office.~~ The definition of comprehensive coverage includes coverage for obstetrical benefits. If a pregnant woman has other coverage but the other coverage does not include obstetrical benefits, then the other coverage would be considered non-comprehensive, regardless of any other benefits it insures. In this circumstance, the pregnant woman would meet the criterion for not having comprehensive coverage.

Guidance: All forms of coverage that the State elects to provide to children in its plan must be checked. The State should also describe the scope, amount and duration of services covered under its plan, as well as any exclusions or limitations. States that choose to cover unborn children under the State plan should include a separate section 6.2 that specifies benefits for the unborn child population. (Section 2110(a)) (42CFR, 457.490)

If the state elects to cover the new option of targeted low income pregnant women, but chooses to provide a different benefit package for these pregnant women under the CHIP plan, the state must include a separate section 6.2 describing the benefit package for pregnant women. (Section 2112)

6.2. The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

A description of the scope, amount and duration of services covered under ALL Kids and ALL Kids PLUS, as well as any exclusions and limitations can be found in the ALL Kids Summary Plan Description (SPD) which is available upon request.

Health insurance benefits provided to conception to ~~birth~~ **end of pregnancy** enrollees will be identical to the health insurance benefits provided to any pregnant ALL Kids enrollee. The date of enrollment may be as early as the first day of maternity-related service provision even if the application is completed a few days after the service is received. In other cases coverage will begin on the date the application is received ~~by the CHIP office~~. Prenatal care, labor and delivery and limited postpartum care are paid using a bundled payment. In addition to the bundled payment, the state will provide comprehensive coverage during the postpartum period through ALL Babies HSI Initiative. ~~In geographic areas in Alabama where CHIP unborn coverage is available,~~ **Coverage for bundled obstetrical benefits begins upon enrollment and will continue until the last day of the month in which the 60 day postpartum period has elapsed after the end of a pregnancy. For example, if a woman gives birth on June 26, benefits covered in the bundled package or postpartum HSI would end on August 31. The first day without coverage would be September 1.**

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
 - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.

- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage

- Estimate of unborn children covered in year 1

CHIP Budget

STATE: AL	FFY Budget
Federal Fiscal Year	2025
State's enhanced FMAP rate	80.99%
Benefit Costs	
Insurance payments	
Managed care	
<u>per member/per month rate</u>	
Fee for Service	671,836,819
Total Benefit Costs	671,836,819
(Offsetting beneficiary cost sharing payments)	6,600,000
Net Benefit Costs	665,236,819
Cost of Proposed SPA Changes – Benefit	68,332,233
Administration Costs	
Personnel	6,560,304
General administration	11,222,156
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	900,000
Health Services Initiatives-Postpartum	2,982,927
Reach out and Read	125,000
Other	1,162,866
Total Administration Costs	22,948,253
10% Administrative Cap	67,183,682
Cost of Proposed SPA Changes	70,580,160
Federal Share	557,361,090
State Share	130,823,982
Total Costs of Approved CHIP Plan	688,185,072

NOTE: Cost of Proposed SPA Changes consist of benefit and postpartum HSI coverage statewide.

The Source of State Share Funds: State General Fund and Tobacco Settlement



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AL - 24 - 0031

Separate Child Health Insurance Program Eligibility - Coverage From Conception to Birth	CS9
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42 CFR 457.10

Coverage From Conception to Birth - Coverage from conception to birth when the mother is not eligible for Medicaid.

The CHIP Agency operates this covered group in accordance with the following provisions:

Age Standard

From conception through birth.

Does the state have an additional age definition or other age-related conditions?

Income Standards

Income standards are applied statewide.

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?

Statewide Income Standard

The statewide income standard is: From zero up to % FPL

Exempted from requirement of providing or applying for a Social Security Number.

Exempted from requirement of verifying citizenship status.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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