

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 20-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 23, 2020

Stephanie McGee Azar, Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, AL 36103-5624

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan (SPA), submitted under Transmittal Number (TN) AL 20-0016 on October 1, 2020. This amendment proposes to modify the current Personal Choices program to add Unskilled Respite Services for the State of Alabama Independent Living (SAIL) Waiver to the 1915(j) program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 441 subpart M. This letter is to inform you that Alabama's Medicaid SPA TN 20-0016 is approved effective 10/01/2020. We are enclosing the approved CMS Form 179 and plan page.

If you have any additional questions or need further assistance, please contact Charles Friedrich at (404) 562-7404 or [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@cms.hhs.gov).

Sincerely,

Ruth Hughes  
Acting Director,  
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
AL-20-0016

2. STATE  
Alabama

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2020

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 441 Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 0

b. FFY 2021 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 of Attachment 3.1-A Page 1

9. PAGE NUMBER OF THE SUPPLEMENTED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 2 of Attachment 3.1-A Page 1

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to modify the current Personal Choices program to add Unskilled Respite Services for the State of Alabama Independent Living (SAIL) Waiver to the 1915j.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's designee on file  
via letter with CMS

13. TYPED NAME:

Stephanie McGee Azar

14. TITLE:

Commissioner

15. DATE SUBMITTED:

10-01-20

16. RETURN TO:

Stephanie McGee Azar

Commissioner

Alabama Medicaid Agency

501 Dexter Avenue

Post Office Box 5624

Montgomery, Alabama 36103-5624

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 10/01/20

18. DATE APPROVED: 11/19/20

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/20

20. SIGNATURE OF REGION

21. TYPED NAME: Ruth Hughes

22. TITLE: Acting Director, Division of Program  
Operations

23. REMARKS:

Pen and Ink concurrence received by AL to change Box #6 for Federal Statute Citation change.

**Effective Date: 10/01/2015**

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

**State of Alabama**

**Self-Directed Personal Assistance Services State Plan Amendment**

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

- A.        In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 24 of the Medicaid State Plan.
- B.   X   In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

- A.        State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
- B.   X   Services included in the following Section 1915(c) Home and Community-Based Services waiver(s) to be self-directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

The following are the 1915(c) Home and Community-Based Waiver Services to be self-directed:

Elderly and Disabled Waiver: Personal Care, Homemaker, Unskilled Respite, and Companion.

State of Alabama Independent Living Waiver: Personal Care, Personal Assistance, and Unskilled Respite

Alabama Community Transition Waiver: Personal Care, Homemaker, Unskilled Respite, and Companion

Technology Assisted Waiver for Adults: Personal Care/Attendant

iii. Payment Methodology

  X   The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.