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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 20-0018-A

This file contains the following documents in the order listed:

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

October 30, 2020

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

Re: Alabama State Plan Amendment (SPA) 20-0018-A

Dear Ms. Azar:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 20-0018-A. This amendment proposes to rescind the temporary election, in section 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency, of the COVID-19 testing group described at 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (the Act).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, and because the state has not yet implemented the COVID-19 testing group and no individuals have been enrolled for coverage, AL TN 20-0018-A is approved effective March 18, 2020 pursuant to 42 CFR 430.20(b)(3).

Please note that if Alabama wishes to cover the COVID-19 testing group after it is removed from the state plan, you may submit a new Medicaid Disaster Relief for the COVID-19 National Emergency SPA at any time during the public health emergency.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Charles Friedrich at (404) 562-7404 or by email at Charels.Friedrich@cms.hhs.gov if you have any questions about this approval.

Sincerely,
**Alissa M.
Deboy -S**

Digitally signed by Alissa
M. Deboy -S
Date: 2020.10.30
08:31:54 -04'00'

Alissa Mooney DeBoy
Acting Deputy Director
Center for Medicaid & CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER:
AL-20-0018-A

2. STATE
Alabama

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
March 18, 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 *Se prate Transmittal of each amendment*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(A)(ii)(XXIII)

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 0
b. FFY 2021 0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Section 7.4-A

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

N/A

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to rescind coverage of the optional COVID-19 testing for uninsured individuals.

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

Stephanie McGee Azar

14. TITLE:
Commissioner

15. DATE SUBMITTED:
October 22 2020

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: 10/22/20

18. DATE APPROVED: 10/30/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/18/20

20. SIGNATURE OF REGIONAL ADMINISTRATOR:
Alissa M. Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2020.10.30
08:33:42 -04'00'

21. TYPED NAME: Alissa Mooney DeBoy

22. TITLE: Acting Deputy Director, CMCS

23. REMARKS:

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective March 18, 2020, the agency rescinds the election at A.1. of section 7.4 (approved on May 11, 2020 in SPA Number AL-20-0007) of the state plan to furnish medical assistance to the optional eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act.