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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 1, 2021

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

Re: Alabama State Plan Amendment (SPA) 21-0004

Dear Ms. Azar:

We have reviewed the proposed Alabama State Plan Amendment (SPA) 21-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 5, 2021. This amendment will allow for Case Management Services to be billed for High Intensity Care Coordination for each eligible recipient in the family, each month, according to each recipient's unique needs.

Based upon the information provided by the State, we have approved the amendment with an effective date of May 1, 2021. We are enclosing the approved CMS-179 (HCFA-179) and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER:
AL-21-0004

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
May 1, 2021

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 447.304

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 0
b. FFY 2022 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 8c

Attachment 4.19-B, Page 8c

10. SUBJECT OF AMENDMENT:

This amendment will allow for Case Management Services to be billed for High Intensity Care Coordination for each eligible recipient in the family, each month, according to each recipient's unique needs.

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:
03/05/2021

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:
March 5, 2021

18. DATE APPROVED:
June 1, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
May 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Todd McMillion

22. TITLE:
Director, Division of Reimbursement Review

23. REMARKS:

- (4) The monthly encounter payment for case management services of target group 4 (Foster Children) is limited to one child per family unit, per month when there is more than one child within a family unit and no child is in an out-of-home placement. If there is more than one eligible child and no child is exclusively identified as the primary recipient of treatment, then the oldest child's recipient ID number **must** be used for billing purposes. However, if a specific child is identified as the primary recipient of treatment, then that child's recipient ID number **must** be used for billing purposes.
- (5) Payment for case management services of target group 7 (Adult Protective Service Individuals) is limited to one person per family unit. However, when adult protective services are needed by other members of the family unit or when encounters are necessary by multiple providers, those services are provided as often as necessary to achieve the objectives of the case plan. These services may include investigation and case management services and are provided pursuant to statutory authority to achieve the degree of protection necessary and to assure the effectiveness of the services.
- (6) For target group 1 (Mentally Ill Adults), target group 2 (Mentally Retarded Adults), target group 3 (Disabled Children), target group 5 (Pregnant Women), target group 6 (AIDS/HIV), target group 8 (Technology Assisted Waiver for Adults), and target group 9 (Substance Use Disorders) a unit of service is reimbursed in increments of five minutes. Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Targeted Case Management. The Agency's rates were set as of November 1, 2018 and are effective for services provided on or after that date. All rates, including current and prior rates, are published and maintained on the Agency's website. The fee schedule is published at http://www.medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules.aspx
- (7) Reimbursement for services provided by Governmental Providers for target group 4 (Foster Children) and target group 7 (Adult Protective Service Individuals) will be based on actual costs and meet all the requirements of 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.
- (8) The monthly encounter rate for case management services of target group 10 (High Intensity Care Coordination) is limited to one recipient, per month. The monthly encounter rates were derived from an analysis of caseloads and staffing configurations, productivity, staffing costs and fee-for-service utilization. Staffing costs include salaries and wages, fringe benefits and operating and support costs. These staffing costs were based on existing costs of community mental health center staff and/or 310 Board staff that would meet the qualifications to perform Intensive Care Coordination.