

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 21-0006**

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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September 14, 2021

Ms. Stephanie McGee Azar, Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, AL 36103-5624

Re: Alabama State Plan Amendment (SPA) 21-0006

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL 21-0006. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Alabama Medicaid SPA Transmittal Number AL 21-0006 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of “medical assistance” and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

... all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on May 8, 2020 allowing Alabama to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on

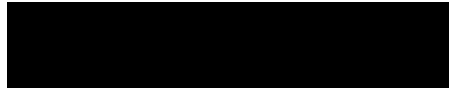
October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 12, 2021 allowing Alabama to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on January 28, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you Alabama MAT SPA 21-0006 was approved on September 13, 2021, with an effective date of October 01, 2020.

If you have any questions, please contact Rita Nimmons at 404-562-7415 or via email at [Rita.Nimmons@cms.hhs.gov](mailto:Rita.Nimmons@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

cc: Stephanie Lindsay

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: AL-21-0006	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE October 1, 2020	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 arate Transmittal or each amendment*

6. FEDERAL STATUTE/REGULATION CITATION: 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment SUPPORT Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 0 b. FFY 2022 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Page 3 Attachment 4.19-B, Page 11 Attachment 3.1 A, Supplement 4 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):  Attachment 4.19-B, Page 3 Attachment 4.19-B, Page 11
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10. SUBJECT OF AMENDMENT:  
The primary purpose for this amendment is to describe the mandatory coverage of certain drugs, biological products, and related counseling service and behavioral therapy related to medication-assisted treatment (MAT) for opioid use disorders (OUD).

11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	[8] OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS
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13. TYPED NAME: Stephanie McGee Azar
14. TITLE: Commissioner
15. DATE SUBMITTED: 3-1-2021

16. RETURN TO: Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
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<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: March 01, 2021	18. DATE APPROVED: September 13, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations
23. REMARKS:	

**State of Alabama**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(29)  X  MAT as described and limited in Supplement 4 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT. “For the period of October 1, 2020, through September 30, 2025 Medication Assisted



**State of Alabama****1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Treatment (MAT) to treat Opioid Use Disorder (OUD) is covered exclusively under section 1905(a)(29).”

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

**Intake Evaluation**

Initial clinical evaluation of the recipient’s request for assistance. Substance abuse recipients undergo standardized psychosocial assessment. The intake evaluation presents psychological and social functioning, recipient’s reported physical and medical condition, the need for additional evaluation and/or treatment, and the recipient’s fitness for Medication Assisted Treatment (MAT) services.

**Medical Assessment and Treatment**

Face-to-face contact with a recipient during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of an opioid use disorder.

**Individual Counseling**

The utilization of professional skills by a qualified practitioner to assist a recipient in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health and/or an opioid use disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health and/or opioid use disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

**Family Counseling**

A recipient focused intervention that may include the recipient, his/her collateral\* and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of an opioid use disorder that interferes with the recipient’s personal, familial, vocational, and/or community functioning. Family counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary.

**State of Alabama****1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

**Group Counseling**

The utilization of professional skills by a qualified practitioner to assist two or more unrelated recipients in a group setting in achieving specific objectives of treatment or care for an opioid use disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared experiences of the group's members to assist in restoration of each participant to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

**Treatment Plan Review**

Review and/or revision of a recipient's individualized opioid use disorder treatment plan by a qualified practitioner who is not routinely directly involved in providing services to the recipient. This review will evaluate the recipient's progress toward treatment objectives, the appropriateness of services being provided, and the need for a recipient's continued participation in treatment.

**Opioid Use Disorders Update**

A structured interview process that functions to evaluate a recipient's present level of functioning and/or presenting needs. The assessment is used to establish additional or modify existing diagnoses, establish new or additional goals, assess progress toward goals, and/or to determine the need for continued care, transfer, or discharge.

**Psychoeducational Services**

Structured, topic specific educational services provided to assist the recipient and the families\* of recipients in understanding the nature of the identified opioid use disorder, symptoms, management of the disorder, how to help the recipient be supported in the community and to identify strategies to support restoration of the recipient to his/her best possible level of functioning. Services that involve the participation of a non-Medicaid eligible are for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of

**State of Alabama****1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

**Medication Administration**

The administration of medication, including the use of FDA approved medications for the use of opioid use disorders, to recipients who have a diagnosed opioid use disorder. Medication is administered to support the recipient's efforts to restore adequate functioning in major life areas that have been debilitated as a result of opioid addiction. This service includes medication administration and concurrent related medical and clinical services.

**Peer Support Services**

Peer Support services provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Recovery Support Specialists. Peer Support service actively engages and empowers an individual and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency and healthy lifestyles and to reduce identifiable and increase healthy behaviors intended to prevent relapse and promote long-term recovery. Peer supports provide effective techniques that focus on the individual's self-management and decision making about healthy choices, which ultimately extend the members' lifespan.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

See information listed below under c).

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.



**State of Alabama****1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

The eligible practitioners, the qualifications required and services furnished for those who may provide MAT services under the Rehabilitation Option Program are as follows:

- A **physician** licensed under Alabama law to practice medicine or osteopathy; Medical Assessment and Treatment; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services; Medication Administration.
- A **physician assistant** licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners; Medical Assessment and Treatment; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services; Medication Administration.
- A **Certified Registered Nurse Practitioner (CRNP)** licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses; Medical Assessment and Treatment; Treatment Plan Review; Medication Administration.
- A **Certified Registered Psychiatric Nurse Practitioner (CRNP)** licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services; Medication Administration.
- A **psychologist** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.
- A **professional counselor** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.

## State of Alabama

### 1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- A **certified social worker** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.
- A **marriage and family** therapist licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.
- A **registered nurse** licensed under Alabama law who has completed a master's degree in psychiatric nursing; Intake Evaluation; Medication Administration.
- A **registered nurse** licensed under Alabama state law; Psychoeducational Services; Medication Administration.
- A **practical nurse** licensed under Alabama state law; Medication Administration.
- **Qualified Substance Abuse Professional (QSAP) I:** A Qualified Substance Abuse Professional I shall consist of: (i) An individual licensed in the State of Alabama as a: (I) Professional Counselor, Graduate Level Social Worker, Psychiatric Clinical Nurse Specialist, Psychiatric Nurse Practitioner, Marriage and Family Therapist, Clinical Psychologist, Physician's Assistant, Physician; or (ii) An individual who: (I) Has a master's Degree or above from a nationally or regionally accredited university or college in psychology, social work, counseling, psychiatric nursing, and \* (II) Has successfully completed a clinical practicum or has six month's post master's clinical experience; and \* (III) Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of date of hire. ; Intake Evaluation.
- **QSAP II** shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community-rehabilitation, pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Is licensed in the State of Alabama as a

**State of Alabama****1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Bachelor Level Social Worker; or (III) Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community-rehabilitation, pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (IV) Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium.

- **QSAP III** shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community-rehabilitation, pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Participates in ongoing supervision by a certified or licensed QSAP I for a minimum of one (1) hour individual per week until attainment of a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, or Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of hire; Psychoeducational Services.
  - Certified Recovery Support Specialist (CRSS) must meet the following minimum qualifications: (i) Certified by ADMH as a Certified Recovery Support Specialist (CRSS) within six (6) months of date of hire, (ii) and has 2 years verified lived experience and (iii) Concurrent participation in clinical supervision by a licensed or certified QSAP I; Peer Support Services.

iv. Utilization Controls

  X   The state has drug utilization controls in place. (Check each of the following that apply)

       Generic first policy

  X   Preferred drug lists

  X   Clinical criteria

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TN No. AL 21-0006

Supersedes

TN No. NEW

Approval Date: 09/13/21

Effective Date: 10/01/20

**State of Alabama**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

  X   Quantity limits

       The state does not have drug utilization controls in place.

v. Limitations

Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

All of forms of drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) are covered. These drugs may be/are included in the scope of the Preferred Drug List, may require clinical criteria, and may have quantity limitations.

The state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT may be overridden based on medical necessity, and are as follows:

The limits for Medication Administration are hard coded and is only overridden every seven years for “leap year” when there is a day 366. The remaining MAT related services have soft limits that can be overridden for medical necessity. Medical necessity will be established from the recipient’s condition at the time of the request, not the diagnosis alone.

Intake Evaluation

*Billing Unit:* Episode  
*Maximum Units:* Unlimited  
*Billing Restrictions:* May not be billed in combination with Treatment Plan Review (H0032)

Medical Assessment and Treatment

*Billing Unit:* 15 minutes  
*Maximum Units:* 6 per day, 52 per year

**State of Alabama****1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Outpatient Detoxification – Ambulatory Detoxification With Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

Individual Counseling

*Billing Unit:* 1 unit

*Maximum Unit:* 1 per day, 52 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification With Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

Family Counseling

*Billing Unit:* 1 episode=minimum of 60 minutes (90846-HF/ 90847HF)  
1 episode=minimum of 90 minutes (90849-HF)

*Maximum Units:* 1 episode per day, 104 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification With Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

Group Counseling

*Billing Unit:* 1 episode=minimum of 90 minutes

*Maximum Units:* 1 episode per day, 104 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification With Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).



**State of Alabama**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy (continued)

Treatment Plan Review

*Billing Unit:* 15 minutes  
*Maximum Units:* 1 event with up to 2 units per quarter, 1 event per day, 8 per year (for DMH-  
MI providers)  
1 event with up to 2 units per quarter, 1 event per day, 8 per year (for DMH-  
SASD providers)  
*Billing Restrictions:* None

Mental Health and Opioid Use Disorders Update

*Billing Unit:* 15 minutes  
*Maximum Units:* 8 units per day, 56 units per year  
*Billing Restrictions:* May not be billed in combination with Intake Evaluation  
(90791)

Psychoeducational Services

*Billing Unit:* 15 minutes  
*Maximum Units:* 416 units per year  
*8 per day for services provided to an individual recipient's family*  
*8 per day for services provided to a group of recipients' families*  
*Billing Restrictions:* May not be billed in combination with Medication Administration (H0020),  
Outpatient Detoxification – Ambulatory Detoxification With Extended On-Site  
Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory  
Detoxification Without Extended On-Site Monitoring (I-D) (H0014) and H0035-  
HF Partial Hospitalization.

Medication Administration

*Billing Unit:* One day  
*Maximum Units:* 365 per year for H0020 (oral Methadone, Buprenorphine). 1 per month for J2315  
(injectable Vivitrol)

Peer Support Services

*Billing Unit:* 15 minutes

**State of Alabama**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy (continued)

*Maximum Units:* Limited to 20 units per day (individual) and 8 units per day (group). 2,080 units  
per year for group services and 2,080 units per year for individual services.

*Billing Restrictions:* None

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. 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.

4. Prescribed Drugs

Medicaid pays for covered outpatient legend and non-legend, brand and generic drugs prescribed by individuals legally licensed to prescribe the drugs authorized under the program and dispensed by a licensed pharmacist or licensed authorized physician in accordance with state and federal laws.

No payments made pursuant to methods and standards described in this Attachment 4.19-B will exceed upper limits established in 42 CFR Section 447, Subpart D.

- A.** Notwithstanding specific reimbursement described in this section, payment for covered outpatient drugs (both brand and generic) dispensed by a:
1. Retail community pharmacy
  2. Specialty pharmacy
  3. Long-term care or institutional pharmacy (when not included as an inpatient stay)
  4. 340B eligible entities (including 340B contract pharmacies) not listed on the U.S. Department of Health and Human Services Health Resources & Service Administration (HRSA) 340B Drug Pricing Program Database
  5. Indian Health Service, Tribal and Urban Indian pharmacy
- Shall not exceed the lowest of:
- a. The Alabama Average Acquisition Cost (AAC) of the drug; when no AAC is available, the Wholesale Acquisition Cost (WAC) -4% for brand drugs and WAC + 0% for generic drugs, plus a reasonable professional dispensing fee of \$10.64,
  - b. The Federal Upper Limit (FUL), plus a professional dispensing fee of \$10.64, or
  - c. The provider's Usual and Customary (U&C) charge to the general public regardless of program fees.
- B.** Payment for blood clotting factor products will be the Average Sales Price (ASP) + 6% plus a professional dispensing fee of \$10.64.
- C.** For eligible 340B entities listed on the U.S. Department of Health and Human Services Health Resources & Service Administration (HRSA) 340B Drug Pricing Program Database, payment shall not exceed the entity's actual acquisition cost for the drug, as charged by the manufacturer at a price consistent with the Veterans Health Care Act of 1992, plus a professional dispensing fee of \$10.64.
- D.** For facilities purchasing drugs through the Federal Supply Schedule (FSS), payment shall not exceed the entity's actual acquisition cost for the drug, plus a professional dispensing fee of \$10.64.
- E.** For facilities purchasing drugs at Nominal Price, payment shall not exceed the entity's actual acquisition cost for the drug, plus a professional dispensing fee of \$10.64.
- F.** Physician Administered Drugs (PADs) are reimbursed at a rate of ASP + 6%. For PADs that do not have a published ASP, the reimbursement is calculated based on published compendia pricing such as Wholesale Acquisition Cost (WAC). For PADs administered by 340B entities, payment shall not exceed the entity's actual acquisition cost for the drug.
- G.** Investigational drugs not approved by the FDA are not covered.
- H.** Medication Assisted Treatment (MAT) drugs for Opioid Use Disorder (OUD) are reimbursed as described above in Sections 4. A, C, D, E, and F.

**Effective : 10/01/2020**

21. Rehabilitative Services

A statewide maximum payment will be calculated for each service designated by a procedure code recognized by the Alabama Medicaid Agency as a covered service.

The Medicaid reimbursement for each service provided by a rehabilitative services provider shall be based on the following criteria in accordance with the methodology described below:

- (1) For procedure codes with an assigned Medicare rate (i.e. CPT codes), the proposed rate will be the current published Medicare Physician Fee Schedule Rate for Alabama.
- (2) For procedure codes without an assigned Medicare Rate on the Physician Fee Schedule (i.e. HCPCS) codes, the reimbursement will be 'By Report'. 'By Report' means paying a percentage of billed charges. The percentage is derived by dividing the previous state fiscal year's total Medicaid reimbursement (total allowed charge) for services included in the Physician Fee Schedule by the previous state fiscal years total Medicaid billings.
  - a.  $\text{Percentage} = \text{Total 'Allowed Amount'} / \text{Total 'Billed Amount'}$
  - b.  $\text{Average Billed Amount} = \text{Total 'Billed Amount'} / \text{Total 'Allowed Quantity'}$
  - c.  $\text{Proposed Rate} = \text{Percentage times Average Billed Amount}$
- (3) For procedure codes with no utilization one of the three methods below will be used.
  - a. Current rate that the Rehabilitative Services State Agencies utilizes.
  - b. Current rate from another state for same service.
  - c. For those services that need rate different from current Alabama or other state rate a financial cost model will be used to calculate rate.

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 Rehabilitative Services. The Agency's fee schedule rates were set as of October 1, 2018 and are effective for services provided on or after that date.

All rates are published and maintained on the Agency's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). For the most recent Rehabilitative Service Fee Schedule click on the Providers tab, select Fee Schedules, check "I Accept" on the User Agreement, then click the Providers tab, Fee Schedules, and Rehabilitative Option Fee Schedule.

- (4) Medication Assisted Treatment (MAT) drugs for Opioid Use Disorder (OUD) as a part of the service for the MAT code are reimbursed as described above in Section (2).

Actual reimbursement will be based on the rate in effect on the date of service. Only those services that qualify for reimbursement will be provided under this program.

**Effective Date: 10/01/20**

29. 1905(a)(29) Medication-Assisted Treatment (MAT)

Bundled prescribed drugs dispensed or administered as a part of the service for the MAT code shall be reimbursed using the same methodology as described in Attachment 4.19-B, section 21(2), for rehabilitative services.

Reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs in Attachment 4.19-B, page 3, sections 4(A),(C),(D),(E), and (F) for prescribed drugs that are dispensed or administered.