

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #:13-015**

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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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March 7, 2014

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

Attention: Stephanie Lindsay, Administrative Procedures Officer

Re: Title XIX State Plan Amendment, AL 13-015

Dear Ms. Azar:

We have reviewed the proposed State Plan Amendment AL 13-015, which was submitted to the Atlanta Regional Office on September 1, 2013. The purpose of the amendment is to authorize tobacco cessation counseling services for pregnant women to comply with Section 4107 of the Affordable Care Act.

Based on the information provided, the Medicaid State Plan Amendment AL 13-015 was approved on February 28, 2014. The effective date of this amendment is January 1, 2014. We are enclosing the approved HCFA-179 and plan pages.

If you have any additional questions or need further assistance, please contact Melanie Johnson at (404) 562-0151 or [Melanie.Johnson@cms.hhs.gov](mailto:Melanie.Johnson@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: AL 13-015	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE September 1, 2013
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

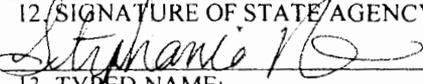
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.11	7. FEDERAL BUDGET IMPACT: a. FFY 2013 0 b. FFY 2014 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 2.4d Attachment 3.1-B, page 3a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  NEW NEW

10. SUBJECT OF AMENDMENT:  
The primary purpose for this amendment is to continue the face-to-face counseling that is currently being provided in the Maternity Care Program under the authority of the 1915(b) waiver.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor's designee on file  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Stephanie McGee Azar Acting Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Acting Commissioner	
15. DATE SUBMITTED: 8-30-13	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 08-30-13	18. DATE APPROVED: 02-28-14
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:  
Approved with the following change to items 4, 7, 8, 9 and 10 as authorized by State Agency e-mail and Letter dated 02/27/14 and 12/05/13:

Block #4 Changed to read January 1, 2014

Block #7 Changed to read: FFY 14 \$236,046,000

Block #8 Changed to read: Attachment 3.1-A page 2.4d, Attachment 3.1-B page 3a and Attachment 4.19-B page 14.

Block #9 Changed to read: Attachment 3.1-A page 2.4d (new), Attachment 3.1-B page 3a (new) and 4.19-B page 14.

Block #10 Changed to read: The purpose of the amendment is to authorize tobacco cessation counseling services for pregnant women to comply with Section 4107 of the Affordable Care Act.

**Tobacco Cessation Counseling Services for Pregnant Women**

**4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

(i) By or under supervision of a physician; and

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or\*

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\*describe if there are any limits on who can provide these counseling services

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided:  No limitations  With limitations\*

\*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

The State's benefit package will consist of a minimum of four (4) face-to-face tobacco cessation counseling sessions to pregnant women per year.

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TN No. AL-13-015

Supersedes

TN No. NEW

Approval Date: 02-28-14

Effective Date: 01/01/14

**Tobacco Cessation Counseling Services for Pregnant Women**

**4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

- (i) By or under supervision of a physician; and
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or\*
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\*describe if there are any limits on who can provide these counseling services

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided:          No limitations          With limitations\*

\*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

**Effective Date: 10/01/91**

24. Postnatal Parenting Education (Preventive Health Services)

Governmental providers will be paid on a negotiated rate basis which will not exceed actual costs which result from efficient and economic operation of the provider. Reimbursement of non-governmental providers will be based on reasonable charges which will not exceed the prevailing charges in the locality for com-parable services provided under comparable circumstances. These services are covered for Medicaid eligible pregnant women, post-natal women, and the eligible caretaker relatives of eligible children. Only one payment per family unit on the same date of service is permitted. These services are limited to 16 visits per recipient during each two- year period beginning with the first date of service.

**Effective Date: 10/01/91**

25. Adolescent Pregnancy Prevention Education (EPSDT)

Governmental providers will be paid on a negotiated rate basis which will not exceed actual costs which result from efficient and economic operation of the provider. Reimbursement of non-governmental providers will be based on reasonable charges which will not exceed the prevailing charges in the locality for comparable services provided under comparable circumstances. Services are limited to non-pregnant recipients of child-bearing age who are eligible for treatment under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program, regardless of sex or previous pregnancy. There is no limit on the number of visits.

**Effective Date: 01/01/92**

26. Clinic Services Provided by Children Specialty Clinic Providers

Clinics will be reimbursed at a cost rate per visit (encounter). Governmental providers of such services will be paid at an interim rate which will approximate cost. This rate will be adjusted to actual cost for each service/agency. Nongovernmental providers will be paid their usual and customary charge not to exceed the maximum allowable rate established by Medicaid.

**Effective Date: 01/01/2014**

27. Tobacco Cessation Counseling Services for Pregnant Women

A statewide maximum payment for tobacco cessation counseling services will be calculated based on 75% of the 2008 Medicare fee schedule rate. These services are covered for Medicaid eligible pregnant women beginning in the prenatal through the postpartum period (the 60 day period following termination of pregnancy) and are limited to four (4) visits per recipient during a 12 month period.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates effective January 1, 2014. Current rates are published and maintained on the agency's website at [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx). Payment rates are the same for both governmental and non-governmental providers and reimbursed at a per visit rate.

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TN No. AL-13-015

Supersedes

TN No. AL-92-1

Approval Date 02-28-14

Effective Date 1/1/2014