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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 13-0023-MM4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, GA 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 21, 2014

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

Re: Title XIX State Plan Amendment, AL 13-0023-MM4

Dear Ms. Azar:

Enclosed is an approved copy of Alabama's state plan amendment (SPA) 13-0023-MM4, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 23, 2013. SPA 13-0023-MM4 establishes the single state agency and entities responsible for determinations of eligibility and appeals/fair hearings in accordance with the Affordable Care Act. This SPA was approved on March 21, 2014. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of Alabama's approved state plan, as well as a summary of the state plan pages which are superseded by SPA 13-0023-MM4, which should be incorporated into a separate section in the front of the state plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions, please contact Alice Hogan at 404-562-7432 Alice.Hogan@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

Alabama

- **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

AL-13-002

- **Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

42 CFR 43

- **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

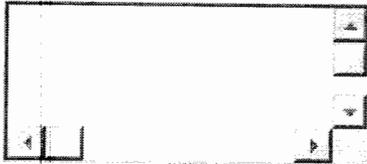
- **Subject of Amendment**

State Plan Administration Design

- **Governor's Office Review**

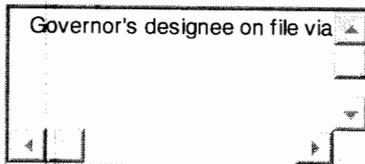
- Governor's office reported no comment
- Comments of Governor's office received

Describe:



- No reply received within 45 days of submittal
- Other, as specified

Describe:



- **Signature of State Agency Official**

- Submitted By:

Sharon Weaver

- Last Revision Date: Dec 23, 2013

-

Submit Date: Dec 23, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

AL-13-0023

STATE:

Alabama

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

A1 – A3

**COMPLETE PAGES
SUPERSEDED:**

Section 1, page 1-8
Attachment 1.1 –A
Attachment 1.2 –A-D

**PARTIAL PAGES
SUPERSEDED:**

Section 1.4, page 9

Page 9

Section 1.4, page 9

A2

Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A1 and A2 will determine eligibility for coverage to the extent specified in A1 and A2.

A3

Notwithstanding the checked assurance on A3, the single state agency has not entered into an agreement with the Office of Marketplace Eligibility Appeals to conduct Medicaid fair hearings to date, but will enter into a CMS-approved agreement as soon as possible.



Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority	A1
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42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

Alabama Medicaid Agency is the administrative unit that is responsible for administering the Alabama Medicaid Program. Functions of the Alabama Medicaid Agency include the following responsibilities:
develop rules and regulations for administering the Medicaid program to comply with the State Plan for Medical Assistance;



Medicaid Administration

perform utilization and medical review activities;
prepare budgets;
establish contracts with medical providers to render care to Medicaid recipients;
monitor the provision of medical care and payment of claims;
conduct investigation and audit functions;
collect and analyze data and publish statistical and management reports pertinent to the program;
make reimbursement collections from liable third parties;
provide information about the program;
provide for the training of staff members;
conduct fair hearings;
assure that claims for the medical care of Medicaid recipients are properly paid;
perform eligibility functions and,
establish criteria for admission to Long Term Care facilities to include evaluation and certification of recipients.

The Administrative Services Division responsibilities include Information Technology, Project Management, and Financial Administration. Information Technology is responsible for all of the Agency's IT components to include MMIS, Computer Operations, Beneficiary Software, Claims Software, IT Security and Quality Assurance. Project Management is responsible for all of the Agency's procurement activities to include coordination of ITBs, RFIs, RFPs and overseeing projects throughout the Agency. Financial Administration is responsible for Administrative Services activities such purchasing, records management, mail room operations, and risk management; Budgeting/Reporting; Financial Operations such as Accounts payable and receivable and Fiscal Agent Policy and System management which is responsible for contract monitoring, system support and policy management.

The Health System Division is responsibilities include Managed Care, Medical Services, Health Information Technology and Analytic Unit. Managed Care is responsibilities include Maternity Care, LTC Quality Improvements. Medical Services responsibilities include Institutional Services and Clinics/Mental Health. Analytic Unit is responsible for Quality metrics and Business Analytic/Statistical Support. Health Information Technology is responsible for Health Information Exchange and meaningful Use.

The Program Administration Division includes Communications, Program Integrity, Third Party Liability, Provider Audit/Reimbursement, Long term Care, Clinical Services and Support and Non Emergency Transportation. Program Administration responsibilities include Investigations, Provider Review, Quality Control and Recipient Review. Third Party Liability responsibilities include Payment Review, Health Insurance and Benefit Recovery. Long Term Care is responsible for Project Development, Provider/Recipient Services, Long Term Care Specialized Waiver and Program Management. Clinical Services and Support is responsible for Pharmacy Administrative Services, Pharmacy Clinical Support, Drug Rebate and Medical and Quality Review.

Beneficiary Services Division includes East and West Customer Services, Technical Support and Policy and Training. East and West Customer Services is responsible for eligibility determinations for beneficiaries in all program areas other than those conducted by the Department of Human Resources (DHR). Technical Support is responsible for Interagency Coordination, Statistical Reporting and Recipient Subsystems. Policy and Training is responsible for development and issuance of Policy for all program areas, Operational Readiness/Applications Assistants and Training for all Beneficiary Services staff and Application Assistants. The Alabama Medicaid Agency determines eligibility for the following programs: Poverty level pregnant women, children under age 19, Plan First Waiver, Breast and Cervical Cancer Program (BCC), Nursing Home Program, Hospital Program, Post Hospital Extended Care (PEC) Program, Institutional Care Facility for the Mentally Retarded (ICF-MR) Program, Home and Community Based Waiver for Person with Intellectual Disabilities (ID), Elderly and Disabled Waiver, State of Alabama Independent Living (SAIL) Waiver, HIV/AIDS Waiver, OBRA Waiver, Living at Home (LAH) Waiver, Technology Assisted Waiver for Adults, Alabama Community Transition (ACT) Waiver, Newborn Program, Program of All-Inclusive Care for the Elderly (PACE), SSI related groups: Widow/Widower, Disabled Adult Child, Retroactive SSI, Children of SSI Mothers, Continuous (PICKLE), Grandfathered Children. Medicare related groups: Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Income Individuals and Qualified Disabled Working Individuals, Others: Emergency Services for Aliens, Department of Youth Services (DYS) Children; and Parent and Other Caretaker Relative (POCR); and Child Health Insurance Program (CHIP).

1. Eligibility staff and functions:
 - a. Medicaid Eligibility Specialist (AMA)



Medicaid Administration

This is an AMA position which determines eligibility for MAGI related groups, Parent and Other Caretaker Relatives (POCR), Emergency Services, Plan First Waiver, and Medicare related groups.

b. Medicaid Eligibility Specialist, Senior (AMA)

This is an AMA position which determines eligibility for all Aged, Blind, and Disabled coverage groups not administered through the Social Security Administration.

2. Supervisory and Administrative Staff:

a. Administrative Assistant I, II and III (AMA)

Duties for these positions include filing, sorting mail, typing documents, proofreading documents, making copies, greeting and directing the public, taking telephone messages, posting/logging transmittal records or making simple calculations. These positions process annual eligibility redeterminations for MAGI related groups, Parent and Other Caretaker Relatives (POCR), Emergency Services, Plan First Waiver, and Medicare related groups.

b. Medical Care Benefits Specialist I and II (AMA)

Duties for these positions include performing administrative functions such as time and attendance reports, travel requests, activity reports, scheduling/planning meetings, and distribution of mail throughout the division. These positions process annual eligibility redeterminations for MAGI related groups, Parent and Other Caretaker Relatives (POCR), Emergency Services, Plan First Waiver, and Medicare related groups.

c. Medicaid Eligibility Specialist Supervisor (AMA)

This position provides supervision to previous classifications and performs eligibility determination oversight.

d. Medicaid Eligibility Manager (AMA)

This position provides supervision to previous classifications and performs eligibility determination oversight.

e. Medicaid Administrator II and III (AMA)

This position provides supervision to previous classifications and performs eligibility determination oversight.

Human Resources Division is responsible for overseeing all Human resources activities for the Agency.

Governmental Affairs Division is responsible for coordination and communications with the Legislature and other entities.

Office Of General Counsel Division is responsible for conducting all Agency hearings and appeals. The Office of General Counsel performs all fair hearings for both eligibility and services on behalf of applicants and beneficiaries. The Office of General Counsel performs hearings and appeals for applicants and beneficiaries in cases where the eligibility determination was performed by other state agencies. The recommendation and findings of the Administrative Law Judge are reviewed by the Medicaid Commissioner for concurrence or non concurrence.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.



Medicaid Administration

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Governor of the State of Alabama is elected for a four-year term by the people of the State. Under the Constitution of Alabama of 1901, the supreme executive power of the State is vested in this office which is a component of the Executive Branch. In directing the affairs of Alabama, the Governor carries out responsibilities authorized by the Constitution. Included in this authorization are: See that the laws are faithfully executed, convene the Legislature under extraordinary circumstances, provide information on the state of the government (including the submission of budgetary requirements) to the Legislature; veto legislation to which he objects; serve as chairman of numerous committees and boards; make appointments to boards, committees and departments.

The Alabama Department of Public Health determines eligibility for individuals for the following programs: Nursing Home Program, Hospital Program, Post Hospital Extended Care (PEC) Program, Institutional Care Facility for the Mentally Retarded (ICF-MR) Program, Home and Community Based Waiver for Person with Intellectual Disabilities (ID), Elderly and Disabled Waiver, State of Alabama Independent Living (SAIL) Waiver, HIV/AIDS Waiver, OBRA Waiver, Living at Home (LAH) Waiver, Technology Assisted Waiver for Adults, Alabama Community Transition (ACT) Waiver, Newborn Program, Program of All-Inclusive Care for the Elderly (PACE), poverty level pregnant women, children under age 19, Parent and Other Caretaker Relatives (POCR), Plan First Waiver SSI related groups: Widow/Widower, Disabled Adult Child, Retroactive SSI, Children of SSI Mothers, Continuous (PICKLE), Grandfathered Children. Medicare related groups: Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Income Individuals and Qualified Disabled Working Individuals.

Public Health Social Workers responsible for determining eligibility are housed within Medicaid offices and are supervised by Medicaid. Health Insurance Assistants and Health Insurance Specialists are housed within the Child Health Insurance Program (CHIP). ADPH is the administering Agency for Alabama's CHIP.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program



Medicaid Administration

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Department of Human Resources is the state's Title IV-A agency and determines eligibility for individuals for the following programs: Foster children and children who receive State or Federal Adoption Assistance.

1. Eligibility Staff and Functions

a. Financial Support Worker I and II (DHR)

This is a DHR position which determines eligibility for foster children and children who receive State or Federal Adoption Assistance, MAGI related groups, Parent and Other Caretaker Relatives (POCR), and Emergency Services.

2. Supervisory and Administrative Staff

a. Administrative Assistant I, II and III (DHR)

Duties for these positions include filing, sorting mail, typing documents, proofreading documents, making copies, greeting and directing the public, taking telephone messages, posting/logging transmittal records or making simple calculations.

b. Program Supervisor (DHR)

This position provides supervision to previous DHR classifications and performs eligibility determination oversight.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally- Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package-functions that will be performed by the single state agency.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act



Medicaid Administration

- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

OMEA will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who have applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes No

State Plan Administration	A3
Assurances	

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).



Medicaid Administration

- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.