

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 18-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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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November 20, 2018

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

Re: Title XIX State Plan Amendment, AL #18-0003

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan, submitted under transmittal number AL-18-0003. This amendment adds Applied Behavioral Analysis (ABA) therapy for children under the age of 21.

Based on the information provided, this amendment was approved on November 16, 2018. The effective date is October 1, 2018. We are enclosing the approved CMS Form 179 and plan pages.

If you have any questions, please contact Alice Hogan at 404-562-7432 or [Alice.Hogan@cms.hhs.gov](mailto:Alice.Hogan@cms.hhs.gov).

Sincerely,

/s/

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

1. TRANSMITTAL NUMBER:  
AL-18-003

2. STATE  
Alabama

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

4. PROPOSED EFFECTIVE DATE  
October 1, 2018

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 441.50  
42 CFR 441.56

7. FEDERAL BUDGET IMPACT:  
a. FFY 2019 - \$4,588,819  
b. FFY 2020 - \$6,883,228 (based on FY 2019 FMAP)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 3.1-A, Pages 3.6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
  
Attachment 3.1-A, Pages 3.6

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to cover Applied Behavior Analysis (ABA) therapy as required by Alabama law Act 2017-337 with an expected effective date is October 1, 2018.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Stephanie McGee Azar

14. TITLE:  
Commissioner

15. DATE SUBMITTED:

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: 09/10/2018

18. DATE APPROVED: 11/16/2018

## PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
10/01/2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Shantrina D. Roberts

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS: Approved with following changes to block 8 and 9 as authorized on email dated 10/26/18.

Block #8 changed to read: Attachment 3.1-A, page 3.6 and Attachment 4.19-B, page 2.

Block #9 changed to read: Attachment 3.1-A, page 3.6 and Attachment 4.19-B, page 2.

Limitation of Services

**6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued).**

**b. Effective Date: 10/01/2011  
Optometrists' Services**

Optometrists' services are not provided.

**c. Effective Date: 01/01/92  
Chiropractors' services**

Chiropractors' services are provided only for E.P.S.D.T. referred children under the age of 21.

**d. Effective Date: 10/01/00  
Other Practitioners' Services**

- (1) Anesthesia services provided by qualified Certified Registered Nurse Anesthetists (CRNAs) or Anesthesiology Assistants (AAs) are covered services.

**Effective Date: 10/01/18**

- (2) Applied Behavior Analysis services provided by a Licensed Behavior Analyst, a Licensed Assistant Behavior Analyst under the supervision of a Licensed Behavior Analyst, or by an unlicensed Registered Behavior Technician under the supervision of a Licensed Behavior Analyst or Licensed Assistant Behavior Analyst within the scope of their practice as defined by state law are covered for E.P.S.D.T. referred children under the age of 21. The scope of practice defined by state law for a Licensed Behavior Analyst and a Licensed Assistant Behavior Analyst permits supervision of an unlicensed Registered Behavior Technician. The licensed practitioner assumes professional responsibility for the services provided by an unlicensed Registered Behavior Technician or an Assistant Behavior Analyst. Claims must be submitted by the Licensed Behavior Analyst.

- c. For crossover claims the allowable payment to the provider is determined not by the Alabama Medicaid Agency but by Medicare. The Alabama Medicaid Agency will pay no more than the part of the allowable payment not paid by Medicare and other insurers who are obligated to pay part of the claim.

3. Physicians and Other Practitioners

**Effective Date: 10/01/18**

- a. Physician Fee Schedule Payment: A statewide maximum payment will be calculated for each service designated by a procedure code recognized by the Alabama Medicaid Agency as designating a covered service. To determine payments for procedures codes without an established Medicaid rate, the Alabama Medicaid Agency will base rates on the current Medicare rate, and if not available the average commercial rate. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private physicians and other practitioners. 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 Physician Service Fee Schedule click on the Providers tab, select Fee Schedules, check "I Accept" on the User Agreement, and select Physician Fee Schedule.

1. Rural Physician (Enhanced) Payment:

- (i) Providers in rural counties whose specialty is OB/GYN, Family Practice, General practice or Pediatrics, will be paid an enhanced rate for global delivery codes and delivery codes only. These rates can be found at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) To view a Rural Physician Fee Schedule visit [http://medicaid.alabama.gov/content/Gated/7.3G\\_Fee\\_Schedules/7.3G\\_Rural\\_Physician\\_Fee\\_Schedule\\_5-27-15.pdf](http://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules/7.3G_Rural_Physician_Fee_Schedule_5-27-15.pdf)
- (ii) In order to increase provider participation and improve access to care, both governmental and non-governmental providers of all specialties in rural counties will be paid an additional \$1.00 per office visit or hospital visit.

- 2. Physician Access (Enhanced) Payment: In order to maintain adequate access to specialty faculty physician (all specialties including general practice, family practice, and general pediatrics) services as required by 42 USC 1396(a) (30) and 42 CFR 447.204, enhanced rates will be paid to teaching physicians. Teaching physicians are defined as doctors of medicine or osteopathy employed by or under contract with (a) a medical school that is part of the public university system (The University of Alabama at Birmingham and The University of South Alabama) or (b) a children's hospital healthcare system which meets the criteria and receives funding under Section 340E (a) of the U.S. Public Health Service Act (42 USC 256e), and which operates and maintains a state license for specialty pediatric beds. The State will perform the average commercial rate demonstration for a calendar year to set a Medicaid rate based on a percentage of the Medicare rate. The established rate will be effective for up to three years based on the average commercial rate demonstration. All rates are published on the Agency's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). For the most recent Physician Access (Enhanced) Fee Schedule click on the Providers tab, select Fee Schedules, I accept on the User Agreement, then click the Providers tab, Fee Schedules, and Physician (Teaching) Fee Schedule.