

AL - Submission Package - AL2020MS0002O - (AL-20-0012) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	AL2020MS0002O	Submission Type	Official
Program Name	N/A	State	AL
SPA ID	AL-20-0012	Region	Atlanta, GA
Version Number	7	Package Status	Approved
Submitted By	Paul McWhorter	Submission Date	9/30/2020
Package Disposition		Approval Date	5/28/2021 12:54 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 28, 2021

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

Re: Approval of State Plan Amendment AL-20-0012

Dear Stephanie McGee Azar,

On September 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received Alabama State Plan Amendment (SPA) AL-20-0012, which proposed to disregard Census-based income for certain non-MAGI eligibility groups.

We approve Alabama State Plan Amendment (SPA) AL-20-0012 with an effective date(s) of July 01, 2020.

If you have any questions regarding this amendment, please contact Charles Friedrich at charles.friedrich@cms.hhs.gov or at (404) 562-7404.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AL2020MS00020 | AL-20-0012

Package Header

Package ID	AL2020MS00020	SPA ID	AL-20-0012
Submission Type	Official	Initial Submission Date	9/30/2020
Approval Date	5/28/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Alabama

Medicaid Agency Name: Alabama Medicaid Agency

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AL2020MS00020 | AL-20-0012

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Package ID	AL2020MS00020	SPA ID	AL-20-0012
Submission Type	Official	Initial Submission Date	9/30/2020
Approval Date	5/28/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID AL-20-0012

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2020	NEW
MAGI-Based Methodologies	7/1/2020	AL-14-0006
Non-MAGI Methodologies	7/1/2020	91-36;93-29;96-05;10-006
Mandatory Eligibility Groups	7/1/2020	NEW
Qualified Medicare Beneficiaries	7/1/2020	AL-00-01
Specified Low Income Medicare Beneficiaries	7/1/2020	AL-00-01
Qualifying Individuals	7/1/2020	AL-00-01
Optional Eligibility Groups	7/1/2020	NEW
Individuals Eligible for Cash Except for Institutionalization	7/1/2020	AL-00-01
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	7/1/2020	AL-00-01

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AL2020MS00020 | AL-20-0012

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Submission Type	Official	Initial Submission Date	9/30/2020
Approval Date	5/28/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Seeking a section 1902(r)2 of the Social Security Act to apply an income disregard for Census related activities for non-Modified Adjusted Gross Income (MAGI) groups.

Seeking State Plan option to have a "reasonable method to include a prorated portion of reasonable predictable future income" to apply a RPC methodology to prorate expected future changes for 12 months for MAGI-based methodologies group.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

1902 (r) 2; 42 CFR 435.603(h)(2); 42 CFR 435.603(h)(3)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AL2020MS00020 | AL-20-0012

Package Header

Package ID AL2020MS00020
Submission Type Official
Approval Date 5/28/2021
Superseded SPA ID N/A

SPA ID AL-20-0012
Initial Submission Date 9/30/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | AL2020MS00020 | AL-20-0012

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
Public Notice	9/25/2020 2:45 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
 - **Summarize comments:** Reasonable Predictable Changes for seasonal/temporary income
 - **Summarize response:** None
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | AL2020MS00020 | AL-20-0012

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
8/2/2019	Letter

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Indian Tribal Certified Letter and Envelope mailed 073119	9/6/2019 10:43 AM EDT	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 6/1/2021 9:10 AM EDT