

# **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 21-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

---

March 25, 2021

Stephanie McGee Azar, Commissioner  
Alabama Medicaid Agency 26  
501 Dexter Avenue  
Montgomery, AL 36103-5624

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan, submitted under transmittal number AL 21-0001. The SPA was submitted to change the benefit for EPSDT recipients to two eye exams and two pairs of eyeglasses every calendar year and to change the eye exam and glasses benefit for recipients 21 years of age and older to one per two calendar years, effective January 1, 2021.

Based on the information provided, we are pleased to inform you that SPA 21-0001 was approved on March 24, 2021 with an effective date of January 01, 2021, as requested by the State. We are enclosing the approved form HCFA 179 and plan page.

If you have any additional questions or need further assistance, please contact Charles Friedrich at (404) 562-7404 or [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A small blue circular mark is visible to the left of the redaction.

James G. Scott  
Director  
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
AL-21-0001

2. STATE  
Alabama

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2021

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 Section 440

7. FEDERAL BUDGET IMPACT:  
a. FFY 2021 \$1,358,000  
b. FFY 2022 \$1,358,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 2.5a  
Attachment 3.1-A, page 5.12c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, page 2.5a  
Attachment 3.1-A, page 5.12c

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to change the benefit for EPSDT recipients to two eye exams and two pairs of eyeglasses every calendar year and to change the eye exam and glasses benefit for recipients 21 years of age and older to one per two calendar years.

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

13. TYPED NAME:  
Stephanie McGee Azar

14. TITLE:  
Commissioner

15. DATE SUBMITTED:  
01/04/2021

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: 01/04/2021

18. DATE APPROVED: 03/24/2021

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

Pen and Ink concurrence received from state on Jan. 8, 2021 to edit effective date on Attch. 3.1-A, page 5.12c, Item 12.d Eyeglasses to reflect 01/01/2021; and to apply CMS edits to Attch. 3.1-A pages 2.5a and 5.12c, respectively, on Jan. 25, 2021.

- 5a. Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. (Continued)

Effective Date: 01/01/2021

7. Eyecare. Two complete eye examinations and work-ups for refractive error are authorized per calendar year for recipients eligible for treatment under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Additional examinations are provided by prior authorization from the Alabama Medicaid Agency based on medical necessity. Visits for complete eye examinations do not count under the current office visit limitation.

One complete eye examination and work-up for refractive error every two calendar years is authorized for all other Medicaid recipients. Visits for these purposes will not be counted under the current visit limitation. Additional examinations are provided by prior authorization from the Alabama Medicaid Agency based on medical necessity. Visits for complete eye examinations do not count under the current office visit limitation.

Effective Date: 11/01/75

8. Orthoptics. Orthoptics may be prior authorized by the Alabama Medicaid Agency when medically necessary.
9. Out-of-State-Care. Except for those services which require prior approval as stated elsewhere in this State Plan (i.e. transplants, and select surgeries) medical care outside the state of Alabama will not require prior authorization by the Alabama Medicaid Agency.

Effective Date: 11/01/75

11. Prior authorized services. These are subject to all limitations of the Alabama Medicaid Program.
12. Ancillary services: When performed by the physician, or by his staff under his supervision, can be billed by the physician without an office visit. (Example: Drug injection, laboratory and X-ray.)

- 5b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Effective Date: 01/01/92

Medical and surgical care not related to teeth which is provided by a dentist is included in the physician visit limits as state in 5a above.

12. **Prescribed drugs, dentures, and prosthetic devices; and eye-glasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

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

12.b. **Dentures prescribed as medically necessary are provided for children under 21 referred through the EPSDT Program.**

12.c. **Prosthetic Devices**

- (1) Internal life-supporting prostheses such as pacemaker and Smith-Peterson Nail are covered.

**Effective Date: 01/01/90**

- (2) Contact lenses are provided only by prior authorization from the Alabama Medicaid Agency and based on medical necessity.

- (3) Prosthetic lenses and artificial eyes which are necessary in the treatment or diseases of the eye.

- (4) Prosthesis and the services of a qualified doctor of dentistry in connection with the fabrication of the prosthesis for closure of a space within the oral cavity created by removal of a lesion or congenital defect such as cleft palate.

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

- (5) Prosthetic devices prescribed as medically necessary are provided for children under 21 referred through the EPSDT Program.

**Effective Date: 03/01/08**

- (6) Basic level prosthetic, orthotic, and pedorthic devices are provided for adults between the ages of 21 and 65 only by prior authorization from the Alabama Medicaid Agency and based on medical necessity.

12.d. **Eyeglasses**

**Effective Date: 01/01/21**

- (1) Two pairs of glasses or more if medically necessary per calendar year for recipients eligible for treatment under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. These limitations also apply to prescribing, dispensing, fitting, and adjusting of eyeglasses. All limitations can be exceeded by prior authorization for medical necessity when supported by medical documentation.

- (2) One pair of glasses per two calendar years for all recipients 21 years of age and older. These limitations also apply to prescribing, dispensing, fitting, and adjusting of eyeglasses. Additional eyeglasses and changes in lenses may be provided by prior authorization, when medically necessary and supported by medical documentation.