Table of Contents

State/Territory Name:  Alabama

State Plan Amendment (SPA) #: 21-0005-A

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
Package Information

Package ID: AL2021MS0001O
Program Name: N/A
SPA ID: AL-21-0005-A
Version Number: 5
Submitted By: Paul McWhorter
Package Disposition:

Priority Code: P2

Submission Type: Official
State: AL
Region: Atlanta, GA
Package Status: Approved
Submission Date: 3/19/2021
Approval Date: 6/14/2021 5:23 PM EDT
Center for Medicaid & CHIP Services

June 14, 2021

Stephanie Azar
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, AL 36104

Re: Approval of State Plan Amendment AL-21-0005-A

Dear Stephanie Azar,

On March 19, 2021, the Centers for Medicare and Medicaid Services (CMS) received Alabama State Plan Amendment (SPA) AL-21-0005-A. This SPA proposed to add the optional eligibility group described at section 1902(a)(10)(A)(ii)(XXII) of the Social Security Act to the Alabama state Medicaid plan (the “Individuals Receiving State Plan Home and Community-Based Services group,” or “219(a) group”).

We approve Alabama State Plan Amendment (SPA) AL-21-0005-A with an effective date(s) of April 01, 2021.

CMS expects the state to have a comprehensive test plan specific to their environment and the plan should describe the end-to-end testing strategy. Alabama needs to provide a plan that describes how the eligibility system has been tested prior to ‘go-live’ to ensure the state can make accurate eligibility determinations for the Individuals Receiving State Plan Home and Community-Based Services (the “219(a) group”) group.

If you have any questions regarding this amendment, please contact Charles Friedrich at charles.friedrich@cms.hhs.gov

Sincerely,

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

Submission - Summary

Package ID AL2021M500010
SPA ID AL-21-0005-A
Submission Type Official
Initial Submission Date 3/19/2021
Approval Date 6/14/2021
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Superseded SPA ID N/A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

Package Header

Package ID  AL2021MS0001O
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  N/A

SPA ID  AL-21-0005-A

SPA ID and Effective Date

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Proposed Effective Date</th>
<th>Superseded SPA ID</th>
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<tr>
<td>Optional Eligibility Groups</td>
<td>4/1/2021</td>
<td>AL-20-0012</td>
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<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services</td>
<td>4/1/2021</td>
<td>New</td>
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</tbody>
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Page Number of the Superseded Plan Section or Attachment (If Applicable):
New
Submission - Summary

Executive Summary

Summary Description Including Goals and Objectives
The purpose of this state plan is to implement the 1915(i) services to people with intellectual disabilities and the adoption of 219(a) eligibility group.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>First 2021</td>
<td>$0</td>
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<td>Second 2022</td>
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Federal Statute / Regulation Citation
42 CFR 441 Subpart M; 1915i

Supporting documentation of budget impact is uploaded (optional).

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<th>Date Created</th>
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No items available
Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AL2021MS0001O | AL-21-0005-A

Package Header

- **Package ID**: AL2021MS0001O
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Superseded SPA ID**: N/A
- **SPA ID**: AL-21-0005-A
- **Initial Submission Date**: 3/19/2021
- **Effective Date**: N/A

Governor's Office Review

- **Describe**: Governor's designee on file via letter with CMS.

  - [ ] No comment
  - [ ] Comments received
  - [ ] No response within 45 days
  - [ ] Other
# Submission - Public Comment

**Package Header**

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<tbody>
<tr>
<td>Submission Type</td>
<td>Official</td>
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<td>Superseded SPA ID</td>
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<td>3/19/2021</td>
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<tr>
<td>Effective Date</td>
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</table>

**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

<table>
<thead>
<tr>
<th>Name of Paper</th>
<th>Date of Publication</th>
<th>Locations covered</th>
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<tbody>
<tr>
<td>Press Register</td>
<td>3/6/2020</td>
<td>Mobile and surrounding counties</td>
</tr>
<tr>
<td>The Huntsville Times</td>
<td>3/6/2020</td>
<td>Madison and surrounding counties</td>
</tr>
<tr>
<td>The Birmingham News</td>
<td>3/6/2020</td>
<td>Jefferson and surrounding counties</td>
</tr>
<tr>
<td>Montgomery Advertiser</td>
<td>3/6/2020</td>
<td>Montgomery and surrounding counties</td>
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</table>

- [ ] 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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<tbody>
<tr>
<td>Newspaper Affidavits March 2020</td>
<td>1/15/2021 1:25 PM EST</td>
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<tr>
<td>Abbreviated Public Notice for AL ID HCBS Community Waiver Program - 1115 Demonstration Application</td>
<td>1/15/2021 1:25 PM EST</td>
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<tr>
<td>Revised Public Notice for the Alabama Community Waiver Program</td>
<td>1/15/2021 1:25 PM EST</td>
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<td>Revised Abbreviated Public Notice for the Community Waiver Program</td>
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**Upload with this application a written summary of public comments received (optional)**

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No items available

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

- [ ] Access
- [ ] Quality
- [ ] Cost
Submission - Tribal Input

Package Header

Package ID AL2021M500010
Submission Type Official
Approval Date 5/14/2021
Superseded SPA ID N/A

SPA ID AL-21-0005-A
Initial Submission Date 3/19/2021
Effective Date N/A

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

<table>
<thead>
<tr>
<th>Date of consultation:</th>
<th>Method of consultation:</th>
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</thead>
<tbody>
<tr>
<td>5/20/2020</td>
<td>Tribal Consultation Letter</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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<tbody>
<tr>
<td>Tribal Consultation Letter from Alabama Medicaid Agency (Community Waiver Program 03-05-2020)</td>
<td>1/15/2021 1:30 PM EST</td>
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<tr>
<td>Revised Tribal Consultation Letter from Alabama Medicaid Agency (05-20-2020)</td>
<td>1/15/2021 1:30 PM EST</td>
</tr>
</tbody>
</table>

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 6/15/2021 12:05 PM EDT