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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

AL - Submission Package - AL2021MS0001O - (AL-21-0005-A) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	AL2021MS0001O	Submission Type	Official
Program Name	N/A	State	AL
SPA ID	AL-21-0005-A	Region	Atlanta, GA
Version Number	5	Package Status	Approved
Submitted By	Paul McWhorter	Submission Date	3/19/2021
Package Disposition		Approval Date	6/14/2021 5:23 PM EDT
Priority Code	P2		

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



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

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

Package Header

Package ID	AL2021MS0001O	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

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

SPA ID and Effective Date

SPA ID AL-21-0005-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	4/1/2021	AL-20-0012
Individuals Receiving State Plan Home and Community-Based Services	4/1/2021	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

New

Submission - Summary

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

Package Header

Package ID	AL2021MS0001O	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		

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

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 441 Subpart M; 1915i

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
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

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

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

Submission - Public Comment

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

Package Header

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Submission Type	Official	Initial Submission Date	3/19/2021
Approval Date	6/14/2021	Effective Date	N/A
Superseded SPA ID	N/A		

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

Name of Paper:	Date of Publication:	Locations covered:
Press Register	3/6/2020	Mobile and surrounding counties
The Huntsville Times	3/6/2020	Madison and surrounding counties
The Birmingham News	3/6/2020	Jefferson and surrounding counties
Montgomery Advertiser	3/6/2020	Montgomery and surrounding counties

- 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	
Newspaper Affidavits March 2020	1/15/2021 1:25 PM EST	
Abbreviated Public Notice for AL ID HCBS Community Waiver Program - 1115 Demonstration Application	1/15/2021 1:25 PM EST	
Revised Public Notice for the Alabama Community Waiver Program	1/15/2021 1:25 PM EST	
Revised Abbreviated Public Notice for the Community Waiver Program	1/15/2021 1:25 PM EST	

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
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | AL2021MS00010 | AL-21-0005-A

Package Header

Package ID	AL2021MS00010	SPA ID	AL-21-0005-A
Submission Type	Official	Initial Submission Date	3/19/2021
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Superseded SPA ID	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

Date of consultation:	Method of consultation:
5/20/2020	Tribal Consultation 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	
Tribal Consultation Letter from Alabama Medicaid Agency (Community Waiver Program 03-06-2020)	1/15/2021 1:30 PM EST	
Revised Tribal Consultation Letter from Alabama Medicaid Agency (05-20-2020)	1/15/2021 1:30 PM EST	

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