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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 21-0007

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
February 08, 2022

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

Re: Alabama State Plan Amendment (SPA) 21-0007

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL 21-0007. This amendment adds the state’s attestation that it meets all the minimum requirements under Section 1902(a)(87) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 CFR § 435.733. This letter is to inform you that Alabama Medicaid SPA AL 21-0007 was approved on February 03, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Rita Nimmons at 404-562-7415 or via email at Rita.Nimmons@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Stephanie Lindsay
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAI D SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER
2. STATE
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
   ○ XIX
   ○ XXI

4. PROPOSED EFFECTIVE DATE
   December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION
   42 CFR § 431.53

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022
   b. FFY 2023

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 3.1-D Page 1.2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 3.1-D Page 1.2

9. SUBJECT OF AMENDMENT
   The primary purpose for this amendment is to ensure Non-Emergency Medical Transportation's (NEMT) provider and driver requirements are satisfied and add to the Alabama Medicaid Agency's State Plan as a statutory requirement for the assurance of transportation under Title 42 CFR § 431.53.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL
    [Redacted]

12. TYPED NAME
    Stephanie McGee Azar
    Commissioner
    Alabama Medicaid Agency
    501 Dexter Avenue
    Post Office Box 5624
    Montgomery, Alabama 36103-5624

13. TITLE
    Commissioner

14. DATE SUBMITTED
    12/22/2021

15. RETURN TO
    Stephanie McGee Azar
    Commissioner
    Alabama Medicaid Agency
    501 Dexter Avenue
    Post Office Box 5624
    Montgomery, Alabama 36103-5624

16. DATE RECEIVED
    12/22/2021

17. DATE APPROVED
    02/03/2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
    12/27/2021

19. SIGNATURE OF APPROVING OFFICIAL
    [Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
    James G. Scott, Director
    Division of Program Operations

22. REMARKS

Instructions on Back
III. Non-emergency Transportation Services – Other:
Non-Emergency Medical Transportation for clients receiving allowable mental health services at Community Mental Health Centers are provided through contract with the Alabama Department of Mental Health (DMH).

Medicaid reimburses DMH as stated in Attachment 4.19-B, Page 14.a, Section 27.

The Alabama Medicaid Agency attests that all minimum requirements that ensure any provider (including a transportation network company) or individual driver of non-emergency transportation to medically necessary services receiving payments under such plan (but excluding any public transit authority), outlined in 1902(a)(87) of the Consolidated Appropriations Act, 2021 are met.