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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 form
- 3) Approved SPA Pages



April 12, 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) 22-0004

Dear Commissioner Azar:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to the Alabama Medicaid State Plan, as submitted under transmittal number (TN) AL-22-0004. This amendment proposes to rescind the election of a separate increased reimbursement rate for Nursing Homes Facilities during the COVID-19 state of emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number AL-22-0004 is approved effective February 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Rita Nimmons at 404-562-7415 or via email at Rita.Nimmons@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.04.12
12:12:10 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 4</u>	2. STATE <u>AL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022 February 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION Section 1135 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4A Pg 89z1.1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT
The primary purpose for this amendment is to rescind the election of a separate increased reimbursement rate for Nursing Homes Facilities during the COVID-19 state of emergency.

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

	15. RETURN TO Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TITLE Commissioner	
14. DATE SUBMITTED <u>1/25/2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED 1/25/22	17. DATE APPROVED 4/12/22
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 2/1/22	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S Deboy -S Digitally signed by Alissa M. Deboy -S Date: 2022.04.12 12:12:25 -04'00'
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy on Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director, Centers for Medicaid and CHIP Services

22. REMARKS
State requested a pen and ink change to box 4 of the CMS Form 179 from January 1, 2022 to February 1, 2022 on March 31, 2022.

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

1. Effective February 1, 2022, the Alabama Medicaid Agency rescinds the election at item E.2.a and E.2.b of section 7.4 (approved on April 13, 2020 in SPA AL-20-0006) of the disaster state plan amendment (SPA), which provided a \$20.00 per diem add-on uniformly for all nursing home facilities and an additional cleaning fee for the Medicaid portion of the actual costs incurred for facilities with COVID-19 patients or staff. The \$20.00 add-on has been incorporated in the actual per diem rates under the regular state plan effective February 1, 2022 based upon a full year of COVID-19 cost data included in each facilities' June 30, 2021 cost report. The \$20.00 add-on was not offset in deriving the February 1, 2022 per diem rates. The cleaning fee cost has also been absorbed in the cost reports. Providers were notified of their individual rates effective February 1, 2022 in accordance with normal rate setting process outlined in the regular state plan.