Table of Contents

State/Territory Name: Alabama
State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
August 5, 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) 22-0008

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL 22-0008. This amendment provides all medically necessary preventive, restorative, diagnostic, periodontal, endodontic, oral surgery, and emergent dental procedures for pregnant Medicaid recipients.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that AL 22-0008, was approved on August 5, 2022, with an effective date of October 1, 2022.

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

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Stephanie Lindsay
Falecia Smith, Acting Branch Manager, DPO-South
# Transmittal and Notice of Approval of State Plan Material

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
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<tr>
<td>22-0008</td>
<td>AL</td>
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<tr>
<th>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</th>
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<td>XIX</td>
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<th>4. PROPOSED EFFECTIVE DATE</th>
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<tbody>
<tr>
<td>October 1, 2022</td>
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<tr>
<th>5. FEDERAL STATUTE/REGULATION CITATION</th>
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<tbody>
<tr>
<td>42 C.F.R. §440</td>
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<tr>
<th>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</th>
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<tbody>
<tr>
<td>FFY 2023: $2,773,258</td>
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<td>FFY 2024: $2,773,258</td>
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<th>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</th>
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<tr>
<td>Attachment 3.1-A Page 4.10</td>
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<th>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</th>
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<td>Attachment 3.1-A Page 4.10</td>
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### 9. SUBJECT OF AMENDMENT

The purpose of this State Plan Amendment is to provide dental benefits to pregnant, full Medicaid recipients.

### 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

[Signature]

### 12. TYPED NAME

Stephanie McGee Azar

### 13. TITLE

Commissioner

### 14. DATE SUBMITTED

July 1, 2022

### 15. RETURN TO

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

### 16. DATE RECEIVED

July 1, 2022

### 17. DATE APPROVED

August 5, 2022

### 18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2022

### 19. SIGNATURE OF APPROVING OFFICIAL

[Signature]

### 20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

### 21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

### 22. REMARKS

Instructions on Back
Limitation of Services

10. Dental Services

Effective Date: 01/01/92
Dental services are provided for E.P.S.D.T. eligible children under the age of 21.

Effective Date: 10/01/22
All medically necessary preventive, restorative, diagnostic, periodontal, endodontic, oral surgery, and emergent dental procedures are covered for pregnant Medicaid recipients.

TN No. AL-22-0008
Supersedes TN No. AL-94-9
Approval Date: 08/05/22 Effective Date: 10/01/22