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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

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



Medicaid and CHIP Operations Group

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

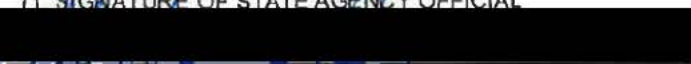
<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 8</u>	2. STATE <u>AL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §440	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>2,773,258</u> b. FFY <u>2024</u> \$ <u>2,773,258</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 4.10	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 4.10	

9. SUBJECT OF AMENDMENT
The purpose of this State Plan Amendment is 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

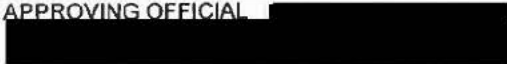
OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
12. TYPED NAME Stephanie McGee Azar	
13. TITLE Commissioner	
14. DATE SUBMITTED 7.1.22	

FOR CMS USE ONLY

16. DATE RECEIVED July 1, 2022	17. DATE APPROVED August 5, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

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.