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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 22-0009

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

April 21, 2023

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) 22-0009

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL-22-0009. This amendment proposes to provide services to identified recipients under age 21 to improve family functioning by clinically stabilizing the living arrangement, promoting reunification, or preventing the utilization of out-of-home therapeutic venues (i.e., psychiatric hospitals, psychiatric residential treatment facilities, or residential treatment services).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 447. This letter informs you that Alabama's Medicaid SPA 22-0009 was approved on April 21, 2023, effective October 1, 2022. Enclosed are copies of the CMS-179 summary page and approved SPA pages to be incorporated into the Alabama State Plan.

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

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures
cc: Stephanie Lindsay

22. REMARKS

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services ---Continued

Effective 10/01/222

(33) Intensive Family Intervention by a Multi-Person Team

This service is intended to improve family functioning by clinically stabilizing the living arrangement, promoting reunification, or preventing the utilization of out of home therapeutic venues (i.e. psychiatric hospital, psychiatric residential treatment facilities, or residential treatment services) for the identified youth. Services are delivered by a multi-person team staffed as defined below and are provided primarily to youth in their living arrangement and within the family system. Services are designed to address both the mental health needs of the youth and the interactions among family members that contribute to an unstable living environment as identified in the Individualized Treatment Plan. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgement, the beneficiary is not present during the delivery of the service, but remains the focus of the service. Any medical or remedial services (provided in a facility, home, or other setting) be recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.

The clinical admission criteria include the following:

1. A mental illness diagnosis and/or a substance abuse diagnosis and related substantial functional impairment which significantly interferes with the child's role or functioning in the family, school, or community such that traditional outpatient services are not sufficient to meet the need.
2. The youth and/or family has one or more of the following characteristics:
 - Insufficient or severely limited resources or skills necessary to cope with the youth's behavioral health crisis
 - Are involved in or at serious risk of involvement with the court system
 - Have anti-social, aggressive/violent, substance abusing behaviors
 - Are at risk of out-of-home placement and require intensive, coordinated clinical and supportive intervention
 - Are returning from out-of-home placement where the above behaviors received treatment

The service array, frequency, and duration must conform to the respective team model and include resource coordination/acquisition to achieve the youth's and their family's goals and aspirations of self-sufficiency, resiliency, permanency, and community integration. A variety of services are provided by team members and include the following:

Intake

Individual Counseling

Family Counseling

Medication Monitoring

Crisis Intervention

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services ---Continued

Psychoeducation

Therapeutic Mentoring

Mental Health Care Coordination

Basic Living Skills

Eligible Provider Type:

The Intensive Family Intervention team is staffed and functions consistent with the evidence-based criteria of a nationally recognized Intensive Family Intervention models such as Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), or Multi-Dimensional Family Therapy (MDFT) or other model approved by the respective state agency. The specific model of Intensive Family Intervention must be approved by the respective state agency. The team must be approved by the respective credentialing oversight body as having the staff, training, operation, and quality assurance measures required by the model.

At a minimum the team will have a supervisor who has a Master's Degree in psychology, social work, counseling, or other human service field and who has two years post-Master's supervised experience in child and adolescent services and other team members who possess a Master's Degree in psychology, counseling, social work, or other human service field and who have either completed a clinical practicum or have six months post-graduate clinical experience, and who have received or will receive two years of post-graduate supervised experience. The Master's level staff may provide Intake, Individual Counseling, Family Counseling, Medication Monitoring, Crisis Intervention, Psychoeducation, Therapeutic Mentoring, Mental Health Care Coordination, and Basic Living Skills. Depending on local circumstances, the team may include a person with a bachelor's degree in a human service field. The Bachelor's level team member may provide Basic Living Skills, Crisis Intervention, Therapeutic Mentoring, Psychoeducation, and Mental Health Care Coordination.

Billing Unit: One day
Maximum Units: 180 per year

Effective : 10/01/2022

21. Rehabilitative Services

- A. A statewide maximum payment will be calculated for each service designated by a procedure code recognized by the Alabama Medicaid Agency as a covered service.

The Medicaid reimbursement for each service provided by a rehabilitative services provider shall be based on the following criteria in accordance with the methodology described below:

- (1) For procedure codes with an assigned Medicare rate (i.e. CPT codes), the proposed rate will be the current published Medicare Physician Fee Schedule Rate for Alabama.
- (2) For procedure codes without an assigned Medicare Rate on the Physician Fee Schedule (i.e. HCPCS) codes, the reimbursement will be 'By Report'. 'By Report' means paying a percentage of billed charges. The percentage is derived by dividing the previous state fiscal year's total Medicaid reimbursement (total allowed charge) for services included in the Physician Fee Schedule by the previous state fiscal years total Medicaid billings.
 - a. $\text{Percentage} = \text{Total 'Allowed Amount'} / \text{Total 'Billed Amount'}$
 - b. $\text{Average Billed Amount} = \text{Total 'Billed Amount'} / \text{Total 'Allowed Quantity'}$
 - c. $\text{Proposed Rate} = \text{Percentage times Average Billed Amount}$
- (3) For procedure codes with no utilization one of the three methods below will be used.
 - a. Current rate that the Rehabilitative Services State Agencies utilizes.
 - b. Current rate from another state for same service.
 - c. For those services that need rate different from current Alabama or other state rate a financial cost model will be used to calculate rate.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Rehabilitative Services. The Agency's fee schedule rates were set as of October 1, 2018 and are effective for services provided on or after that date.

All rates are published and maintained on the Agency's website at www.medicaid.alabama.gov. For the most recent Rehabilitative Service Fee Schedule click on the Providers tab, select Fee Schedules, check "I Accept" on the User Agreement, then click the Providers tab, Fee Schedules, and Rehabilitative Option Fee Schedule.

- (4) Medication Assisted Treatment (MAT) drugs for Opioid Use Disorder (OUD) as a part of the service for the MAT code are reimbursed as described above in Section (2).

Actual reimbursement will be based on the rate in effect on the date of service. Only those services that qualify for reimbursement will be provided under this program.

B. Bundle-specific rate setting

Bundled payment rates are added to the Alabama fee schedule according to the methodology described at A. above.

The state will regularly review utilization of services to ensure beneficiaries receive the types, quantity and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle. Room and board or other unallowable facility costs are excluded from all rates.

Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with Alabama's Medicaid billing procedures.

At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

Medicaid providers must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Alabama Medicaid recipients.

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Intensive Family Intervention by a Multi-Person Team	<ul style="list-style-type: none">• Intake• Individual Counseling• Family Counseling• Medication Monitoring• Therapeutic Mentoring• Crisis Intervention• Psychoeducation• Mental Health Care Coordination• Basic Living Skills	<ul style="list-style-type: none">• Direct Service Expenditures• Direct Staff Wages• Employee Benefit Costs• Direct Supervision• Program Support Costs• On-call differential for services that require 24-hour per day, 7-day a week on-call for crisis and response	Daily Per Diem