

Table of Contents

State/Territory Name: Alabama

State Plan Amendment (SPA) #: 23-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 23, 2023

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

Re: Alabama State Plan Amendment (SPA) AL-23-0008

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL-23-0008. This amendment proposes to temporarily extend the suspension of Medicaid copayments for all items and services for all eligibility groups until September 30, 2024, originally approved in Disaster Relief SPA TN 20-0004.

CMS 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 Alabama's Medicaid SPA Transmittal Number AL-23-0008, is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.23
07:46:00 -04'00'

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 3 — 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 May 12, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Title 19 of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4.B Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency Page 2		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT Extension to the Disaster Relief Policies to temporarily extend the suspension of Medicaid copayments for all items and services for all eligibility groups until September 30, 2024.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS			
Stephanie McGee Azar Commissioner		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>5/31/2023</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023		19. SIGNATURE OF APPROVING OFFICIAL Alissa M. DeBoy -S Digitally signed by Alissa M. DeBoy -S Date: 2023.06.23 07:46:21 -04'00'	
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello		21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services	
22. REMARKS Pen and ink change in Box #5 per email dated June 13, 2023 from the state. Pen and ink change in Box #6 per email dated June 22, 2023 from the state.			

7.4.B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until September 30, 2024, the agency temporarily extends the following elections(s) of section 7.4 (approved 04/02/20 in SPA number AL-20-0004) of the state plan:

Section C – Premiums and Cost Sharing

1. X The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

<i>Alabama Medicaid suspends Medicaid copayments for all items and services for all eligibility groups until September 30, 2024.</i>
--