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**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 24-0009**

This file contains the following documents in the order listed:

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

# AL - Submission Package - AL2024MS0005O - (AL-24-0009) - Administration

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

January 08, 2025

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

Re: Approval of State Plan Amendment AL-24-0009

Dear Commissioner Azar,

On December 19, 2024, the Centers for Medicare and Medicaid Services (CMS) received Alabama State Plan Amendment (SPA) AL-24-0009 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Alabama State Plan Amendment (SPA) AL-24-0009 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Kia Carter-Anderson at [kia.carter-anderson@cms.hhs.gov](mailto:kia.carter-anderson@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director  
Center for Medicaid & CHIP Services

# AL - Submission Package - AL2024MS0005O - (AL-24-0009) - Administration

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   Related Actions

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AL2024MS0005O | AL-24-0009

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | AL2024MS0005O | SPA ID                  | AL-24-0009 |
| Submission Type   | Official      | Initial Submission Date | 12/19/2024 |
| Approval Date     | 01/08/2025    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

### State Information

|                       |         |                       |                         |
|-----------------------|---------|-----------------------|-------------------------|
| State/Territory Name: | Alabama | Medicaid Agency Name: | Alabama Medicaid Agency |
|-----------------------|---------|-----------------------|-------------------------|

### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AL2024MS0005O | AL-24-0009

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SPA ID and Effective Date

SPA ID AL-24-0009

|                 |                         |                   |
|-----------------|-------------------------|-------------------|
| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
| Reporting       | 12/31/2024              | New               |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AL2024MS0005O | AL-24-0009

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| Superseded SPA ID | N/A           |                         |            |

## Executive Summary

Summary Description Including Goals and Objectives To attest to reporting mandatory measures of the Child and adult Core Sets.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2024                | \$0    |
| Second | 2025                | \$0    |

### Federal Statute / Regulation Citation

Section 50102(b) of the Bipartisan Budget Act of 2018 (Pub. L. 115-123), and section 5001 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (Pub. L. No. 115-271).

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

# Submission - Summary

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| Superseded SPA ID | N/A           |                         |            |

## Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 1/15/2025 3:40 PM EST*

# AL - Submission Package - AL2024MS0005O - (AL-24-0009) - Administration

## Medicaid State Plan Administration

### General Administration

#### Reporting

MEDICAID | Medicaid State Plan | Administration | AL2024MS0005O | AL-24-0009

CMS-10434 OMB 0938-1188

#### Package Header

|                   |               |                         |            |
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| Superseded SPA ID | New           |                         |            |
|                   | User-Entered  |                         |            |

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒
1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

- ☒
1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒
2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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