

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA)#: 25-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

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November 26, 2025

Timothy "Bo" A. Offord, Jr.  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, Alabama 36103

Re: Alabama State Plan Amendment (SPA) - 25-0006

Dear Commissioner Offord:

CMS reviewed Alabama's proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006. This amendment updates Attachments 3.1-A of the Medicaid State Plan to comply with CMS' final rule amending 42 CFR 440.90 and authorizing an exception to the Medicaid clinic services "four walls" requirement for Indian Health Services (IHS) and Tribal clinics.

CMS conducted its review of the submittal according to statutory requirements in 42 CFR 440.90. This letter informs you that Alabama's Medicaid SPA TN 25-0006 was approved on November 26, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Alabama State Plan.

If you have any questions, please contact Kia Carter-Anderson (404) 565-7431 or via email at [kia.carter-anderson@cms.hhs.gov](mailto:kia.carter-anderson@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Lauren Ray

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> <span>2</span><span>5</span><span>—</span><span>0</span><span>0</span><span>0</span><span>6</span> </div>	2. STATE <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> <span>A</span><span>L</span> </div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> XIX           <input type="radio"/> XXI         </div>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.90</b>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-weight: bold;">January 1, 2025</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <del>Supplement 1 to Attachment 3.1-B (NEW)</del> <del>Supplement 1 to Attachment 3.1-A pages 4.9 thru 4.9b</del> <del>Supplement 1 to Attachment 3.1-A pages 4.9c thru 4.9g (NEW)</del> <b>Attachment 3.1-A pages 4.9 thru 4.9b</b> <b>Attachment 3.1-A pages 4.9c thru 4.9g (NEW)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2025</u> \$ <u>0</u> b FFY <u>2026</u> \$ <u>0</u> 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <del>Supplement 1 to Attachment 3.1-A pages 4.9 thru 4.9b.</del> <b>Attachment 3.1-A pages 4.9 thru 4.9b</b>	
9. SUBJECT OF AMENDMENT <b>This amendment is to assure coverage for clinic services outside of the "four walls" of IHS/Tribal clinics.</b>			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL           </div> <div style="width: 50%;"> <input checked="" type="radio"/> OTHER, AS SPECIFIED: <b>Governor's designee on file via letter with CMS</b> </div> </div>			
<div style="background-color: black; height: 40px; width: 100%;"></div> <b>Stephanie McGee Azar</b> 13. TITLE Commissioner		15. RETURN TO <b>Stephanie McGee Azar</b> <b>Commissioner</b> <b>Alabama Medicaid Agency</b> 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 361035624	
14. DATE SUBMITTED <b>3-31-25</b>		<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED 03/31/2025		17. DATE APPROVED 11/26/2025	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2025		19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; height: 30px; width: 100%;"></div>	
20. TYPED NAME OF APPROVING OFFICIAL <b>Wendy E. Hill Petras</b>		21. TITLE OF APPROVING OFFICIAL <b>Acting Director, Division of Program Operations</b>	
22. REMARKS <p style="color: red;">On 11/21/25 the state forwarded corrected clinic template pages to mirror current state plan pages that are being replaced by the clinic template. The state authorized a Pen &amp; Ink change correcting pagination of clinic template pages including Attachment 3.1-A, pages 4.9-4.9b, and adding Attachment 3.1-A, pages 4.9c-4.9g.</p>			

## State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

## Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances****[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope****[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☐ Limitations apply to all services within the benefit category.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: AL-25-0006

Approval Date: 11/26/2025

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## State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

## Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

**[Select all that apply and describe below as applicable]****Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:**

Mental Health Services will be provided only by qualified Mental Health Service Providers. Participation will be based on the provider's proven ability to furnish the following complete range of Mental Health Services.

**Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]****(1) Counseling/Psychotherapy**

(a) Individual Therapy: a face-to-face contact between the Medicaid eligible client and one or more mental health professionals for the purpose of providing non-residential intake, diagnostic, and treatment services on both a scheduled and unscheduled basis.

(b) Family Therapy: a face-to-face contact with one or more Medicaid eligible members of a family for the purpose of altering family influences that contribute to the disorder of one or more Medicaid eligible family members.

(c) Group Therapy: a face-to-face contact with one or more Medicaid eligible clients and one or more mental health professionals for the purpose of resolving difficulties and effecting therapeutic changes through group interaction.

(2) Medication Checkup: a face-to-face contact with a Medicaid eligible client by the appropriate staff team member for the purpose of reviewing

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## Section 1905(a)(9) Clinic Services

the client's medication regimen and attendant overall functioning.

(3) Prehospitalization Screening Services: Diagnostic and prognostic clinical screening when hospitalization is requested or definitely considered; to assure that less restrictive alternative services are also considered and made available, and utilized, when appropriate.

(4) Diagnostic Assessment: A specialized service for intensive clinical evaluation and formal reports.

(5) Day Treatment: A milieu treatment program which is goal oriented and has the expectation that the client will improve. Clients must be actively involved in individual or group therapy. The day treatment service must be available 20 hours per week in one location, unless waived by DMH.

☐ IHS and Tribal Clinics [Select below if applicable.]:☐ Limitations apply only to this clinic type within the benefit category.  
[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].☐ Renal Dialysis Clinics [Select below if applicable.]:☐ Limitations apply only to this clinic type within the benefit category.  
[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

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## Section 1905(a)(9) Clinic Services



Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

- (1) Clinic services provided by eligible prenatal clinic providers.
- (a) Participation will be based on the provider meeting one of the following:
- (1) Receives funds under the Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act); or
  - (2) Participates in a state perinatal program.
- (b) Prenatal Clinic services include antepartum care plus one (1) postpartum visit {six (6)-week checkup}.
- (2) Clinic services provided by children's specialty clinic providers. Participation will be based on the provider's proven ability to meet the following criteria:
- (a) Clinic services are specialty oriented and provided by an interdisciplinary team to children who are eligible for EPSDT services and are experiencing developmental problems.
  - (b) Disciplines include at a minimum, specialty physicians, nurses, service coordinators/social workers, physical therapists, audiologists, nutritionists, speech/language pathologists.
  - (c) Services offered must include a plan for medical and habilitative services to children with special health care needs as well as coordination and support services.
  - (d) Children's specialty clinic providers must have a signed written agreement with the Alabama Medicaid Agency to provide services to children eligible for EPSDT services.

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## State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

## Section 1905(a)(9) Clinic Services

(e) All children's specialty clinic services must be furnished by or under the direction of a physician.

☐

Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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## State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

## Section 1905(a)(9) Clinic Services

**Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**



Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).



Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**



Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below:]**

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## State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

## Section 1905(a)(9) Clinic Services

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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## Section 1905(a)(9) Clinic Services

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
  - The population experiences issues accessing services due to lack of transportation;
  - The population experiences a historical mistrust of the health care system; and
  - The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:

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