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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 25-0008

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

November 19, 2025

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

Re: Alabama State Plan Amendment (SPA) 25-0008

Dear Commissioner Offord:

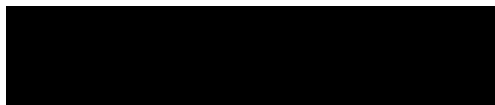
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment proposes to provide for coverage of ambulatory prenatal care for pregnant women without limitations during a presumptive eligibility period consistent with Section 1920 of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 432.1101, 432.1102, and 435.1103. This letter informs you that Alabama's Medicaid SPA TN 25-0008 was approved on November 19, 2025, effective October 1, 2025.

Enclosed are copies of Form CMS-179 and 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.

Sincerely,



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

Enclosures

cc: Lauren Ray
Denise Sturdivant

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> 25—0008 </div>	2. STATE <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> AL </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 1920 and 1920A / 42 CFR 432.1101, 435.1102, 435.1103		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; margin-top: 10px;">October 1, 2025</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 8a Section 3, Page 21b Section 4, Page 45 MacPro Pre-Print		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>726,300</u> b. FFY <u>2027</u> \$ <u>725,300</u>	
9. SUBJECT OF AMENDMENT The purpose of this amendment is to provide up to 60 days of presumptive eligibility for pregnant women. The purpose of this amendment is to provide services for presumptively eligible women.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 8a (AL-94-8) Section 3, Page 21b (AL-91-36) Section 4, Page 45 (AL-91-36) MacPro Pre-Print	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <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: Governor's designee on file via letter with CMS </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div>		15. RETURN TO Timothy "Bo" A. Offord, Jr. Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624	
12. TYPED NAME Timothy "Bo" A. Offord, Jr.		13. TITLE Commissioner	
14. DATE SUBMITTED		16. DATE RECEIVED 09/10/2025	
FOR CMS USE ONLY			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2025		17. DATE APPROVED 11/19/2025	
PLAN APPROVED - ONE COPY ATTACHED			
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div>	
22. REMARKS <div style="color: red; font-weight: bold; font-size: small;"> The state authorized on 11/17/25 to do a Pen & Ink change removing Section 4, page 45 from Box 7 and Box 8. The state also authorized a Pen & Ink change to Box 9 revising the subject of the amendment. </div>		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

Effective Date: 10/01/25

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible# provider (in accordance with section 1920 of the Act).

/ X / Provided: / X / No limitations / ___ / With limitations*

/ _ / Not provided.

Effective Date: 01/01/92

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

/ X / Provided: / _ / No limitations / X / With limitations*

/ _ / Not provided.

Effective Date: 01/01/92

23. #Certified Pediatric or family nurse practitioners' services.

/ X / Provided: / _ / No limitations / X / With limitations*
**

#VIA HCFA-PITN-MCD-4-92

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

** Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

* Description provided on attachment.

State: ALABAMA

SECTION 3 – SERVICES: GENERAL PROVISIONS**3.1 Amount, Duration, and Scope of Services (continued)**Citation

1902(a) and
1903(v) of the
Act

(a)(6) Limited Coverage for Certain Aliens (continued)

iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of
the Act

(a)(7) Homeless Individuals

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished

1902(a)(47)
and 1920 of the
Act

/ X /(a)(8) Presumptively Eligible Pregnant Women

Ambulatory prenatal care for pregnant Women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State Plan.

42 CFR 441.55
50 FR 43654
1902(a)(43),
1905(a) (4) (B),
and 1905(r) of
the Act

(a)(9) EPSDT Services

Ambulatory prenatal care for pregnant Women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.