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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 25-0011

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

December 17, 2025

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

Re: Alabama State Plan Amendment (SPA) - 25-0011

Dear Commissioner Offord:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This amendment proposes to add Psychologists and Physician Assistants as provider types to support children and youth with special healthcare needs in interdisciplinary clinics.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.90 and 485.705. This letter informs you that Alabama's Medicaid SPA TN 25-0011 was approved on December 17, 2025, effective January 1, 2026.

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 at (404) 562-7431 or via email at Kia.Carter-Anderson@cms.hhs.gov.

Sincerely,

[redacted]

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

Enclosures

cc: Lauren Ray

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25 — 0011

2. STATE: AL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR.440.90.485.705.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 89,013
b. FFY 2027 $ 89,013

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Attachment 3.1-A Page 4.9a~~
Attachment 3.1-A, Page 4.9c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
~~Attachment 3.1-A Page 4.9a (AL-94-9)~~
Attachment 3.1-A, Page 4.9c (AL-25-0006)

9. SUBJECT OF AMENDMENT
This amendment will add Psychologists and Physician Assistants (PA) as a provider type to support children and youth with special healthcare needs in interdisciplinary diagnostic clinics.

10. GOVERNOR'S REVIEW *(Check One)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Timothy "Bo" A. Offord, Jr.

13. TITLE
Commissioner

14. DATE SUBMITTED
10/06/2025

15. RETURN TO
Timothy "Bo" A. Offord, Jr.
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

FOR CMS USE ONLY

16. DATE RECEIVED
10/06/2025

17. DATE APPROVED
12/17/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2026

19. [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS
State authorized on 12/15/25 a Pen & Ink change replacing Page 4.9a with Page 4.9c of Attachment 3.1-A in Box 7. And updating Box 8 with correct superseded SPA reflecting AL-25-0006.

State Plan under Title XIX of the Social Security Act
State/Territory: Alabama
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, physician assistants, psychologists, 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.

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.