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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 23-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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 1, 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) 23-0013

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL-23-0013. This amendment will clarify the state covers and reimburses approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 11405 of the Inflation Reduction Act (IRA). This letter is to inform you that Alabama's SPA 23-0013 was approved on November 1, 2023, with an effective date of October 1, 2023.

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

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Stephanie Lindsay

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 3 - 0 0 1 3

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
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Section 11405 of the Inflation Reduction Act (IRA)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 235 237
b. FFY 2025 \$ 235 237

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1 A, Page 6.13f.10~~
Attachment 3.1-A, Page 6.13

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Attachment 3.1 A, Page 6.13f.10 (AL-22-0009)~~
Attachment 3.1-A, Page 6.13 (AL-18-0007)

9. SUBJECT OF AMENDMENT
This amendment will clarify the state covers and reimburses approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

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

12. TYPED NAME
Stephanie McGee Azar

15. RETURN TO
Stephanie McGee Azar
Commissioner
Alabama Medicaid Agency
601 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

13. TITLE
Commissioner

14. DATE SUBMITTED
10-2-23

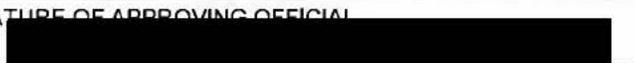
FOR CMS USE ONLY

16. DATE RECEIVED
October 2, 2023

17. DATE APPROVED
November 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS
State requested pen & ink change via email on 10/25/23

- In box #7 - changed to read Attachment 3.1-A, Page 6.13;
- In box #8 - changed to read Attachment 3.1-A, Page 6.13 (AL-18-0007)

Effective Date: 01/01/94

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

Effective Date: 01/01/92

13.a. Diagnostic Services

Other diagnostic services are provided only for children under 21 referred through the EPSDT Program.

13.b. Screening Services

Other screening services are provided only for children under 21 referred through the EPSDT Program.

13.c. Preventive Services

(1) Other preventive services for children are provided only if children under 21 are referred through the EPSDT Program.

Effective Date: 10/01/23

(2) The state assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The state also assures that changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

Effective Date: 10/01/18

13.d. Rehabilitative services will be provided to Medicaid recipients as recommended by a physician or other licensed practitioner on the basis of medical necessity. Although limits are provided for guidance, the limitation(s) noted can be exceeded based on medical necessity. While it is recognized that involvement of the family in the treatment of individuals with mental illness or substance use disorders is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the identified recipient's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient's treatment needs are not covered by Medicaid. An asterisk denoting this restriction will appear in each service description that makes reference to a recipient's collateral defined as a family member, legal guardian or significant other. Rehabilitation services that are delivered face to face can either be in person or via telemedicine/telehealth, as approved by the Alabama Medicaid Agency.

To participate in the Alabama Medicaid Program, rehabilitative services providers must meet the following requirements. Service providers must demonstrate that they meet the criteria in either (1), (2), or (3), and both (4) AND (5) below.

1. A provider must be certified as a 310-board community mental health center by DMH and must have demonstrated the capacity to provide access to the following services through direct provision or referral arrangements:
 - Inpatient services through referral to community hospitals and through the attending physician for community hospitalizations.
 - Substance abuse services including intensive outpatient services and residential services.
 - Services are not provided in an institution for mental diseases (IMD).
 - Must submit an application to and receive approval from DMH to provide mental health rehabilitative services under the Medicaid Rehabilitative Option program.