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State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-23-0028-ROR

This file contains the following documents in the order listed:

1) Approval Letter
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

March 31, 2023

Ms. Wanda Davis
Deputy Director, Children's Health Insurance Program
201 Monroe Street
Montgomery, AL 36104

Dear Ms. Davis:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number, AL-23-0028-ROR, submitted on February 2, 2023, has been approved. This SPA has an effective date of June 1, 2023.

Through this SPA, Alabama seeks to implement the Reach Out and Read health services initiative (HSI) program, which promotes social and emotional development through promoting early literacy, early learning, and school readiness as a part of routine pediatric primary care. This is a time-limited HSI that will be effective from June 1, 2023 through May 31, 2025. If the state wishes to extend the HSI beyond May 31, 2025, it must submit a state plan amendment to do so.

This approval is based on section 2105(a)(l)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorize use of title XXI administrative funding for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining title XXI administrative funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP program. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8117
E-mail: joshua.bougie@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Alabama
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))
Scott Harris, State Health Officer, Alabama Department of Public Health
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Catherine Donald	Position/Title: Acting CHIP Director
Name: Shaundra B. Morris	Position/Title: Director, ADPH Financial Services
Name:	Position/Title:

*Disclosure. 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 0938-1148 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA(42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan
Effective Date: February 1, 1998

Amendment 1 – Establishment of ALL Kids
Effective Date: February 1, 1998
Implementation Date: October 1, 1998

Amendment 2 – Establishment of ALL Kids PLUS
Effective/Implementation Date: October 1, 1999

Amendment 3 – Disregards
Effective/Implementation Date: June 1, 2001

Amendment 4 - Compliance
Effective/Implementation Date: August 24, 2001

Amendment 5 – Waiting List, Cost Sharing, Benefit Changes
Effective/Implementation Date: October 1, 2003

Amendment 6 – Discontinuance of the Waiting List and other Clean-Up changes
Effective/Implementation Date: November 23, 2004

Amendment 7 – Raise the upper income eligibility limit to 300% of FPL and other minor changes
Effective/Implementation Date: October 1, 2009

Amendment 8 – Include a private foundation grant as an additional source of state funding
Effective/Implementation Date: October 27, 2009

Amendment 9 – Establishment of a Prospective Payment System for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
Effective/Implementation Date: October 1, 2009;
Addendum on Dental Benefits Under Title XXI:
Effective/Implementation Date: October 1, 1998

Amendment 10 – Eligibility for children of employees of a public agency (state employees and public education employees)
Effective/Implementation Date: January 1, 2011

Amendment 11 – Provisions for Implementing Temporary Adjustments to Enrollment Determination and/or Redetermination Policies and Cost Sharing Requirements for Applicants/Renewals living in and/or working in FEMA or Governor declared disaster areas at the time of a disaster event. In the event of a disaster, the State will notify CMS of the intent to provide temporary adjustments to its enrollment and/or redetermination policies, the effective dates of

such adjustments and the counties/areas impacted by the disaster.
Effective/Implementation Date: April 15, 2011

Amendment 12 – Increase premiums, increase co-pays and revise the methodology for determining annual aggregate cost-sharing
Effective/Implementation Date: May 1, 2012

Amendment 13 – Establishment of copayments for therapy services (physical, occupational, and speech), vision services and chiropractic services; and cleanup changes
Effective/Implementation Date: August 1, 2013

Amendment 14 – Alignment of ALL Kids fee groups with provisions of the Affordable Care Act (ACA) and other editorial changes to comply with previously approved ACA SPAs.
Effective/Implementation Date: January 1, 2014

Amendment 15 - AL-16-0015-MEXP – CHIP Medicaid expansion to cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL.
Effective Date: October 1, 2015
Implementation Date: January 1, 2016

Amendment 16 – AL-18-0016-PAR - Attestation and documentation of Mental Health Parity and Addiction Equity.
Submission Date: July 10, 2018
Effective Date: October 1, 2017*
Implementation Date: October 1, 2017*
***Note: Benefits were adjusted in October 2010 to be compliant with mental health parity; this amendment did not require any benefit changes**

Amendment 17 – AL-19-0017-RIM
- Reducing Infant Mortality (RIM) Health Service Initiative
Submission Date: July 17, 2019
Effective Date: July 1, 2019
Implementation Date: July 1, 2019

Amendment 18 – AL-19-0018-RIM
CS9 Eligibility – Coverage From Conception to Birth
Submission Date: July 17, 2019
Effective Date: July 1, 2019
Implementation Date: July 1, 2019

Amendment 19 – AL-20-0019-CEN
CS15 MAGI-Based Income Methodologies – Temporary Income
Submission Date: February 26, 2020
Effective Date: July 1, 2020
Implementation Date July 1, 2020

Amendment 20 – AL-20-0020-COVI

Allowing for Temporary Waiving of cost sharing requirements for enrollees who reside and/or work in a State or Federally declared disaster area.
Submission Date: July 29, 2020
Effective Date: March 1, 2020
Implementation Date: March 1, 2020

Amendment 21 - AL-20-0021-BH
Documentation of AL CHIP compliance with the SUPPORT Act.
Submission Date: July 29, 2020
Effective Date: October 1, 2019
Implementation Date: October 24, 2018

Amendment 22 – AL-21-0022-PP
Postpartum coverage Health Services Initiative for ALL Babies
Submission Date: May 13, 2021
Effective Date: July 1, 2021
Implementation Date: July 1, 2021

Amendment 23 – AL-22-0023-OBJ
Edits to align Strategic Objectives and Performance Goals with CARTS
Submission Date: 3/30/2022
Effective Date: 10/1/2021
Implementation Date: 10/1/2021

Amendment 24 – AL-22-0024-ARP
Coverage of COVID-19 vaccine, testing, and treatment under American Rescue Plan Act
Submission Date: 3/30/2022
Effective Date: March 11, 2021
Implementation Date: March 11, 2021

Amendment 25 – AL-22-0025-CE
12-Month Postpartum Period Continuous Eligibility
Submission Date: August 18, 2022
Effective Date: October 1, 2022
Implementation Date: October 1, 2022

Amendment 26 – AL-23-0026-RIM2
CS9 Eligibility - Statewide Coverage from Conception to Birth
Submission Date: January 9, 2023
Effective Date: May 1, 2023
Implementation Date: May 1, 2023

Pending

Amendment 27 – AL-23-0027-CC
Amending AL-19-0017-RIM to discontinue HSI
Submission Date: January 9, 2023
Effective Date:
Implementation Date: September 30, 2023

Pending

Amendment 28 – AL-23-0028-ROR
Reach Out and Read HSI
Submission Date: February 1, 2023
Effective Date: June 1, 2023
Implementation Date: June 1, 2023

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
AL-14-0016 (Original: AL-14-0016 Effective/Implementation Date: January 1, 2014) **AL-20-0019-CEN (affects only CS15) Effective Implementation Date: July 1, 2020**	**MAGI Eligibility & Methods**	**CS7** **CS10** **CS15**	**Eligibility – Targeted Low Income Children** **Children With Access to Public Employee Coverage** **MAGI-Based Income Methodologies**	**Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 Section 4.4.1: Supersedes only the information on dependents of public employees in this section; supporting documentation should be incorporated as an appendix to the current state plan** **Incorporate within a separate subsection under section 4.3**
AL-19-0018-RIM Effective Date: July 1, 2019 Implementation Date: July 1, 2019		**CS9**	**Coverage from Conception to Birth**	

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
(Original: AL-14-0014 Effective/Implementation Date: January 1, 2014) **AL-16-0015-MEXP** **Effective/Implementation Date: October 1, 2015**	**XXI Medicaid Expansion**	**CS3**	**Eligibility for Medicaid Expansion Program** **CHIP Medicaid expansion to cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL**	**Supersedes the current Medicaid expansion section 4.0**
AL-14-0015 **Effective/Implementation Date: January 1, 2014**	**Establish 2101(f) Group**	**CS14**	**Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards**	**Incorporate within a separate subsection under section 4.1**
AL-14-0018 **Effective/Implementation Date: January 1, 2014**	**Eligibility Process**	**CS24**	**Single, Streamlined Application** **Screen and Enroll Process** **Renewals**	**Supersedes the current sections 4.3 and 4.4**
AL-14-0017 **Effective/Implementation Date: January 1, 2014**	**Non-Financial Eligibility**	**CS17** **CS18** **CS19** **CS20** **CS21** **CS27**	**Non-Financial Eligibility – Residency** **Non-Financial – Citizenship** **Non-Financial – Social Security Number** **Substitution of Coverage** **Non-Payment of Premiums** **Continuous Eligibility**	**Supersedes the current section 4.1.5** **Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR** **Supersedes the current section 4.1.9.1**

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
				Supersedes the current section 4.4.4 **Supersedes the current section 8.7** **Supersedes the current section 4.1.8**

1.4- TC **Tribal Consultation**(Section 2107(e)(1)(C))Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

In accordance with approved policies, on June 15, 2022, a certified letter explaining the changes proposed in AL-23-0028-ROR was mailed to the Tribal Chairman of the one federally recognized Native American tribe in Alabama, the Poarch Band of Creek Indians. The letter included the purpose for the proposed changes and a description of the changes. In the letter, the Tribal Chairman was also reminded that she had the opportunity to respond to the proposed changes within 30 days and was given contact information for any such response. The certified letter was signed by the CHIP Deputy Director.

TN No: Approval Date Effective Date: July 15, 2022

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics
- Info per region/Geographic information

2.1. Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified) identified , by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102(a)(1)); (42 CFR 457.80(a))

Prior to CHIP, the only two programs offering health insurance to low-income children were Medicaid and the Alabama Child Caring Foundation (ACCF). Medicaid served children at the minimum income levels required by federal law. This meant that Medicaid coverage was available to children at three different levels of income and age:

- **Those under the age of six (6) years with incomes up to 133% FPL;**
- **Those children six (6) through 14 years of age who were born after September 30, 1983 with incomes up to 100%FPL; and,**
- **Those remaining children through the age of 18 years (middle and older teens) with incomes at the TANF assistance level (below approximately 13% FPL).**

The ACCF served children (birth through 18 years) with incomes from the Medicaid levels up to 200% FPL.

From February 2, 1998 through September 30, 2002, Phase I of CHIP, a Medicaid expansion was in existence. On October 1, 2002, Phase I of Alabama's CHIP was subsumed by the Alabama SOBRA Medicaid Program. Beginning October 1, 2015, however, children in this category (ages 14 to 19 with incomes between 13% FPL and 141% FPL) will again be enrolled in a CHIP Medicaid expansion.

Originally, CHIP used a baseline number of uninsured children derived from the Current Population Survey (CPS). This baseline including the following chart was derived from a study by Winterbottom et.al. based on a three year merged Current Population Survey, or CPS, (1990-92), which showed over 200,000 children, in Alabama, under 18 years to be uninsured.

	Employer	Medicaid	Other Coverage	Uninsured
Percent	**59.3**	**17.2**	**5.1**	**18.4**
Number	**652,300**	**189,200**	**110,000**	**202,400**

However, due to concerns about the CPS regarding potential problems with subjects' abilities to recall information, Alabama changed its baseline estimate to reflect data from the 1997 round of the Urban Institute's National Survey of America's Families (NSAF). The NSAF indicated that there were 173,012 uninsured children in Alabama. Of these, 91,209 were $\leq$ 100% Federal Poverty Level (FPL), 49,579 were above 100 up to 200% FPL and 32,223 were >200% FPL.

In its first 4 years of implementation (October 1, 1998 – September 30, 2002), Phase II, ALL Kids, enrolled over 80,000 children. It is estimated that 52,000 children have current enrollment in ALL Kids at the end of FY 2002.

ALL Kids PLUS, added as a third amendment to the CHIP State Plan (October, 1999), serves as a

mechanism by which children with special health care needs/conditions (CSHCN/C), who are enrolled in ALL Kids, may receive health and health related services which are beyond the scope of the basic ALL Kids package. ALL Kids PLUS was designed so that it serves as a funding source for CHIP state match and as a funding mechanism for state agencies who serve CSHCN/C with state funds. State agencies participating in ALL Kids PLUS supply the state match, provide the service, and receive full reimbursement. It was originally estimated that approximately 9% of these enrollees would also receive at least one service under ALL Kids PLUS. However because the basic benefit package is so comprehensive, a much lower percentage of children are receiving PLUS services. It is expected that this percentage will increase as more state agencies contract with CHIP to become ALL Kids PLUS providers.

With the advent of ALL Kids, the ACCF has changed its income eligibility criteria to serve children who are not eligible for Medicaid or ALL Kids and who have incomes up to 235% FPL. Because, the ACCF has no enrollment restriction regarding immigrants, this program has seen a dramatic increase in its Hispanic enrollment.

Guidance: Section 2.2 allows states to request to use the funds available under the 10 percent limit on administrative expenditures in order to fund services not otherwise allowable. The health services initiatives must meet the requirements of 42 CFR 457.10.

2.2. **Health Services Initiatives-**Describe if the State will use the health services initiative option as allowed at42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to support the Reducing Infant Mortality (RIM) Health Services Initiative. The aim of this initiative is to reduce the infant mortality rate in selected counties within Alabama through the provision of a variety of evidence-based case management services for pregnant women and children. These case management services will target health, social, and behavioral health related high-risk factors which have been shown to impact pregnancy outcomes and infant health. Case Management services will connect patients, with high-risk factors, to appropriate services and case managers will follow-up to ensure that risk factors are being addressed satisfactorily. It is anticipated that the case manager will make a total of 6 face to face visits. Three visits would occur during the prenatal care, and three visits would be provided post-delivery.

The care coordination services provided postpartum including services to the infant include:

i. Make home visit within one month following delivery to complete the following:

1. Encourage patient to keep postpartum appointment including providing appointment reminders to help ensure completion of the postpartum appointment.
2. Encourage patient to choose a reliable birth control method. If the patient has chosen sterilization as her method, follow-up with the patient to ensure the procedure is completed.
3. Ensure patient is established with a PMP for the infant.
4. Ensure infant has enrolled in WIC, if eligible.
5. Educate the patient on the importance of immunizations for the infant.
ii. Assist in scheduling appointments with infant's PMP up to the first year to ensure that well baby checkups are made and immunizations are up to date. Follow up after the appointments to verify that appointments were kept. Well Baby checkups are scheduled at:
a. 1 month
b. 2 months
c. 4 months
d. 6 months
e. 9 months
f. 12 months
iii. Promote the child's overall physical, cognitive, and emotional development through educating parents/caregivers about developmental milestones according to the child's age and developmental abilities.
iv. Complete an ASQ-3 (Ages and Stages Questionnaire, Third Edition, a developmental screening tool) as appropriate at face to face appointments.
v. Educate the parents about the importance of reading to the infant to promote cognitive development.
vi. Make referrals for the child, as appropriate, such as Early Intervention, Children's Rehabilitation Services, etc.
vii. Prior to the child's first birthday, ensure he/she is established with a dentist.
viii. Screen the mother for post-partum depression at each face to face visit and make referrals and follow up (as needed)

With the exception of providing necessary prenatal monitoring by a nurse in the home or health department setting, no HSI funds will be spent on direct care.

The high-risk factors that HSI will address include the following:

ACEs Score of ≥4	**Depression[1]**	**Diabetes Mellitus**
Current multiple births	**Substance Abuse[2]**	**Maternal age[3]**
Hypertension	**Interpersonal safety**	**Transportation needs**
Housing Instability	**Food Insecurity**	**Utility needs**

1 Depression noted at anytime during the pregnancy or postpartum period (90 days postpartum)
2 History of use or current substance use
3 <21 or >35

Abuse[4] **Enrollment in CHIP unborn coverage**
Prior poor pregnancy outcome[5]

To be eligible for the HSI, pregnant women and/or their infants in selected counties must have at least one of the high-risk factors cited above and have an income no greater than the upper CHIP limit (currently 312% FPL). HSI services will be offered whether or not the patient has health insurance coverage and regardless of the type of insurance. Case management services for individuals enrolled in Medicaid will be time-limited until the implementation of the case management services provided in the Alabama Coordinated Health Network (ACHN) scheduled to begin October 1, 2019. Individuals with other insurance that are provided case management services will not be provided case management services using HSI funds.

Patients will be enrolled in the HSI initiative during pregnancy, during the post-partum period, or by referral. Once enrolled, HSI services will continue, as appropriate, for one-year post-delivery with the exceptions noted in the paragraph above.

The HSI will be coordinated by the Alabama Department of Public Health and delivered through designated county health departments. Depending upon the needs of those participating in the initiative, services may be provided by public health nurses, public health social workers, community health workers, etc.

The proposed counties for initial implementation of the HSI include Montgomery, Macon and Russell counties. Services supported through this HSI will not supplant other federal, state or local funds allocated for similar services.

Outreach activities for the RIM HSI include providing education and information to pertinent providers, hospitals and programs serving the target population residing in the counties in which the expansion is implemented.

In monitoring/evaluating the progress and success of this program, the total number of women and children served will be captured and reported to ALL Kids on an agreed upon schedule but no less than a quarterly basis. Tracking and reporting of visits and birth outcomes (birth weight, mortality within the first year of life and maternal health indices) will also be included in reports to ALL Kids.

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4 Emotional, physical, or sexual
5 Fetal Death – Stillbirth after 20 weeks; Infant death -first year of life; Preterm birth - <37 weeks gestation; Low Birthweight - <2500 grams; Very Low Birthweight - <1500 grams; Other serious chronic conditions (ex: heart disease, renal disease, chronic medical illnesses, etc.); and, Maternal Death (death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes).

The cost of the HSI is budgeted to be $753,625 for FY 2019 (July –Sept).

Case Management Costs:
Initially, within the proposed three county area, approximately 500 women/families could be served in FY 2019. The number of case management hours per person/family is estimated to be 10 hours/quarter at an average cost of $135/hour. This hourly rate would account for salary cost of those providing/coordinating services. Additionally, it is estimated that staff will travel 25 miles per home visit and there will be two home visits/patient/quarter at the state mileage reimbursement rate of $0.545/mile.

	Annual	1st Quarter
Case Management: Enrollees X case management hours X $135.00/hour	**$2,700,000**	**$675,000**
Travel: # enrollees X miles/round trip X 2 trips/quarter X mileage reimbursement rate	**$ 54,500**	**$ 13,625**

Start Up/Outreach Costs:
As the HSI is being developed, costs are being allocated for personnel support to include up to two FTEs (one full-time project manager and other ancillary support staff as needed). Additionally, costs are included for the development of materials to promote and educate health care providers and community organizations throughout the implementation counties about the initiative and to garner support and participation of agencies/providers. Education and awareness materials to outreach to women will also be prepared. Expenses to conduct (as well as attend) meetings, conferences and/or trainings to share information about the program and generate participation are also included as part of the startup and implementation costs.

	Annual	1st Quarter
Personnel Costs (Salary, Fringe, Indirect costs)	**$200,000**	**$50,000**
Educational/training materials (providers/organizations and participants)	**$ 10,000**	**$10,000**
Costs for meetings (transportation/meeting fees)	**$ 5,000**	**$ 5,000**
Grand Total: (Personnel, Materials, Meeting costs, Case Management)	**$2,969,500**	**$753,625**

HSI II: ALL Babies Postpartum Initiative: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to support the ALL Babies Postpartum Initiative. This HSI will assist in improving the health of children by ensuring their mothers have

access to healthcare services during their postpartum period. The aim of this initiative is to provide full health insurance coverage during the postpartum period to enrollees who have been prenatally covered in the Reducing Infant Mortality Conception to Birth program known as ALL Babies. The length of the ALL Babies postpartum period is equivalent to Alabama Medicaid's current definition of the length of postpartum period "From delivery through the end of the month in which the 60th day postpartum falls, counting from the date the pregnancy ends either as a full term or as a miscarriage." ALL Babies participants will be enrolled automatically in the postpartum HSI initiative. Metrics used to measure the impact of the state's HSI program on the health of low-income children and their mothers will be included in the state's CHIP Annual Report.

Cost: The cost of the HSI is budgeted to be $301,250 for FY 2021. This figure is based on anticipated enrollment (500 enrollees), an average enrollment time period of 2.5 months, and a per member per month (PMPM) cost equal to the projected ALL Kids pmpm for 2021 ($241.00).

HSI III – Reach Out and Read(ROR) Initiative: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to continue to deliver Reach Out and Read, an AAP-endorsed, evidence-based model to promote early literacy, early learning and school readiness as part of routine pediatric primary care visits for children, birth to age 5 in five Alabama counties (Jefferson, Macon, Marshall, Monroe, and Randolph). Funding for this initiative is to bolster ROR efforts in the five counties for the existing ROR program in order to increase grade level reading. This HSI will assist in transforming the standard of pediatric care for young children in Alabama to sharpen the focus on activities that support social and emotional development. The criteria used to determine eligibility for the services is the age of the child and the type of visit. The child must be seen for a well-child visit in order to receive the service.

Funds under this HSI will not supplant or match CHIP Federal Funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds. Metrics used to measure the impact of the state's HSI program on the health of low-income children will be included in the state's CHIP Annual Report.

Cost: The cost of the HSI is budgeted to be $500,000 and limited to two years ($250,000 for FY 2023 and $250,000 for FY2024). The budget timeline for the ROR HSI begins June 1, 2023 and will end May 31, 2025.

[1]Find information on Reach Out and Reach and the evidence supporting its effectiveness at https://reachoutandread.org/why-we-matter/

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
  - Projected amount to be spent on health services;
  - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
  - Assumptions on which the budget is based, including cost per child and expected enrollment.
  - Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
  - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.

- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
  - Total 1-year cost of adding prenatal coverage
  - Estimate of unborn children covered in year 1

CHIP Budget

STATE: AL	**FFY Budget**
Federal Fiscal Year	**2023**
State's enhanced FMAP rate	**80.66%**
Benefit Costs	
Insurance payments	**----**
Managed care	**----**
per member/per month rate	
Fee for Service	**$ 493,800,853**

STATE: AL	**FFY Budget**
Total Benefit Costs	**$ 493,800,853**
(Offsetting beneficiary cost sharing payments)	**$ 6,600,000**
Cost of Proposed SPA Changes – Benefit	**$**
Net Benefit Costs	**$ 487,200,853**
Administration Costs	
Personnel	**$ 6,636,292**
General administration	**$ 5,000,000**
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	**$ 500,000**
Health Services Initiatives	**$ 650,000**
Other	**$ 1,250,837**
Total Administration Costs	**$ 14,037,129**
10% Administrative Cap	**$ 49,380,085**
Cost of Proposed SPA Changes	**$ 250,000**
Federal Share	**$ 404,298,556**
State Share	**$ 96,939,426**
Total Costs of Approved CHIP Plan	**$ 501,237,982**

NOTE: Includes the costs associated with the current SPA.

The Source of State Share Funds: State General Fund

Section 10. Annual Reports and Evaluations

Guidance: The National Academy for State Health Policy (NASHP), CMS and the states developed framework for the annual report that states have the option to use to complete the required evaluation report. The framework recognizes the diversity in State approaches to implementing CHIP and provides consistency across states in the structure, content, and format of the evaluation report. Use of the framework and submission of this information will allow comparisons to be made between states and on a nationwide basis. The framework for the annual report can be obtained from NASHP's website at http://www.nashp.org. Per the title XXI statute at Section 2108(a), states must submit reports by January 1st to be compliant with requirements.