

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

April 9, 2013

Ms. Stephanie Azar, Acting Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Attention: Stephanie Lindsay

Re: Title XIX State Plan Amendment, AL-12-011

Dear Ms. Azar:

The Centers for Medicare & Medicaid Services (CMS) Atlanta Regional Office has completed its review of Alabama State Plan Amendment (SPA), 12-011. This SPA implements Health Homes as authorized under Section 2703 of the Patient Protection and Affordable Care Act. The State plan pages for this SPA were submitted and approved through the Medicaid Model Data Lab. To qualify for enrollment in a health home, Medicaid participants must have (a) two chronic conditions or (b) one chronic condition and the risk of developing another, from the following list of conditions: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease; Transplants with a look back of Medicaid claims data for five years rather than 18 months, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease, Cancer, HIV with a 18 month look back of Medicaid claims data for the identification of medications, and Sickle Cell Anemia. This SPA designates that a team of health care professionals, as described in Section 1945(h)(6) of the Social Security Act, is the health home provider.

We are approving this SPA with an effective date of July 1, 2012, and have included the approved State plan pages with this letter. In accordance with the statutory provisions at Section 1945(c)(1) of the Social Security Act, for payments made to health home providers under this amendment, during the first eight fiscal quarters that the SPA is in effect, July 1, 2012 through June 30, 2014, the federal medical assistance percentage (FMAP) rate applicable to such payments shall be equal to 90 percent. The FMAP rate for payments made to health home providers will return to the state's published FMAP rate on July 1, 2014.

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This approval is based on the state's agreement to collect and report information required for the evaluation of the health home model. States are also encouraged to report on the CMS recommended core set of quality measures.

If you have any questions concerning this amendment or require further assistance, please contact Melanie Johnson at (404) 562-0151.

Sincerely,

/s/

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures