

Table of Contents (Cover Page) for one PDF to post on Medicaid.gov

Sample Template is below this line. Do not print the wording above this line.

Table of Contents

State/Territory Name: Alabama

State Plan Amendment (SPA) #:13-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 3) Approved SPA Pages

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

December 10, 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 13-014

Dear Ms. Azar:

We have reviewed the proposed State Plan Amendment AL 13-014, which was submitted to the Atlanta Regional Office on October 10, 2013. This amendment amends the name of Perinatal Coordinators to Regional Directors and clarifies program requirements and functions.

Based on the information provided, the Medicaid State Plan Amendment AL 13-014 was approved on December 10, 2013. The effective date of this amendment is November 1, 2013. We are enclosing the approved HCFA-179 and plan pages.

If you have any additional questions or need further assistance, please contact Melanie Johnson at (404) 562-0151 or Melanie.Johnson@cms.hhs.gov.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: AL-13-014	2. STATE Alabama
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR, 431.615		7. FEDERAL BUDGET IMPACT: a. FFY 2013 0 b. FFY 2014 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-A, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.16-A, Page 1	
10. SUBJECT OF AMENDMENT: The primary purpose for this amendment is to change the name of Perinatal Coordinators to Regional Directors and to clarify program requirements and functions.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Stephanie McGee Azar Acting Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624	
13. TYPED NAME: Stephanie McGee Azar			
14. TITLE: Acting Commissioner			
15. DATE SUBMITTED: 10/10/2013			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 10-10-13	18. DATE APPROVED: 12-10-13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: //S//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Alabama

Cooperative Arrangements With Other Agencies

The Alabama Medicaid Agency has cooperative agreements with State Health and Vocational Rehabilitation Agencies, Title V Grantees, Title XIX Statewide Family Planning Project, and participating providers in support of this program that meet the requirements of 42 CFR 431.615. The services administered or supervised by those agencies will be utilized and coordinated with the medical care and services provided by the Alabama Medicaid Agency under the State Plan for Medical assistance. These agreements ensure that:

1. Persons eligible for medical care under Title XIX will be informed of rehabilitation and crippled children's services, Title V grantee services, and family planning services that are available to them through State agencies and will be encouraged to use them;
2. Personnel of vocational rehabilitation and crippled children agencies and the Family Planning Project will be kept informed of all services available through the medical assistance program, which will permit them to properly counsel their patients;
3. Vocational rehabilitation crippled children agencies, Title V grantee agencies and the Statewide Family Planning Project will be reimbursed for the cost of medical and rehabilitative care that is within the purview of the State Plan, in accordance with Federal and State Law and regulations;
4. Planning conferences on matters of mutual interests will be conducted at appropriate times;
5. Perinatal initiatives are aimed at improving infant morbidity & mortality. Outreach will be targeted in defined regions by Regional Directors;
6. Services to children with special needs is being enhanced and accomplished through revisions to the Medicaid/State Department of Education agreement regarding services provided through Children's Rehabilitation Services effective January 1, 1992.

Agreements pertaining to the services cited above and any others that may be added from time-to-time as related to these services will become a part of Attachment 4.16-A.