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State/Territory Name: Alabama

State Plan Amendment (SPA) #:17-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

April 7, 2017

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

Re: Title XIX State Plan Amendment, AL-17-0003

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan, submitted under transmittal number AL-17-0003. This SPA expands the staffing requirements for psychiatric facilities for individuals 65 or older to include at least one full-time board certified geriatric psychiatrist/geriatrician or one full-time board certified adult psychiatrist with a minimum of 3 years of experience caring for geriatric patients. Additionally, the SPA requires the facilities to employ only staff who meet training/certification standards in the area of adult psychiatry, as opposed to geriatric psychiatry only, as defined by the state's mental health authority.

Based on the information provided, this amendment was approved on April 7, 2017. The effective date is February 1, 2017. We are enclosing the approved form 179 and plan pages.

If you have any questions, please contact Alice Hogan at 404-562-7432 or Alice.Hogan@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	1. TRANSMITTAL NUMBER: AL-17-0003	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE February 1, 2017
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 482.60 – 482.62	7. FEDERAL BUDGET IMPACT: a. FFY 2017 0 b. FFY 2018 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6.14a.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Page 6.14a.1

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to expand the staffing requirements for psychiatric facilities for individuals 65 or older to include at least one full-time board certified geriatric psychiatrist/geriatrician or one full-time board certified adult psychiatrist with a minimum of 3 years experience caring for geriatric patients 65 or older. Additionally, to employ only staff who meet training/certification standards in the area of adult psychiatry, as opposed to geriatric psychiatry only, as defined by the State's mental health authority.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's designee on file
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 02/01/17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 02/01/17	18. DATE APPROVED: 04/07/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 02/01/17	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Limitation of Services

14. Services for Individuals age 65 or older in institutions for mental diseases.

Effective Date: 02/01/17

14.a. Inpatient psychiatric services: for recipients age 65 or older are unlimited if medically necessary and the admission and/or the continued stay reviews meet the approved psychiatric criteria.

In order to participate in the Title XIX Medicaid program and to receive Medicaid payment for inpatient services for individuals 65 or older, a provider must meet the following requirements:

- (1) Be certified for participation in the Medicare/Medicaid program;
- (2) Be licensed as a free-standing acute care geriatric, psychiatric hospital in accordance with current rules contained in the Alabama Administrative Code Chapter 420-5-7. State hospitals that do not require licensing as per state law are exempt from this provision (Alabama Code, Section 22-50-1, et.seq.);
- (3) Be accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- (4) Specialize in the care and treatment of geriatric patients with serious mental illness;
- (5) Have on staff at least one full time board certified geriatric psychiatrist/geriatrician; or a full-time board certified adult psychiatrist with a minimum of 3 years experience caring for geriatric patients 65 or older.
- (6) Employ only staff who meet training/ certification standards in the area of adult psychiatry as defined by the State's Mental Health Authority;
- (7) Be recognized as a teaching hospital, and affiliated with at least one four-year institution of higher education with a multi-disciplinary approach to the care and treatment of geriatric patients with serious mental illness;
- (8) Provide out-patient and community liaison services throughout the State of Alabama directly or through contract with qualified providers;
- (9) Be in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act;

TN No. AL-17-0003

Supersedes

TN No. AL-95-18

Approval Date: 04/07/17

Effective Date: 02/01/2017