

Table of Contents

State/Territory Name: Alabama

State Plan Amendment (SPA) #: 19-0005

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
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Regional Operations Group

May 16, 2019

Stephanie McGee Azar
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, AL 36103-5624

Re: Title XIX State Plan Amendment, AL #19-0005

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan, submitted under transmittal number AL-19-0005. This amendment clarifies the coverage of services provided by nurse practitioners.

Based on the information provided, this amendment was approved on May 14, 2019. The effective date is July 1, 2019. We are enclosing the approved CMS 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,

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

cc: Melissa Cuerdon, Center for Medicaid and CHIP Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
AL-19-0005

2. STATE
Alabama

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
July 1, 2019

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 441.22

7. FEDERAL BUDGET IMPACT:
No financial impact is expected for this State Plan Amendment.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, 3.6a
Attachment 3.1-A, 8.23a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, 3.6a
Attachment 3.1-A, 8.23a

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to clarify the coverage of services by nurse practitioners.

11. 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. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

13. TYPED NAME:
Stephanie McGee Azar

14. TITLE:
Commissioner

15. DATE SUBMITTED: 04/01/19

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 04/01/19

18. DATE APPROVED: 05/14/19

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/19

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Shantrina D. Roberts

22. TITLE: Deputy Director
Division of Medicaid Field Operation South

23. REMARKS:

Limitation of Services

1905(a)(6): Other Licensed Practitioner

6. **Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued).**

Effective Date: 11/01/2010

(3) Neonatal and Women's Health Care Nurse Practitioner Services: Providers in these programs are limited to Registered Nurses who are certified as neonatal, or women's health care nurse practitioners.

Effective Date: 07/01/19

(4) A nurse practitioner who is employed and reimbursed by a facility that receives reimbursement from Alabama Medicaid Program for services provided by the nurse practitioner shall not bill separately if these services are included in the reimbursement made to that facility through its cost report (e.g., hospitals, rural health clinics, etc.).

Effective Date: 11/02/2009

(5) Pharmacists: The Alabama Medicaid Agency will make payment for the administration of vaccine by a pharmacist who is employed by a pharmacy participating in the Alabama Medicaid Program.

23. 1905(a)(21): **Certified Pediatric or family nurse practitioners' services.**

Effective Date: 07/01/19

Nurse-Practitioners Services - Providers in this program are limited to Registered Nurses who are also certified as a family nurse-practitioner, or pediatric nurse practitioner.

A nurse practitioner who is employed and reimbursed by a facility that receives reimbursement from Alabama Medicaid Program for services provided by the nurse practitioner shall not bill separately if these services are included in the reimbursement made to that facility through their cost report. (i.e., hospitals, FQHCs, rural health clinics, etc.)

Services provided may not exceed those for which a nurse practitioner is authorized to provide under State regulations.

Office visits provided by a nurse practitioner are counted in the recipient's physician's visit limitation as described in Attachment 3.1-A.

Work must be supervised by or associated with a physician.

TN No. AL-19-0005

Supersedes

TN No. AL-94-23

Approval Date: 05/14/19

Effective Date 07/01/19