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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 19-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form

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



Atlanta Regional Operations Group

October 1, 2019

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

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan (SPA) AL 19-0013 that was submitted on September 9, 2019. This State Plan Amendment was submitted to terminate services offered in Alabama's Patient First program. Beneficiaries from this program will be provided with care coordination services through the 1915(b) Alabama Coordinated Health Network.

Based on the information provided, we have approved Medicaid State Plan Amendment AL 19-0013 on September 30, 2019. The effective date of this amendment is September 30, 2019.

Should you have questions or need further assistance, please contact Alice Hogan of my staff, at (404) 562-7432.

Sincerely,

/s/

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-19-0013	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 9/30/2019	

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 C.F.R. 438	7. FEDERAL BUDGET IMPACT: a. FFY 2019 0 b. FFY 2020 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: N/A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Pages 1-18, Attachment 3.1-F

10. SUBJECT OF AMENDMENT:
The primary purpose for this amendment is to terminate the Patient 1st program, effective 9/30/2019.

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: 09/09/19	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 09/09/19	18. DATE APPROVED: 09/30/19

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/30/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Davida R. Kimble	22. TITLE: Acting Deputy Director Division of Medicaid Field Operations South

23. REMARKS: