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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 21-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

February 08, 2022

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

Re: Alabama State Plan Amendment (SPA) 21-0007

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL 21-0007. This amendment adds the state's attestation that it meets all the minimum requirements under Section 1902(a)(87) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 CFR § 435.733. This letter is to inform you that Alabama Medicaid SPA AL 21-0007 was approved on February 03, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Rita Nimmons at 404-562-7415 or via email at Rita.Nimmons@cms.hhs.gov.

Sincerely,



James G. Scott, Director Division of Program Operations

cc: Stephanie Lindsay

	1
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE 2 1 0 0 7 A
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT O XIX O XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 27, 2021
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR § 431.53	a FFY 2022 \$ 0 b FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-D Page 1.2	Attachment 3.1-D Page 1.2
9. SUBJECT OF AMENDMENT	
The primary purpose for this amendment is to ensure Non-Emergency Medical Transportation's (NEMT) provider and driver requirements are satisfied and add to the Alabama Medicaid Agency's State Plan as a statutory requirement for the assurance of transportation under Title 42 CFR § 431.53.	
10. GOVERNOR'S REVIEW (Check One) O 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
s	5. RETURN TO Stephanie McGee Azar
	Commissioner
Stenhanie McGeo Azar	Nabama Medicaid Agency
0	01 Dexter Avenue
Commissioner	Post Office Box 5624 Nontgomery, Alabama 36103-5624
14. DATE SUBMITTED	iongomery, Alabama 30103-3024
FOR CMS USE ONLY	
16. DATE RECEIVED 12/22/2021	7. DATE APPROVED 02/03/2022
PLAN APPROVED - ONE COPY ATTACHED	
12/27/2021	9. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott, Director	1. TITLE OF APPROVING OFFICIAL Division of Program Operations

22. REMARKS

III. <u>Non-emergency Transportation Services – Other:</u> Non-Emergency Medical Transportation for clients receiving allowable mental health services at Community Mental Health Centers are provided through contract with the Alabama Department of Mental Health (DMH).

Medicaid reimburses DMH as stated in Attachment 4.19-B, Page 14.a, Section 27.

The Alabama Medicaid Agency attests that all minimum requirements that ensure any provider (including a transportation network company) or individual driver of non-emergency transportation to medically necessary services receiving payments under such plan (but excluding any public transit authority), outlined in 1902(a)(87) of the Consolidated Appropriations Act, 2021 are met.