STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: ALABAMA

Citation	
42 CFR 430.10	As a condition for receipt of Federal funds under Title XIX of the Social Security Act, the

Alabama Medicaid Agency

Submits the following State plan for the medical Assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

State: ALABAMA

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Alabama Medicaid Agency is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ALABAMA

Citation		
Sec. 1902(a) of the Act	1.1(b)	The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

/_/ Yes. The State agency so designated is

_____

_____.
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

/X/ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ALABAMA

Citation		
Intergovernmental Cooperation Act of 1968	1.1(c)	Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

/_/ Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

/_/ Not applicable. Waivers are no longer in effect.

/X/ Not applicable. No waivers have ever been granted.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ALABAMA

Citation			
42 CFR 431.10 AT-79-29	1.1(d)	/	The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
		/X/	Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ALABAMA

Citation		
42 CFR 431.10 AT-79-29	1.1(e)	All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
	(f)	All other requirements of 42 CFR 431.10 are met.

State: ALABAMA

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.11

1.2 Organization for Administration

(a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.

(b) Alabama Medicaid Agency has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.

(c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.

(d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

☐ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ALABAMA

Citation		
42 CFR 431.50(b) AT-79-29	1.3	Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

/X/ The plan is State administered.

/ / The plan is administered by the political subdivisions of the State and is mandatory on them.

State: Alabama

Citation 1.4 State Medical Care Advisory

42 CFR 431.12 (b)

There is an advisory committee to the Medicaid Agency in accordance with and meeting all the requirements of 42 CFR 431.12.

Tribal Consultation

In order to comply with the Tribal Consultation requirement of Section 1902(a)(73) of the Social Security Act and Federal Regulation, 42 CFR 431.12(b), Alabama Medicaid Agency will seek the advice on a regular on-going basis from designees of Indian health programs whether operated by the Indian Health Service (HIS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHICA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). In Alabama the CHIP program is administered through the Alabama Department of Public Health. Consultation is required concerning Medicaid and CHIP maters having a direct impact on Indian health programs and Urban Indian organizations.

The State will advise either per certified letter or by an expedited process of email and fax on matters related to Medicaid and for consultation on all State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals, proposals for demonstration projects and any other changes that would affect the Tribe prior to submission to CMS.

It will be the standard operating procedure of the Alabama Medicaid Agency to give 30 day written notice to Chairman Buford Rolin prior to any submission to CMS. This notice will be sent by certified mail. The Tribe will be allowed 30 calendar days from the date of the receipt of the notice to respond.

Revision: HCFA-AT-80-38 (BPP) May 22, 1980 AL-11-006

State: Alabama

Citation 1.4 State Medical Care Advisory

42 CFR 431.12 (b)

An expedited request which is defined as the result of a State or Federal law change or any change that will be of detriment to recipients will be implemented per the program area with direct responsibility for submission of the SPA. In the event of the determined need for an expedited process, the procedure is as follows: The Agency will send the required information via fax to 251-368-1026, after which an e-mail will be sent to Buford Rolin at tlancaster@pci-nsn.gov notifying the Tribe of the fax transmission. The Tribe will be given 10 calendar days from the date of the fax confirmation to respond.

On April 18, 2011 a letter was mailed to Mr. Buford Rolin of the Poarch Creek Indians requesting approval of written notification with a response time of 30 calendar days from the date of receipt of the notice.. On May 04, 2011 the State received written confirmation from the Poarch Creek Indians that they were in agreement with the terms described in the letter dated April 18, 2011.

On May 24, 2011, Nikki Scott called the office of Buford Rolin and spoke with him and received verbal approval of the expedited process in the event of a quick submission to CMS for SPA's. On May 26, 2011 a letter was faxed to Buford Rolin's office relative to the process of notifying the Tribe in the event of an expedited State Plan Amendment, waiver proposal, waiver extension, waiver amendment, waiver renewal or proposal for demonstration projects prior to submission to CMS verifying that in addition to the verbal approval, the agency needed written approval as well. Mr. Rolin signed the letter and faxed it back to Nikki Scott's office. The Agency will send the required information via fax to 251-368-1026, after which an e-mail will be sent to Buford Rolin at tlancaster@pci-nsn.gov notifying the Tribe of the fax transmission. 10 calendar days from the date of the fax confirmation will be given to respond.

State/Territory: Alabama

Citation 1.5 Pediatric Immunization Program

1928 of the Act 1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.

a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.

b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.

c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.

d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.

e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.

f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.

State/Territory: Alabama

Citation

1928 of the Act

g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.

3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.

4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

_____State Medicaid Agency

__X__State Public Health Agency