

State/Territory: Alabama

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
Provided:  No limitations     With limitations\* \*\*
  
- 2.a. Outpatient hospital services.  
Provided:  No limitations     With limitations\* \*\*
  
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
(Which are otherwise included in the State Plan). ##  
  
 Provided:  No limitations     With limitations\* \*\*  
  
 Not provided.
  
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).  
  
Provided:  No limitations     With limitations\* \*\*
  
- d. This item deleted as per HCFA-PITN-MCD-4-92
  
3. Other laboratory and x-ray services.  
Provided:  No limitations     With limitations\* \*\*

##Via HCFA-PITN-MCD-4-02

#Limitations are the same as defined in 2.c above.

\*\*Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\*Description provided on attachment.

Limitation of Services

1. **Inpatient Hospital Services other than those provided in an Institution for Mental Diseases.**

Additional medically necessary services beyond limitations are covered for children under 21 years of age that are eligible for E.P.S.D.T. services.

Covered inpatient hospital services are inclusive of services performed by hospital based Certified Registered Nurse Anesthetists (CRNAs).

Inpatient Hospital services are provided without limitations and in accordance with 42 CFR 440.10.

Limitation of Services

2.a. **Outpatient Hospital Services**

**Additional medically necessary services beyond limitations are covered for children under 21 years of age that are eligible for E.P.S.D.T. services**

Covered outpatient hospital services are inclusive of services performed by hospital based Certified Registered Nurse Anesthetists (CRNAs).

Outpatient hospital services are provided in accordance with 42 CFR 440.20.

## Limitations of Service

### 2.b. Rural Health Clinic Services

Additional medically necessary services beyond limitations are covered for children under 21 years of age that are eligible for E.P.S.D.T. services.

Effective Date: 10/01/93

Rural Health Clinic Services and Other Ambulatory Services furnished by a Rural Health Clinic. (Which are otherwise included in the State Plan).

Services covered under the Rural Health Clinic Program (Independent and Provider-Based Rural Health Clinics) are any medical services typically furnished by a physician in an office or in a physician home visit. Services provided by a Rural Health Clinic may be provided by a physician, physician assistant, nurse practitioner, nurse midwife, specialized nurse practitioner, clinical psychologist, or clinical social worker. Each recipient is limited to 14 medical visits per calendar year as described in numbered item 5a of Attachment 3.1-A.

In Independent Rural Health Clinics, other ambulatory services (dental services, eyeglasses, hearing aids, prescribed drugs, prosthetic devices, and durable medical equipment are not defined as Rural Health Clinic services but are covered separately under the reimbursement practice utilized in other settings under the State Plan.

Other ambulatory services provided in Provider-Based Rural Health Clinics are covered as clinic services.

Limitations of Services

**2.c. Federally Qualified Health Center Services**

**Additional medically necessary services beyond limitations are covered for children under 21 years of age that are eligible for E.P.S.D.T. services.**

**Effective Date: 10/01/93**

Federally Qualified Health Center (FQHC) Services and Other Ambulatory Services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Services provided by an FQHC include services provided by a physician, physician assistant, nurse practitioner, nurse midwife, clinical psychologist, clinical social worker, and services and supplies incidental to such services as would otherwise be covered if furnished by a physician as an incidental to a physician service. Any other ambulatory services offered by the center which are included in the State Plan are covered. Each recipient is limited to 14 medical visits per calendar year as described in numbered item 5a of Attachment 3.1-A.

Dental services, family planning, prenatal, and EPSDT encounters in FQHC's are limited as described in Attachment 3.1-A in the State Plan.

Inpatient services provided by FQHC's are limited as described in numbered item 5b of Attachment 3.1-A.

Limitation of Services

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TN No: AL-13-016  
Supersedes  
TN No: AL-05-009

Date Approved: December 2, 2014      Effective Date: 10/1/13

3. **Other laboratory and x-ray services.**

**Effective Date: 01/01/94**

Professional component of clinical lab services is reimbursable only if ordinarily performed by the physician and directly contributes to diagnosis or treatment of an individual patient.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
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- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations\* \*\*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided:  No limitations  In excess of  
Federal requirements\* \*\*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided:  No limitations  With limitations\* \*\*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing## facility or elsewhere .

Provided:  No limitations  With limitations\* \*\*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:  No limitations  With limitations\* \*\*

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.

- a. Podiatrists' services.

Provided:  No limitations  With limitations\* \*\*

Not provided.

##Via HCFA-PITN-MCD-4-92

\*\*Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\*Description provided on attachment.

**4. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.**

**Effective Date: 04/01/91**

- a. Nursing Facility Services for Individuals 21 years of Age and Older must be prior authorized. Prior Authorization will be based on medical necessity.

Services included in basic (covered) nursing home charges.

- (1) All nursing services to meet the total needs of the patient including treatment and administration of medications ordered by the physician.
- (2) Personal services and supplies for the comfort and cleanliness of the patient. These include assistance with eating, dressing, toilet functions, baths, brushing teeth, combing hair, shaving and other services and supplies necessary to permit the resident to maintain a clean, well-kept personal appearance.
- (3) Room (semi-private or ward accommodations) and board, including special diets and tubal feedings necessary to provide proper nutrition. This includes feeding residents unable to feed themselves.
- (4) All services and supplies for incontinent residents.
- (5) Bed and bath linens, including linen savers such as cellupads, and diapers.
- (6) Nursing and treatment supplies as ordered by the resident's physician or as required for quality nursing care. These include, but are not limited to, needles, syringes, catheters, catheter trays, drainage bags, indwelling catheters, enema bags, sterile and non-sterile dressings, special dressings (such as ABD pads and pressure dressings) intravenous administration sets, normal intravenous fluids (such as glucose, D5W, D10W).
- (7) Safety and treatment equipment such as bed rails, standard walkers, standard wheelchairs, intravenous administration stands, suction apparatus, and other items generally provided by nursing facilities for the general use of all residents.
- (8) Sterile and non-sterile dressings and medications for prevention and treatment of bed sores.

4. **Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age and older. (Continued)**

**Effective Date: 10/01/93**

4.a. (9) Medically necessary Over-the-Counter (non-legend) drug products prescribed or ordered by a physician.

(10) Personal apparel laundry services.

4.b. **Early and periodic screening, diagnosis and treatment services for individuals under 21 years of age, and treatment of conditions found.**

**Effective Date: 04/01/90**

(1) Screening schedules will be in accordance with those described for well-child care in the Guidelines for Health Supervision of American Academy of Pediatrics. Periodic screenings are recommended at ages: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years, 18 years, and 20 years.

Interperiodic screenings will be covered when medically necessary for other necessary health care, diagnostic services and treatment to correct or ameliorate defects, and physical and mental illnesses and conditions.

The State will inform all Medicaid eligible recipients under twenty-one (21) years of age about the EPSDT Program.

**Effective Date: 04/01/90**

(2) Vision Services. Periodic visual services shall include at least one comprehensive eye examination and eyeglasses each calendar year. Additional subjective screenings and interperiodic examinations and eyeglasses are available as needed when medically necessary to diagnose, ameliorate and treat defects in vision.

**Effective Date: 04/01/90**

(3) Dental Services. A complete oral examination including prophylaxis and fluoride treatment are authorized every six calendar months. Routine dental services are covered. Additional subjective, standard, and interperiodic dental screenings are available as needed, and without limitations when medically necessary to diagnose, ameliorate, treat and correct abnormal oral conditions.

4.b. **Early and periodic screening, diagnosis and treatment services for individuals under 21 years of age, and treatment of conditions found. --- (Continued)**

**Effective Date: 04/01/90**

- (4) Hearing Services. Periodic hearing services shall include at least one comprehensive audiological test each calendar year. Additional subjective screenings and interperiodic examinations are available as needed when medically necessary to diagnose, ameliorate and treat defects in hearing.

**Effective Date: 01/01/92**

- (5) Unlimited coverage is provided for medically necessary health care, diagnostic, treatment and/or other measures which are necessary to correct or ameliorate defects, physical and mental illnesses and conditions discovered during or as a result of an EPSDT screening, whether or not such services exceed benefit limits stated in the State Plan. The following services are covered under the State plan if provided as a result of an EPSDT referral: chiropractic, Christian Science, occupational therapy, physical therapy, podiatry, private duty nursing, psychology, speech-language-hearing therapy and transplants (heart-lung, pancreas-kidney and lung), air ambulance, and personal care services.

**Effective Date: 01/01/90**

- (6) Eyeglasses. One pair of glasses per calendar year is authorized for recipients eligible for treatment under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Additional eyeglasses may be provided when medically necessary and supported by medical documentation.

**Effective Date: 10/01/91**

- (7) Adolescent Pregnancy Prevention educational services are performed only by a qualified provider to non-pregnant recipients of child bearing age who are eligible for treatment under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program, regardless of sex or previous pregnancy. There is no limit on the number of visits.

**Effective Date: 04/01/2012**

- (8) Medicaid Services Provided in Schools - Individuals receiving Medicaid services in schools have freedom of choice of qualified licensed providers as established in 1902(a)(23) of the Act. Individuals also have the right to receive Medicaid services outside of the school setting.

### **103.5.1 Audiology Services**

Service Description: Audiology services documented in the IEP include, but are not limited to evaluations, tests, tasks and interviews to identify hearing loss in a student whose auditory sensitivity and acuity are so deficient as to interfere with normal functioning.

Professional Qualifications:

Audiology services must be provided by:

- A qualified audiologist who meets the requirements of, and in accordance with, 42 CFR §440.110(c), and other applicable state and federal law or regulation;
- A licensed/certified audiology assistant when the services are provided in a school setting and when these providers are acting under the supervision or direction of a qualified Audiologist in accordance with 42 CFR §440.110 and other applicable state or federal law.

### **103.5.2 Occupational Therapy**

Service Description: Occupational Therapy services documented in the IEP include, but are not limited to:

1. Evaluation of problems which interfere with the student's functional performance
2. Implementation of a therapy program or purposeful activities which are rehabilitative, active or restorative as prescribed by a licensed physician.

These activities are designed to:

- a. improve, develop or restore functions impaired or lost through illness, injury or deprivation,
- b. improve ability to perform tasks for independent functioning when functioning is impaired or lost,
- c. prevent, through early intervention, initial or further impairment or loss of function,
- d. correct or compensate for a medical problem interfering with age appropriate functional performance.

Professional Qualifications:

- Must be licensed by the Alabama State Board of Occupational Therapy and meet the requirements of, and in accordance with, 42 CFR §440.110(b);
- Occupational therapy assistants may assist in the practice of occupational therapy only under the supervision of an OT. Occupational therapy assistants must have an Associate of Arts degree and must be licensed by the Alabama State Board of Occupational Therapy. Supervision of certified OT assistants must include one-to-one on-site supervision at least every sixth (6th) visit. Each supervisory visit must be documented and signed by the OT making the visit.

All services must be performed within the scope of services as defined by the licensing board.

**103.5.3 Physical Therapy**

Service Description: Physical Therapy services documented in the IEP include, but are not limited to:

1. Evaluations and diagnostic services
2. Therapy services which are rehabilitative, active, restorative. These services are designed to correct or compensate for a medical problem and are directed toward the prevention or minimization of a disability, and may include:
  - a. developing, improving or restoring motor function
  - b. controlling postural deviations
  - c. providing gait training and using assistive devices for physical mobility and dexterity
  - d. therapeutic exercises and procedures.

Professional Qualifications: Must be licensed by the Alabama Board of Physical Therapy and meet the requirements of, and in accordance with, 42 CFR §440.110(a). Physical therapy assistants may provide services only under the supervision of a qualified physical therapist. PT assistants must be licensed by the Alabama Board of Physical Therapy. Supervision of licensed PT assistants must include one-to-one on-site supervision at least every sixth (6th) visit. Each supervisory visit must be documented and signed by the PT.

All services must be performed within the scope of services as defined by the licensing board.

### **103.5.4 Counseling Services**

**Service Description:**

Counseling services are available to Medicaid-eligible recipients under the age of 21 years, who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and for whom the services are medically necessary. Medically necessary EPSDT services are health care, diagnostic services, treatment, and other measures described in section 1905(a) of Title XIX of the Social Security Act and, 42 CFR 440.130, that are necessary to correct or ameliorate any defects and physical and mental illnesses and conditions. These services are intended for the exclusive benefit of the Medicaid eligible child, documented in the IEP, and include but are not limited to:

1. Services may include testing and/or clinical observations as appropriate for chronological or developmental age. Such services are provided to:
  - a. Assist the child and/or parents in understanding the nature of the child's disability;
  - b. Assist the child and/or parents in understanding the special needs of the child;
  - c. Assist the child and/or parents in understanding the child's development
  
2. Health and behavior interventions to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. Qualified professionals may incorporate the following examples as a form of service. These examples are also recognized by the American Psychological Association as a therapeutic form of service. Qualified providers can determine the type of modalities that can be utilized based on the condition and treatment requirements of each individual and are not limited to these examples.
  - A. Cognitive Behavior Modification- This is a therapeutic approach that combines the cognitive emphasis on the role of thoughts and attitudes influencing motivations and response with the behavioral emphasis on changing performance through modification of reinforcement contingencies.
  
  - B. Rational-emotive therapy- A comprehensive system of personality change based on changing irrational beliefs that cause undesirable, highly charged emotional reactions such as severe anxiety.

C. Psychotherapy- Any of a group of therapies, used to treat psychological disorders, that focus on changing faulty behaviors, thoughts, perceptions, and emotions that may be associated with specific disorder. Examples include. individual interactive psychotherapy using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, family therapy and sensory integrative therapy.

3. Assessing needs for specific counseling services.

Professional Qualifications:

Counseling services may be provided by:

- Licensed Psychologist;
- Licensed Psychological Associate;
- Licensed Certified Social Worker;
- Licensed Marriage and Family Therapist;
- Licensed Professional Counselor;
- Licensed Psychiatrist
- Registered nurse who has completed a master's degree in psychiatric nursing;
- Licensed School Psychologist when the services are provided in a school setting; or
- Licensed Specialist in School Psychology when the services are provided in a school setting.

**103.5.5 Personal Care Services**

Service Description:

EPSDT services are health care, diagnostic services, treatments, and other measures necessary to correct or ameliorate defects and physical and mental illnesses and conditions.

Personal care services are support services furnished to a client who has physical, cognitive or behavioral limitations related to the client's disability or chronic health condition that limit the client's ability to accomplish activities of daily living (ADLs), instrumental activities of daily living (IADLs), or health-related functions. Personal care services provided to students on specialized transportation vehicles are covered under this benefit. Services must be authorized by a physician in accordance with a plan of treatment or (at the State's option) in accordance with a service plan approved

by the State. Personal care services may be provided in an individual or group setting, and must be documented in the IEP/IFSP.

Professional Qualifications:

Individuals providing personal care services must be a qualified provider in accordance with 42 CFR 5 440.167, who is 18 years or older, has a high school diploma or GED, and has been trained to provide the personal care-services required by the client. Training is defined as observing a trained employee on a minimum of three patients and verbalization of understanding the personal care service. When competence cannot be demonstrated through education and experience, individuals must perform the personal assistance tasks under supervision.

Personal care services will not be reimbursed when delivered by someone who is a legally responsible relative or guardian. Service providers include: individual attendants, attendants employed by agencies that meet the state requirements. Special education teachers and special education teacher's aides can qualify as personal care worker. They must demonstrate the services they are providing meet the personal care service definition that the personal care service is documented in the IEP, and their services are to assist the student is accomplishing ADL and IADL and not activities that support education or instruction.

### **103.5.6 Speech/Language Services**

Service Description: Speech/language therapy services documented in the student's IEP include, but are not limited to:

1. Diagnostic services
2. Screening and assessment
3. Preventive services
4. Corrective services

Speech therapy services may be provided in an individual, group or family setting. The number of participants in the group should be limited to assure effective delivery of service.

Professional Qualifications:

Speech and language services must be provided by:

- A qualified speech/language pathologist (SLP) who meets the requirements of, and in accordance with, 42 CFR §440.110(c), and other applicable state and federal law or regulation;
- American Speech-Language-Hearing Association (ASHA) certified SLP with Alabama license and ASHA-equivalent SLP (i.e., SLP with master's degree and Alabama license) when the services are provided in a school setting; or
- A provider with a state education agency certification in speech language pathology or a licensed SLP intern when the services are provided in a school setting and when these providers are acting under the supervision or direction of a qualified SLP in accordance with 42 CFR §440.110 and other applicable state or federal law.

All services must be performed within the scope of services as defined by the licensing board.

### **103.5.7 Nursing Services**

**Service Description:**

Nursing services outlined in this section of the state plan are available to Medicaid eligible recipients under the age of 21 years, who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and for whom the service is medically necessary, and these services must be documented in the IEP/IFSP.

Nursing services are defined as the promotion of health, prevention of illness, and the care of ill, disabled and dying people through the provision of services essential to the restoration of health.

**Professional Qualifications:**

The Licensed Practical Nurse and Registered Nurse shall be licensed by the State of Alabama to provide the services and practice within the Alabama Board of Nurse Examiners. Nursing services must be provided by a qualified nurse who meets qualification requirements of, and in accordance with, 42 CFR 440.60 and, on a restorative basis, under 42 CFR 440.130(d), including services delegated in accordance with the Alabama Board of Nurse Examiners to individuals who have received appropriate training from a RN, including nursing services delivered by advanced practice nurses (APNs) including nurse practitioners (NPs) and clinical nurse specialists (CNSs), registered nurses (RNs), licensed vocational nurses (LVNs), licensed practical nurses (LPNs).

### **103.5.8 Specialized Transportation Services**

**Service Description:**

Specialized transportation services include transportation to receive Medicaid approved school health services. This service is limited to transportation of covered, authorized services in an IEP or IFSP.

- 1) The special transportation is Medicaid reimbursable if:
  - a. It is provided to a Medicaid eligible EPSDT child who is a student in a public school in Alabama;

- b. It is being provided on a day when the child receives a prior authorized covered service;
  - c. The student's need for specialized transportation services is documented in the child's plan of care, IEP or IFSP; and
  - d. The driver has a valid driver's license
- 2) Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for prior authorized related services:
- a. Medical Services provided in School: Transportation provided by or under contract with the school, to and from the students place of residence, to the school where the student receives one of the health related services covered by Title XIX;
  - b. Medical Service provided off- site: Transportation provided by or under contract with the school from the students place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by the Title XIX;
    - i. Transportation from school to the offsite service and back to school is reimbursable. No home to school transportation is reimbursed when the ride is from school to the medical service and back to school.
    - ii. Transportation from school to the offsite medical service and to home is reimbursable if the offsite medical appointment takes place and it is not feasible to return to school in time for child to be transported back home.
- 3) Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. When claiming these costs as direct services, each school district is responsible for maintaining written

documentation, such as a trip log, for individual trips provided. No payment will be made to, or for parents providing transportation.

- 4) In cases where Personal Care Services are provided as part of the Specialized Transportation Service for a student, the cost of this service is covered under the Personal Care Services benefit described in Section 103.5.5; provided that the personal care service provider meets the qualifications defined in this section.

4.c. **Family planning services and supplies for individuals of child-bearing age.**

**Effective Date: 07/01/93**

- (1) Family planning services are limited to those services and supplies that prevent or delay pregnancy.
- (2) The initial/annual physical examination visit is limited to one visit every 365 days. Lab services such as hemoglobin/hematocrit and urine check (dipstick) are included in the visit. The initial family planning visit is limited to one per provider per recipient.
- (3) Routine laboratory screening tests such as syphilis, gonorrhea culture, and Pap smear tests are covered only when provided during the initial/annual physical examination visit.
- (4) Periodic revisits are limited to no more than four (4) visits in a calendar year.
- (5) The family planning home visit is limited to one visit during the 60-day post partum period.
- (6) For recipients selecting the implant method of contraception, one physical examination with counseling is authorized prior to the implant procedure.
- (7) Sterilization procedures are limited to recipients meeting federal requirements for coverage, including the requirement to be at least twenty-one (21) years of age at the time of informed consent.

**Tobacco Cessation Counseling Services for Pregnant Women**

**4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

X (i) By or under supervision of a physician; and

X (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or\*

\_\_\_ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\*describe if there are any limits on who can provide these counseling services

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided: \_\_\_  No limitations     X With limitations\*

\*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

The State's benefit package will consist of a minimum of four (4) face-to-face tobacco cessation counseling sessions to pregnant women per year.

- 5a. **Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.**

**Effective Date: 02/01/2010**

1. Physician visits in offices, hospital outpatient settings, nursing facilities, via telemedicine services, Federally Qualified Health Centers and Rural Health Clinics. Within each calendar year each recipient is limited to no more than a total of 14 physician visits in offices, hospital outpatient settings, nursing facilities, via telemedicine services, Federally Qualified Health Centers, or Rural Health Clinics. Visits counted under this quota will include, but not be limited to, visits for: prenatal care, postnatal care, family planning, second opinions, consultations, referrals, psychotherapy (individual, family, or group), and care by ophthalmologists for eye disease. Physician visits provided in a hospital outpatient setting that have been certified as an emergency do not count against the physician benefit limit of 14 per calendar year. Telemedicine Services are defined as contact between a recipient and a physician relating to the health care diagnosis or treatment of the recipient through electronic communication. This service must include an interactive audio and video telecommunications system which permits two-way communication between the distant site physician and the recipient. This service does not include a telephone conversation, electronic mail message, or facsimile transmission between the physician and recipient, or a consultation between two physicians.

**Effective Date: 01/01/92**

2. Physician visits to hospital inpatients. In addition to the 14 physician visits referred to in paragraph a. above, Medicaid covers up to 16 inpatient dates of service per physician, per recipient, per calendar year. For purposes of this limitation, each specialty within a group or partnership is considered a single provider.

**Effective Date: 10/01/94**

3. Psychiatric evaluations or testing. These are covered services when medically necessary and given by a physician in person. Psychiatric evaluations or tests are limited to one per recipient, per physician, per calendar year. These visits are counted as part of the yearly quota of 14.
4. Psychotherapy visits. These are covered services when medically necessary and given by a physician in person. These visits are counted as part of the yearly quota of 14.
5. Group therapy. This is a covered service when the patient has a psychiatric diagnosis and the therapy is prescribed and performed by a physician in person. These visits are counted as part of the yearly quota of 14.
6. Family therapy. This is a covered service when medically necessary for a recipient with a psychiatric diagnosis. These visits are counted as part of the yearly quota of 14 for the recipient with the psychiatric diagnosis.

- 5a. Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. (Continued)

Effective Date: 06/01/12

7. Eyecare. One complete eye examination and work-up for refractive error is authorized per calendar year for recipients eligible for treatment under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Additional eyeglasses may be provided when medically necessary and supported by medical documentation.

Routine eye examinations and work-up for refractive error are authorized for all other Medicaid recipients based on medical necessity. Visits for routine eye exams will not be counted under the current physician visit limitation.

Effective Date: 11/01/75

8. Orthoptics. Orthoptics may be prior authorized by the Alabama Medicaid Agency when medically necessary.
9. Out-of-State-Care. Except for those services which require prior approval as stated elsewhere in this State Plan (i.e. transplants, and select surgeries) medical care outside the state of Alabama will not require prior authorization by the Alabama Medicaid Agency.

Effective Date: 11/01/75

11. Prior authorized services. These are subject to all limitations of the Alabama Medicaid Program.
12. Ancillary services: When performed by the physician, or by his staff under his supervision, can be billed by the physician without an office visit. (Example: Drug injection, laboratory and X-ray.)

- 5b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Effective Date: 01/01/92

Medical and surgical care not related to teeth which is provided by a dentist is included in the physician visit limits as state in 5a above.

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.**

6.a **Podiatrists Services**

Effective Date: 01/01/92

Podiatrists' Services are provided only for E.P.S.D.T. eligible children under the age of 21.

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b. Optometrists' services.

Provided:  No limitations  With limitations\*

Not provided.

c. Chiropractors' services.

Provided:  No limitations  With limitations\*

Not provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not provided.

7. Home health services.

**Effective Date: 01/01/92**

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided:  No limitations  With limitations\*  
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**Effective Date: 01/01/92**

b. Home health aide services provided by a home health agency.

Provided:  No limitations  With limitations\*  
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**Effective Date: 01/01/92**

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided:  No limitations  With limitations\*  
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\*\*Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\*Description provided on attachment.

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:  No limitations  With limitations\*

Not provided.

8. Private duty nursing services.

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided on attachment.

Limitation of Services

**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).**

**b. Effective Date: 10/01/2011  
Optometrists' Services**

Optometrists' services are not provided.

**c. Effective Date: 01/01/92  
Chiropractors' services**

Chiropractors' services are provided only for E.P.S.D.T. referred children under the age of 21.

**d. Effective Date: 10/01/00  
Other Practitioners' Services**

(1) Anesthesia services provided by qualified Certified Registered Nurse Anesthetists (CRNAs) or Anesthesiology Assistants (AAs) are covered services.

**Limitation of Services**

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**

(2) 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: 01/01/98**

(3) 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 since 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**

(4) 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.

Limitation of Services

**7. Home Health Services**

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

Initial teaching activities will be limited to four months.

**Effective Date: 06/01/11**

**In-Home Monitoring**

In-home nursing services are utilized to place telemetric equipment in the home for the monitoring and reporting to the attending physician of the status of diabetes, hypertension, and congestive heart failure. Readings of blood pressure, pulse, glucose, and/or weight measurements are transmitted via telephone to a secure centralized database.

- b. Home health aide services provided by a home health agency.**

**Effective Date: 02/09/89**

Home health care benefits are increased to entitle eligible recipients to receive up to 104 home health visits per calendar year. Skilled nurse and home health aide visits run concurrently.

**Effective Date: 06/01/11**

Additional skilled nursing visits and home health aide visits are limited to EPSDT and must be prior authorized once the recipient has exceeded 104 home health visits in a calendar year.

**Effective Date: 01/01/88**

Home health care services within the Alabama Medicaid program must meet requirements of Federal Regulations 42 CFR 440.70. All records of home health services provided are subject to review for approval based on medical necessity and services limitations.

Aide visits are limited to two per week. No additional visits will be authorized.

7. **Home Health Services - Continued**

c. **Medical supplies, equipment, and appliances suitable for use in the home.**

**Effective Date: 10/01/90**

Additional supplies, appliances, and medical equipment suitable for use in the home may be provided only after prior authorization by the Alabama Medicaid Agency is obtained. The attending physician must submit a written request for medical items that would provide appropriate non-experimental services as a cost-effective alternative to institutional care.

**Effective Date: 11/23/76**

Medical supplies, equipment, and appliances (suitable for use in the home) as prescribed by the attending physician are limited to those items listed in the Alabama Medicaid Home Health Care Manual.

**Effective Date: 10/01/86**

Items of durable medical equipment require prior authorization from the Alabama Medicaid Agency. Prior authorization will be based on medical necessity.

d. **Physical therapy, occupational therapy, or speech audiology services provided by a home health agency or medical rehabilitation facility.**

**Effective Date: 06/01/11**

Physical therapist and occupational therapist shall meet the licensing and certification requirements referenced in CFR 440.110.

**Effective Date: 01/01/92**

Physical therapy, occupational therapy, or speech pathology services provided by a home health agency are only for children under 21 through the EPSDT Program.

**8. Private Duty Nursing Services**

**Effective Date: 01/01/92**

Private duty nursing services are provided only for children under 21 referred through the EPSDT Program and prior authorized through Alabama Medicaid Agency.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

**Effective Date: 01/01/84**

9. Clinic services.

Provided:  No limitations  With limitations\*

Not provided.

10. Dental services.

Provided:  No limitations  With limitations\*

Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided:  No limitations  With limitations\*

Not provided.

b. Occupational therapy.

Provided:  No limitations  With limitations\*

Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided on attachment.

Limitation of Services

9. Clinic Services

**Effective Date: 01/01/84**

a. Clinic Services provided by eligible Mental Health Service Providers

**Effective Date: 10/01/86**

- (1) Mental Health Services will be provided only by qualified Mental Health Service Providers. Participation will be based on the provider's proven ability to furnish the following complete range of Mental Health Services.
- (2) Counseling/Psychotherapy
  - (a) Individual Therapy - a face-to-face contact between the Medicaid eligible client and one or more mental health professionals for the purpose of providing non-residential intake, diagnostic, and treatment services on both a scheduled and unscheduled basis.
  - (b) Family Therapy - a face-to-face contact with one or more Medicaid eligible members of a family for the purpose of altering family influences that contribute to the disorder of one or more Medicaid eligible family members.
  - (c) Group Therapy - a face-to-face contact with one or more Medicaid eligible clients and one or more mental health professionals for the purpose of resolving difficulties and effecting therapeutic changes through group interaction.
- (3) Medication Checkup - a face-to-face contact with a Medicaid eligible client by the appropriate staff team member for the purpose of reviewing the client's medication regimen and attendant overall functioning.
- (4) Prehospitalization Screening Services - Diagnostic and prognostic clinical screening when hospitalization is requested or definitely considered; to assure that less restrictive alternative services are also considered and made available, and utilized, when appropriate.
- (5) Diagnostic Assessment - A specialized service for intensive clinical evaluation and formal reports.

Limitation of Services

**9. Clinic Services - (Continued)**

9.a. (6) Day Treatment - A milieu treatment program which is goal oriented and has the expectation that the client will improve. Clients must be actively involved in individual or group therapy. The day treatment service must be available 20 hours per week in one location, unless waived by DMH.

**Effective Date: 07/01/88**

**9.b. Clinic services provided by eligible prenatal clinic providers.**

- (1) Participation will be based on the provider meeting one of the following:
  - (a) Receives funds under:
    - (i) The Migrant Health Centers or Community Health Centers (\_329 or \_330 of the Public Health Service Act), or
    - (ii) The Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act); or
  - (b) Participates in a state perinatal program.
- (2) Prenatal Clinic services include antepartum care plus one (1) postpartum visit {six (6)-week checkup}.

**Effective Date: 01/01/92**

**9.c. Clinic services provided by children's specialty clinic providers. Participation will be based on the provider's proven ability to meet the following criteria:**

- (1) Clinic services are specialty oriented and provided by an interdisciplinary team to children who are eligible for EPSDT services and are experiencing developmental problems.
- (2) Disciplines include at a minimum, specialty physicians, nurses, service coordinators/social workers, physical therapists, audiologists, nutritionists, speech/language pathologists.
- (3) Services offered must include a plan for medical and habilitative services to children with special health care needs as well as coordination and support services.

Limitation of Services

9.(c) **Clinic Services - (Continued)**

- (3) Children's speciality clinic providers must have a signed written agreement with the Alabama Medicaid Agency to provide services to children eligible for EPSDT services.
  
- (5) All children's speciality clinic services must be furnished by or under the direction of a physician.

Limitation of Services

**10. Dental Services**

**Effective Date: 01/01/92**

Dental services are provided only for E.P.S.D.T. eligible children under the age of 21.

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TN No. AL-94-9  
Supersedes  
TN No. New

Approval Date 06/24/94

Effective Date 02/01/94  
HCFA ID: 0069P/0002P

11. **Physical Therapy and Related Services**

- Effective Date: 01/01/92**
- a. **Physical therapy services** are provided only for E.P.S.D.T. referred children under the age of 21.
- Effective Date: 01/01/92**
- b. **Occupational therapy services** are provided only for E.P.S.D.T. referred children under the age of 21.
- Effective Date: 01/01/92**
- c. **Services for individuals with speech, hearing, and language disorders** provided by or under the supervision of a speech pathologist are provided only for E.P.S.D.T. referred children under the age of 21.

Services for individuals with speech, hearing, and language disorders provided by or under the supervision of an audiologist, are provided only for E.P.S.D.T. eligible children under the age of 21.

**Effective Date: 02/01/99**  
**Evaluation for use and/or fitting of voice prosthetics or augmentative communication devices** to supplement oral speech when provided by or under the supervision of a speech pathologist is covered for recipients of any age.

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eye-  
glasses prescribed by a physician skilled in diseases of the  
eye or by an optometrist.

a. Prescribed drugs.

Provided:  No limitations  With limitations\*  
\*\*  
 Not provided.

b. Dentures.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Prosthetic devices.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Eyeglasses.

Provided:  No limitations  With limitations\*  
 Not provided.

\*\*Additional medically necessary services beyond limitations are  
covered for children under 21 years of age referred through the  
E.P.S.D.T. Program.

\*Description provided on attachment.

Limitation of Services

12. **Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

12. a. **Prescribed Drugs**

**Effective Date: 07/01/91**

(1) **General Coverage**

Medicaid covers only drugs of participating manufacturers which have entered into and comply with an agreement under Section 1927(a) of the Act which are prescribed for a medically accepted condition. Because of an extenuating circumstance waiver, drugs were covered from non-participating manufacturers through 3-31-91. Single source or innovator multiple source drugs classified by the Food and Drug Administration as 1A are covered if a rebate agreement has not been signed with the manufacturer if the state has made a determination that the availability of the drug is essential to the health of beneficiaries under the State Plan for Medical Assistance and the physician has requested and received prior approval in advance of its dispensing..

**Effective Date: 01/01/06**

- (2) Medicaid will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

Medicaid provides coverage, for all pharmacy eligible Medicaid recipients, including full-benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit (Part D), for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR 423.104 (f) (l) (ii) (A).

**Excluded Drugs**

The following outpatient drugs or classes of drugs, or their medical uses are excluded from coverage or otherwise restricted, unless noted:

- (a) Agents when used for anorexia, weight loss, or weight gain except for those specified by the Alabama Medicaid Agency.
  - Orlistat is covered under prior authorization with medical justification.
- (b) Agents when used to promote fertility except for those specified by the Alabama Medicaid Agency.
  - Drugs with fertility only FDA approved indications are not covered; drugs with fertility and non fertility FDA approved indications are covered.
- (c) Agents when used for cosmetic purposes or hair growth except for those specified by the Alabama Medicaid Agency.
  - Drugs with cosmetic only FDA approved indications are not covered; isotretinoin is covered for medical necessity with medical justification.

**Effective Date: 10/01/13**

- (d) Agents when used for the symptomatic relief of cough and cold.

Limitation of Services

**Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

12. a. **Prescribed Drugs**

- (e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations and others as specified by the Alabama Medicaid Agency.
  - Legend renal vitamins and vitamin preparations used in Total Parenteral Nutrition are covered.
- (f) Non-prescription drugs except for those specified by the Alabama Medicaid Agency.
  - Second generation antihistamines are covered
- (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.

Limitation of Services

12. **Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

12. a. **Prescribed Drugs**- Continued

(3) **Reduction in Coverage**

The number of outpatient pharmacy prescriptions for all recipients except as specified below is limited to four brand name/five total drugs per month per adult recipient effective October 1, 2013. Anti-psychotic, anti-retroviral, and anti-epileptic agents may be paid up to ten prescriptions per month. Drugs dispensed in the Long Term Maintenance Supply program are exempt from the monthly prescription limit. Prescriptions for Medicaid eligible recipients under age 21 in the Child Health Services/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and prescriptions for Medicaid eligible nursing facility residents are excluded from these limitations.

Overrides will be granted only in cases in which the prescribing physician documents medical necessity for the recipient to be switched from a product in one of the below named classes to a product within the same therapeutic class in the same calendar month. The first product must have been covered by Medicaid. State coverage may be allowed through overrides of up to ten prescriptions per month for drugs classified by American Hospital Formulary Services (AHFS) or First Data Bank (FDB) Therapeutic Class as Antineoplastic Agents, Antiarrhythmic Agents, Cardiotonic Agents, Miscellaneous Vasodilating Agents, Miscellaneous Cardiac Agents, Nitrates and Nitrites, Alpha Adrenergic Blocking Agents, Beta Adrenergic Blocking Agents, Dihydropyridines, Miscellaneous Calcium Channel Blocking Agents, Diuretics, Angiotensin-Converting Enzyme Inhibitors, Angiotensin II Receptor Antagonists, Mineralocorticoid (Aldosterone) Receptor Antagonists, Central Alpha Agonists, Direct Vasodilators, Peripheral Adrenergic Inhibitors, Miscellaneous Hypotensive Agents, Hemostatics, Calcium Replacements, Electrolyte Depleters, Immunosuppressives, Alpha Glucosidase Inhibitors, Amylinomimetics, Biguanides, Dipeptidyl Peptidase-4 Inhibitors, Incretin Mimetics, Insulins, Meglitinides, Sulfonylureas, Thiazolidinediones, and Miscellaneous Diabetic Agents.

(4) **Coverage of New Drugs**

Except for excluded drugs listed in (2) above, Medicaid covers all new drugs after FDA approval and upon notification by the manufacturer of the new drug.

(5) **Confidentiality**

Medicaid regards information disclosed by the manufacturers or wholesalers as confidential and will not disclose such information in a form which discloses the identity of a specific manufacturer or wholesaler or prices charged for drugs as required in Section 1927 (b)(3)(D).

(6) **Reporting**

The state will report to each manufacturer not later than 60 days after the end of each calendar quarter and in a form consistent with the standard format established by the Secretary, utilization data on the total number of dosage units for each covered outpatient drug dispensed during a quarter and shall promptly transmit a copy of the report to the Secretary.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed Drugs - Continued
- (7) Auditing by Manufacturer  
The state permits manufacturers to audit utilization data as stated in (6) above. Adjustments to rebates are made to the extent that information indicates that utilization was greater or less than previously specified.
- (8) Prior Approval  
The state provides for response by telephone or other communication devices, e.g., fax, within 24 hours of a request for prior approval and provides for the dispensing of at least a 72-hour supply of a covered outpatient prescription drug in an emergency situation.
- (9) Supplemental Rebate Agreements  
The state is in compliance with section 1927 of the Social Security Act. The state will cover drugs of federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and restrictions to coverage. Pharmaceutical manufacturers can audit utilization data. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.
- The state may negotiate brand and/or generic supplemental rebates in addition to the federal rebates provided for in Title XIX. Supplemental drug rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates.
- A supplemental drug rebate agreement between the state and a drug manufacturer for drugs provided to the Alabama Medicaid population, originally submitted to CMS on August 8, 2003, and an updated version submitted on December 1, 2015, entitled, "State of Alabama Supplemental Drug Rebate Contract," has been authorized by CMS.
- Supplemental rebates received by the state in excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national rebate agreement.
- All drugs covered by the program, irrespective of a prior authorization agreement, will comply with the provisions of the national drug rebate agreement.
- (10) Preferred Drug List  
Pursuant to 42 U.S.C. section 1396r-8 the state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list. Prior authorization will be provided with a 24-hour turn-around from receipt of request and a 72-hour supply of drugs in emergency situations as in accordance with provisions of section 1927(d)(5) of the Social Security Act.
- Prior authorization will be established for certain drug classes or particular drugs in accordance with federal law.
- All drugs covered by the program irrespective of a prior authorization requirement will comply with the provisions of the national drug rebate agreement.
- The state will utilize the Drug Utilization Review board to assure that in addition to pricing consideration, preferred drugs are clinically appropriate.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed Drugs - Continued
- (11) Long Term Maintenance Supply  
The State reimburses for each three month supply of Agency designated maintenance medication dispensed to recipients. A maintenance medication is an ordered/prescribed medication generally used to treat chronic conditions or illnesses and taken regularly and continuously. The following criteria apply to the three month supply:
- a. The medications will be designated by the Agency.
  - b. The three month supply medications listing(s) will be available to the public on the State's website: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).
  - c. The recipient will demonstrate 60 days of stable therapy prior to the State reimbursing the provider for dispensing a three month supply.
  - d. An opt out program for recipients who may not be candidates for maintenance supplies will be available.

12. **Prescribed drugs, dentures, and prosthetic devices; and eye-glasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

**Effective Date: 01/01/92**

12.b. **Dentures prescribed as medically necessary are provided for children under 21 referred through the EPSDT Program.**

12.c. **Prosthetic Devices**

- (1) Internal life-supporting prostheses such as pacemaker and Smith-Peterson Nail are covered.

**Effective Date: 01/01/90**

- (2) Contact lenses are provided only by prior authorization from the Alabama Medicaid Agency and based on medical necessity.
- (3) Prosthetic lenses and artificial eyes which are necessary in the treatment or diseases of the eye.
- (4) Prosthesis and the services of a qualified doctor of dentistry in connection with the fabrication of the prosthesis for closure of a space within the oral cavity created by removal of a lesion or congenital defect such as cleft palate.

**Effective Date: 01/01/92**

- (5) Prosthetic devices prescribed as medically necessary are provided for children under 21 referred through the EPSDT Program.

**Effective Date: 03/01/08**

- (6) Basic level prosthetic, orthotic, and pedorthic devices are provided for adults between the ages of 21 and 65 only by prior authorization from the Alabama Medicaid Agency and based on medical necessity.

12.d. **Eyeglasses**

**Effective Date: 03/01/13**

- (1) One pair of glasses or more if medically necessary per calendar year for recipients eligible for treatment under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program; one pair of glasses per three calendar years for all other recipients.
- (2) Additional eyeglasses, including changes in lenses are provided for individuals 21 years of age and older only by prior authorization from the Alabama Medicaid Agency based on medical necessity.

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

**Effective Date: 01/01/92**

- a. Diagnostic services.

Provided:  No limitations  With limitations\*

Not provided.

**Effective Date: 01/01/92**

- b. Screening services.

Provided:  No limitations  With limitations\*

Not provided.

**Effective Date: 10/01/91**

- c. Preventive services.

Provided:  No limitations  With limitations\*

Not provided.

**Effective Date: 01/01/92**

- d. Rehabilitative services.

Provided:  No limitations  With limitations\*  
\*\*

Not provided.

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

**Effective Date: 10/01/95**

- a. Inpatient hospital services.

Provided:  No limitations  With limitations\*

Not provided.

\*\*Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\*Description provided on attachment.

**Effective Date: 01/01/94**

**13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.**

**Effective Date: 01/01/92**

13.a. **Diagnostic Services**

Other diagnostic services are provided only for children under 21 referred through the EPSDT Program.

13.b. **Screening Services**

Other screening services are provided only for children under 21 referred through the EPSDT Program.

13.c. **Preventive Services**

(1) Other preventive services for children are provided only if children under 21 are referred through the EPSDT Program.

**Effective Date: 07/01/90**

- 13.d. **Rehabilitative services** will be provided to Medicaid recipients on the basis of medical necessity. While it is recognized that involvement of the family in the treatment of individuals with mental illness or substance abuse problems is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the identified client's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified client's treatment needs are not covered by Medicaid. An asterisk denoting this restriction will appear in each service description that makes reference to a client's family member, legal guardian or significant other.

Only the following services will be provided under the rehabilitative option:

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

**Effective Date: 07/01/90**

- (1) Intake evaluation - An initial clinical evaluation of the client's request for assistance, presenting psychological and social functioning, client's reported physical and medical condition, need for additional evaluation and/or treatment, and appropriateness for mental health or substance abuse treatment.

Limited to 1 episode per year.

- (2) Physician/medical assessment and treatment - Face-to-face contact between a client and a licensed physician occurring in an individual, group, or family\* setting for the purpose of medical/psychiatric development of a medication regimen and the provision of therapeutic services.

Limited to 6 units (unit = 15 minutes) per day and 52 units per year.

**Effective Date: 10/01/00**

- (3) Diagnostic Testing  
Administration of standardized objective and/or projective tests of an intellectual, personality, or related nature in a face-to-face interaction between the client and the staff member and interpretation of the test results.

Limited to 10 units (unit = 30 minutes) per year.

- (4) Crisis intervention and resolution - Immediate emergency intervention with the client, family\*, legal guardian\*, and/or significant others\* to ameliorate a client's maladaptive emotional/behavioral reaction. Service is designed to resolve crisis and develop symptomatic relief, increase knowledge of where to turn for help at a time of further difficulty, and facilitate return to pre-crisis routine functioning.

Limited to 6 units (unit = 30 minutes) per day.

**Effective Date: 10/01/00**

- (5) Individual counseling - A treatment plan focused intervention between a client and a mental health/substance abuse professional. Treatment is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder or substance abuse problem that interferes with a client's personal, familial, vocational and/or community adjustment.

Limited to 3 units (unit = 30 minutes) per day and 104 units per year.

**13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

**13.d. Rehabilitative services --- Continued**

**Effective 10/01/00**

- (6) Family\* counseling - A treatment plan focused intervention involving a client, his/her family unit\* and/or significant others\*, and a mental health professional. Treatment is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational, and/or community adjustment.

Limited to 3 units (unit = 30 minutes) per day and 104 units per year.

- (7) Group counseling - A treatment plan focused intervention involving a group of clients and mental health professional. Treatment utilizes interactions of group members to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational, and/or community adjustment.

Limited to 3 units (unit = 30 minutes) per day and 104 units per year.

- (8) Medication administration - Administration of oral or injectable medications as directed by a physician.

Limited to 1 episode per day.

- (9) Medication monitoring (non-physician) - Face-to-face contact between the client and a mental health professional, pharmacist, RN, or LPN for the purpose of reviewing of the overt physiological effects of psychotropic medications and the client's need to see the physician; monitoring compliance with dosage instructions; instructing the client and/or care-givers of expected effects of psychotropic medications; assessing the client's need to see the physicians; and recommending changes in the psychotropic medication regimen.

Limited to 2 units (unit = 15 minutes) per day and 52 units per year.

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

**Effective 10/01/00**

(10) Partial hospitalization - A physically separate and distinct organizational unit that provides intensive, structured, active, clinical treatment with the goal of acute symptom remission, immediate hospital avoidance, and/or reduction of inpatient length of stay.

Limited to 1 unit (unit = 4 hours) per day and 130 units per year.

(11) Adult mental illness intensive day treatment - An identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services, such as Rehabilitative Day Program and outpatient services, with the goals of community living skills enhancement, increased level of functioning, and enhanced community integration.

Limited to 1 units (unit = 4 hours) per day and 260 units per year.

(12) Rehabilitative day program - An identifiable and distinct program that provides long term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining feelings of self-worth, optimizing illness management, and helping clients become productive participants in family and community life.

Limited to 4 units (unit = 1 hour) per day and 1040 units per year.

(13) Mental illness child and adolescent day treatment - A combination of goal oriented treatment designed to improve the ability of a client to function as normally as possible in their regular home, school, and community setting when impaired by the effects of a mental or emotional disorder. Programs that provide an academic curriculum as defined by or registered with the State Department of Education and that students attend in lieu of a local education agency cannot bill Medicaid for the time devoted to academic instruction.

Limited to 1 unit per day and 260 units per year. If academic instruction is provided or if the clients are pre-school age, the minimum unit is 3 hours; otherwise, the unit is 4 hours.

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

**Effective 10/01/00**

(14) Treatment plan review - Review and/or revision of a client's individualized mental illness treatment plan by a qualified staff member who is not directly involved in providing services to the client. This review will evaluate the client's progress toward treatment objectives, the appropriateness of services being provided, and the need for a client's continued participation in treatment. This service does not include those activities or costs associated with direct interaction between a client and his/her primary therapist regarding the client's treatment plan. That interaction shall be billed through an alternative service such as individual counseling.

Limited to 2 units (unit = 15 minutes) per quarter and 8 units per year.

(15) Mental health consultation - Assisting other service agency providers or independent practitioners in providing appropriate services to an identified Medicaid client by providing clinical consultation. Key service functions include written or oral interaction in a clinical capacity in order to assist another provider to meet the specific treatment needs of an individual client and to assure continuity of care to another setting.

Limited to 312 units (unit = 15 minutes) per year.

(16) Adult substance abuse intensive outpatient services - A combination of time limited, goal oriented treatment designed to assist clients in reaching and maintaining a drug and alcohol free lifestyle.

Limited to 6 units (unit = 1 hour) per day.

**Effective 10/01/00**

(17) Child and adolescent substance abuse intensive outpatient services - A structured treatment designed to assist clients in maintaining a drug and alcohol free lifestyle. Programs that provide an academic curriculum as defined by and registered with the State Department of Education and that students attend in lieu of services provided by a local education agency cannot bill Medicaid for the time devoted to academic instruction.

Limited to 6 units (unit = 1 hour) per day.

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

**Effective 10/01/00**

- (18) In-home intervention - Time limited home based services provided by a treatment team (two person team, one mental health professional and one person with a bachelor's degree) to defuse an immediate crisis situation, stabilize living arrangement, and prevent out of home placement of the client.

Limited to 12 units (unit = 15 minutes) per day.

- (19) Prehospitalization screening - Face-to-face contact between a provider and a client to determine the appropriateness of admission/commitment to a state psychiatric hospital or a local inpatient psychiatric unit.

Limited to 4 units (unit = 30 minutes) per day and 16 units per year.

**Effective Date: 01/01/93**

- (20) Basic living skills - Development and restoration of those basic skills necessary to function independently in the community, including food planning and preparation, maintenance of living environment, community awareness and mobility skills, communication and socialization skills, and patient education regarding symptom management.

Limited to 10 units (unit = 30 minutes) per day and 832 units per year for services provided to an individual.

Limited to 4 units (unit = 30 minutes) per day and 832 units per year for services provided to a group.

- (21) Family\* support - Services provided to families\* of mentally ill clients to assist them in understanding the nature of the illness of their family member, and how to help the client be maintained in the community.

Limited to 4 units (unit = 30 minutes) per day and 208 units per year for services provided to an individual client's family or to a group of clients' families.

**13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. ---(Continued)**

**13.d. Rehabilitative services ---Continued**

**Effective Date: 10/01/00**

- (22) Methadone treatment - A periodic service designed to offer the client an opportunity to effect constructive changes in his/her lifestyle by using Methadone in conjunction with the provision of rehabilitation and medical services. Methadone treatment is also a tool used in the detoxification and rehabilitation process of narcotic dependent individuals.

Limited to one unit (unit = day) per day and 365 units per year.

- (23) Assertive community treatment - Treatment services conducted primarily in a nontreatment setting by a member of a team composed of a part-time psychiatrist, a master's level therapist and/or registered nurse, and a trained community support service worker and provided to adults with serious mental illness who are in a high risk period due to an exacerbation of the illness, and/or who are returning from an episode of inpatient/residential psychiatric care, or who are consistently resistant to traditional clinic-based treatment interventions and are difficult to engage in an ongoing treatment program.

Limited to one unit (unit = day) per day and 365 unit per year.

### Limitation of Services

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

Effective Date: 10/01/95

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. These days do not count against the recipient's inpatient day limitation for care in an acute care hospital.

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;
- (6) Employ only staff who meet training/ certification standards in the area of geriatric 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;

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TN No. AL-95-18

Supersedes

TN No. New

Approval Date 11/8/95

Effective Date 10/01/95

- (10) Execute an Alabama Medicaid Provider Agreement for participation in the Medicaid program;
- (11) Submit a written description of an acceptable utilization review plan currently in effect;
- (12) Submit a budget of cost for medical inpatient services for its initial cost reporting period, and
- (13) Be under the jurisdiction of the State's mental health authority.

State/Territory Alabama  
AMOUNT, DURATION AND SCOPE OF MEDICAL  
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15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.  
     Provided    No limitations  
     With limitations\*    Not Provided:
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.  
         Provided    No limitations  
         With limitations\*    Not Provided:
16. Inpatient psychiatric facility services for individuals under 22 years of age.  
     Provided    No limitations  
     With limitations\*    Not Provided:
17. Nurse-midwife services  
     Provided    No limitations  
     With limitations\*    Not Provided:
18. Hospice care (in accordance with section 1905(o) of the Act).  
     Provided    No limitations  
     Provided in accordance with section  
        2302 of the Affordable Care Act  
     With limitations\*    Not Provided:

\*Description provided on attachment

Limitation of Services

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

**Effective Date: 04/01/91**

14. b. **Nursing Facility Services: for individuals age 65 or older in institutions for mental diseases must be prior authorized. Prior authorization is based on medical necessity.**
- (1) All nursing services to meet the total needs of the patient including treatment and administration of medications ordered by the physician.
  - (2) Personal services and supplies for the comfort and cleanliness of the patient. These include assistance with eating, dressing, toilet functions, baths, brushing teeth, combing hair, shaving and other services and supplies necessary to permit the patient to maintain a clean, well-kept personal appearance.
  - (3) Room (semiprivate or ward accommodations) and board, including special diets and tubal feedings necessary to provide proper nutrition. This includes feeding patients unable to feed themselves.
  - (4) All services and supplies for incontinent patients.
  - (5) Bed and bath linens, including linen savers such as cellupads, and diapers.
  - (6) Nursing and treatment supplies as ordered by the patient's physician or as required for quality nursing care. These include, but are not limited to, needles, syringes, catheters, catheter trays, drainage bags, indwelling catheters, enema bags, sterile and non-sterile dressings, special dressings (such as ABD pads and pressure dressings) intravenous administration sets, normal intravenous fluids (such as glucose, D5W, D10W).
  - (7) Safety and treatment equipment such as bed rails, standard walkers, standard wheelchairs, intravenous administration stands, suction apparatus, and other items generally provided by nursing homes for the general use of all patients.
  - (8) Sterile and non-sterile dressings and medications for prevention and treatment of bed sores.

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TN No. AL-94-9  
Supersedes  
TN No. AL-91-36

Approval Date 06/24/94

Effective Date 02/01/94

Limitation of Services

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

14. b. **Nursing Facility Services -- (Continued)**

**Effective Date: 10/01/93**

- (9) Medically necessary Over-the-Counter (non-legend) drug products prescribed or ordered by a physician.
- (10) Nursing and treatment supplies as ordered by the patient's physician or as required for quality nursing care. These include, but are not limited to, needles, syringes, catheters, catheter trays, drainage bags, indwelling catheters, enema bags, sterile and non-sterile dressings, special dressings (such as ABD pads and pressure dressings) intravenous administration sets, normal intravenous fluids (such as glucose, D5W, D10W).
- (11) Personal apparel laundry services.

Limitation of Services

**15. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.**

**Effective Date: 04/01/91**

- A. **Services in a public institution for the mentally retarded or persons with related conditions. Must be prior authorized by Alabama Medicaid Agency or the Department of Mental Health as applicable.**
- B. **Community mental retardation units providing 24-hour personal care to at least four but no more than 15 mentally retarded persons or persons with related conditions. Must be prior authorized by the Department of Mental Health.**
1. Services included in basic (covered) nursing facility charges.
  2. All nursing services to meet the total needs of the patient including treatment and administration of medications ordered by the physician.
  3. Personal services and supplies for the comfort and cleanliness of the patient. These include assistance with eating, dressing, toilet functions, baths, brushing teeth, combing hair, shaving and other services and supplies necessary to permit the patient to maintain a clean, well-kept personal appearance.
  4. Room (semiprivate or ward accommodations) and board, including special diets. This includes feeding patients unable to feed themselves.
  5. All services and supplies for incontinent patients.
  6. Bed and bath linens, including linen savers such as cellupads, and diapers.
  7. Nursing and treatment supplies as ordered by the patient's physician or as required for quality nursing care. These include, but are not limited to, needles, syringes, catheters, catheter trays, drainage bags, indwelling catheters, enema bags, sterile and non-sterile dressings, special dressings (such as ABD pads and pressure dressings) intravenous administration sets, normal intravenous fluids (such as glucose, D5W, D10W).

Limitation of Services

**15. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care. -- Continued**

**15. B. Community mental retardation units providing 24-hour personal care to at least four but no more than 15 mentally retarded persons or persons with related conditions. Must be prior authorized by the Department of Mental Health. -- Continued**

8. Safety and treatment equipment such as bed rails, standard walkers, standard wheelchairs, intravenous administration stands, suction apparatus, and other items generally provided by nursing facilities for the general use of all patients.
9. Sterile and non-sterile dressings and medications for prevention and treatment of bed sores.
10. Medically necessary Over-the-Counter (non-legend) drug products prescribed or ordered by a physician.
11. Personal apparel laundry services.

Limitations of Services

16. **Inpatient psychiatric facility services for individuals under 21 years of age.**

**Effective Date: 01/01/02**

Inpatient psychiatric facility services for individuals under 21 years of age are unlimited if medically necessary and the admission and continued stay reviews meet the approved psychiatric criteria. These days do not count against the inpatient benefit limitations for acute care hospitals. Services may be provided in a hospital or in a psychiatric residential treatment facility that meets the requirements in 42 CFR, Part 441, Subpart D, and Part 483, Subpart G. Detailed information regarding covered services and provider eligibility appears in Chapter 41 of the Alabama Medicaid Agency Administrative Code. Services are limited to recipients under 21 years of age, or if the recipient was receiving services immediately before he reached age 21, to the earlier of the date the recipient no longer requires the services, the date he reaches age 22, or the expiration of covered days.

Limitation of Services

17. **Nurse-midwives Services**

**Effective Date: 10/01/93**

Providers in this program are limited to persons who are licensed as Registered Nurses and who are also licensed as "Certified Nurse Midwife."

Services provided may not exceed those for which a nurse midwife is authorized to provide under state law and regulations.

Detailed information regarding covered services and provider eligibility appears in Chapter 21 of the Alabama Medicaid Agency Administrative Code.

### Limitation of Services

18. **Hospice Care (In accordance with section 1905(o) of the Act.)**

**Effective Date: 09/09/98**

Medicaid will utilize the most recent benefit periods established by the Medicare Program.

**Effective Date: 10/01/90**

Hospice care is available under Medicaid for eligible recipients certified as being terminally ill with a medical prognosis that his or her life expectancy is six months or less. Hospice care services within the Alabama Medicaid Program are governed by §1905(o) of the Social Security Act, 42 C.F.R. Part 418 and the Alabama Medicaid Agency Administrative Code. Services must be provided by a Medicare certified hospice program.

The individual must voluntarily elect hospice and file an election statement with a Medicaid participating hospice provider.

Hospice Care is provided independent of standard Medicaid benefits. Eligible individuals electing hospice care waive all rights to services covered under the Medicaid program that are also covered under the Medicare Program related to the treatment of the terminal illness or related condition for which hospice care was elected.

Hospice coverage is available for unlimited days, subdivided into four election periods as follows: two periods of ninety (90) days each, a subsequent period of thirty (30) days, and a subsequent extension period during the individual's lifetime. A recipient may revoke the election of hospice care at any time during an election period. The recipient forfeits coverage for any remaining days in that election period. Medicaid coverage of benefits waived during the election period will be resumed.

A Medicaid beneficiary who resides in a nursing facility may elect hospice services. The hospice must have a contract with each nursing facility to clarify responsibilities.

The following services are covered hospice services subject to limitations in accordance with 42 C.F.R. -418.200 and §1905(o) of the Social Security Act:

- (1) Nursing care
- (2) Medical social services
- (3) Physicians services
- (4) Counseling services
- (5) Short-term inpatient care

Limitation of Services

**18. Hospice Care - (In accordance with section 1905(o) of the Act.)**  
**--- Continued**

- (6) Medical appliances and supplies, including drugs and biologicals
- (7) Home health aide services and homemaker services
- (8) Physical therapy, occupational therapy, and speech-language pathology services
- (9) Nursing facility room and board

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TN No. AL-94-9

Supersedes

TN No. AL-91-36

Approval Date 06/24/94

Effective Date 02/01/94

HCFA ID: 0069P/0002P



Limitation of Services

**19. Case Management Services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).**

**Effective Date: 07/01/88**

1. Target Group 1 - Mentally Ill

- a. Services will be limited to chronically mentally ill (CMI) adults, seriously emotionally disturbed (SED) children and adolescents.
- b. Services shall be limited to 52 hours per client per calendar year.

2. Target Group 2 - Mentally Retarded

- a. Services shall be limited to individuals with a diagnosis of mental retardation 21 years of age or older or 18 years of age or older if the individual has received 12 years of education as documented by a statement or certificate from the appropriate local education agency or the State Department of Education.
- b. Services shall be limited to a maximum of 52 hours per client per calendar year.

Limitation of Services

20. **Extended services to pregnant women.**

**Effective Date: 07/01/91**

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends are limited to Medicaid covered services that are certified as medically necessary by a physician.

**Effective Date: 07/01/91**

Additional inpatient days for deliveries may be authorized upon request for recipients who have exhausted their initial covered benefit days. Approval is limited to medically necessary days for deliveries (onset of active labor through discharge up to a maximum of eight days).

- b. Services for any other medical conditions that may complicate pregnancy are limited to Medicaid covered services that are certified as medically necessary by a physician.

**Effective Date: 10/01/94**

- c. Prenatal Education Services.

Prenatal Education services performed only by a qualified provider to eligible pregnant women, consisting of no more than 12 visits during a two-year period beginning with the first date of service. Qualified providers are physicians or other licensed practitioners of the healing arts practicing within the scope of their practice as defined by state law, or by specially trained individuals working under the personal supervision of an individual licensed under state law to practice medicine or osteopathy or if the service is one provided by a facility under the direction of a physician.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
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**Effective Date: 01/01/92**

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible# provider (in accordance with section 1920 of the Act).

/\_ Provided: /\_ No limitations /\_ With limitations\*

/X Not provided.

**Effective Date: 01/01/92**

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

/X Provided: /\_ No limitations /X With limitations\*

/\_ Not provided.

**Effective Date: 01/01/92**

23. #Certified Pediatric or family nurse practitioners' services.

/X Provided: /\_ No limitations /X With limitations\*  
\*\*

#VIA HCFA-PITN-MCD-4-92

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*\* Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\* Description provided on attachment.

**22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).**

**Effective Date: 01/01/92**

Respiratory care services are provided only for children under 21 years of age referred through the EPSDT Program.

**23. Certified Pediatric or family nurse practitioners' services.**

**Effective Date: 10/01/94**

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 since 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.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care  
recognized under State law, specified by the Secretary.

a. Transportation.

Provided:  No limitations  With limitations\*  
 Not provided. \*\*

b. Services of Christian Science nurses.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided:  No limitations  With limitations\*  
 Not provided. \*\*

e. Emergency hospital services.

Provided:  No limitations  With limitations\*  
 Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of  
treatment and provided by a qualified person under supervision of a registered nurse.

Provided:  No limitations  With limitations\*  
 Not provided.

\*\*Additional medically necessary services beyond limitations are  
covered for children under 21 years of age referred through the  
E.P.S.D.T. Program.

\*Description provided on attachment.

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

State/Territory: Alabama

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 **Amount, Duration, and Scope of Services**

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. **Categorically Needy**

24. **Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative service.

Without limitations       With limitations (Describe limitations in either a Supplement to 3.1A a Supplement or in Attachment 3.1D)

Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding “school-based” transportation.

Without limitations       With limitations (Describe limitations in either a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

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**Attachment 3.1-A**  
Page 9.b

(1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

- \_\_\_\_\_ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)
- \_\_\_\_\_ (10)(B) comparability
- \_\_\_\_\_ (23) freedom of choice

(2) Transportation services provided will include:

- \_\_\_\_\_ wheelchair van
- \_\_\_\_\_ taxi
- \_\_\_\_\_ stretcher car
- \_\_\_\_\_ bus passes
- \_\_\_\_\_ tickets
- \_\_\_\_\_ secured transportation
- \_\_\_\_\_ other transportation (if checked describe below other types of transportation provided.)

(3) The State assures that transportation services will be provided under a contract with a broker who:

\_\_\_\_\_ (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

\_\_\_\_\_ (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:

\_\_\_\_\_ (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:

\_\_\_\_\_ (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- \_\_\_\_\_ Low-income families with children (section 1931)
- \_\_\_\_\_ Deemed AFCD-related eligibles
- \_\_\_\_\_ Poverty-level related pregnant women
- \_\_\_\_\_ Poverty-level infants
- \_\_\_\_\_ Poverty-level children 1 through 5
- \_\_\_\_\_ Poverty-level children 6 – 18

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**Attachment 3.1-A**  
Page 9.c

- \_\_\_\_\_ Qualified pregnant women AFDC – related
  - \_\_\_\_\_ Qualified children AFDC – related
  - \_\_\_\_\_ IV-E foster care and adoption assistance children
  - \_\_\_\_\_ TMA recipients (due to employment) (section 1925)
  - \_\_\_\_\_ TMA recipients (due to child support)
  - \_\_\_\_\_ SSI recipients
  - \_\_\_\_\_ Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group) – Becomes effective January 1, 2014, but states can elect to cover now as an early option.
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- \_\_\_\_\_ Optional poverty-level - related pregnant women
  - \_\_\_\_\_ Optional poverty-level - related infants
  - \_\_\_\_\_ Optional targeted low income children
  - \_\_\_\_\_ Non IV-E children who are under State adoption assistance agreements
  - \_\_\_\_\_ Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - \_\_\_\_\_ Individuals who meet income and resource requirements of AFDC or SSI
  - \_\_\_\_\_ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
  - \_\_\_\_\_ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
  - \_\_\_\_\_ Children aged 15-20 who meet AFDC income and resource requirements
  - \_\_\_\_\_ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
  - \_\_\_\_\_ Individuals infected with TB
  - \_\_\_\_\_ Individuals screened for breast or cervical cancer by CDC program
  - \_\_\_\_\_ Individuals receiving COBRA continuation benefits
  - \_\_\_\_\_ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
  - \_\_\_\_\_ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905 (a) services)
  - \_\_\_\_\_ Individuals terminally ill if in a medical institution and will receive hospice care
  - \_\_\_\_\_ Individuals aged or disabled with income not above 100% FPL
  - \_\_\_\_\_ Individuals receiving only an optional State supplement in a 209(b) State

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- \_\_\_\_\_ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- \_\_\_\_\_ Employed medically improved individuals who buy into Medicaid WWIIA Medical Improvement Group
- \_\_\_\_\_ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(6) Payment Methodology

- (A) Please describe the methodology used by the State to pay the broker:
  
- (B) Please describe how the transportation provider will be paid:
  
- (C) What is the source of the non-Federal share of the transportation payments?  
Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.
  
- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
  
- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
  
- (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.

(7) The broker is a non-governmental entity:

- \_\_\_\_\_ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at  
42 CFR 440.170(4)(ii).

- The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
  - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
  - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
  - The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation.
  
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
  
- (9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker ( call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

Limitation of Services

24. **Any Other Medical Care and any other type Remedial Care Recognized under State law, specified by the Secretary.**

**Effective Date: 12/01/2014**

24.a. Transportation

- (1) Emergency ambulance services are provided eligible recipients between:
  - (a) Scene (address) of emergency to hospital.
  - (b) Nursing facility to hospital.
  - (c) Local hospital to specialized hospital. (Example: From Montgomery to University Hospital in Birmingham.)
- (2) Medically necessary non-emergency ambulance service is provided to eligible recipients who must be bed-confined or have debilitating physical condition(s) that require travel by stretcher only and require ground transportation to receive medical services.
- (3) Non-emergency ambulance services provided eligible recipients outside of local area over 100 miles one way, must be prior authorized by the Alabama Medicaid Agency.
- (4) Certification that medical condition warrants the use of ambulance service is required by the attending physician or facility nurse for both emergency and non-emergency use.
- (5) 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).

Limitation of Services

**24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.  
(Continued)**

24.b. **Services of Christian Science nurses** are provided only for children under 21 referred through the EPSDT Program.

24.c. **Services provided in Christian Science sanatoria** are provided only for children under 21 referred through the EPSDT Program.

**Effective Date: 04/01/91**

**24.d. Nursing Facility Services for Patients Under 21 Years of Age**

- (1) Must be prior authorized by the Alabama Medicaid Agency;
- (2) Services are limited to items of care specified by agreement between the Alabama Medicaid Agency and the nursing facility.

**Effective Date: 04/01/91**

Services included in basic (covered) nursing facility charges.

- (a) All nursing services to meet the total needs of the patient including treatment and administration of medications ordered by the physician.
- (b) Personal services and supplies for the comfort and cleanliness of the patient. These include assistance with eating, dressing, toilet functions, baths, brushing teeth, combing hair, shaving and other services and supplies necessary to permit the patient to maintain a clean, well-kept personal appearance.
- (c) Room (semiprivate or ward accommodations) and board, including special diets and tubal feedings necessary to provide proper nutrition. This includes feeding patients unable to feed themselves.
- (d) All services and supplies for incontinent patients.
- (e) Bed and bath linens, including linen savers such as cellu pads, and diapers.

Limitation of Services

**24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.  
(Continued)**

**24.d. Nursing Facility Services for Patients Under 21 Years of Age. (Continued)**

- 24.d (2) (f) Nursing and treatment supplies as ordered by the patient's physician or as required for quality nursing care. These include, but are not limited to, needles, syringes, catheters, catheter trays, drainage bags, indwelling catheters, enema bags, sterile and non-sterile dressings, special dressings (such as ABD pads and pressure dressings) intravenous administration sets, normal intravenous fluids (such as glucose, D5W, D10W).
- (g) Safety and treatment equipment such as bed rails, standard walkers, standard wheelchairs, intravenous administration stands, suction apparatus, and other items generally provided by nursing homes for the general use of all patients.
- (h) Sterile and non-sterile dressings and medications for prevention and treatment of bed sores.
- (i) Medically necessary Over-the-Counter (non-legend) drug products prescribed or ordered by a physician.
- (j) Personal apparel laundry services.

**24.f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.**

**Effective Date: 01/01/92**

Personal Care Services are provided only for children under 21 referred through the EPSDT Program.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

**Effective Date: 01/01/92**

g. Ambulatory Surgical Center Services

Provided:  No limitations  With limitations\*  
 Not provided. \*\*

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

\_\_\_\_\_ provided  not provided

**Effective date: 01/01/95**

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or in another location.

Provided: \_\_\_\_\_ State Approved (Not  
Physician) Service Plan Allowed  
\_\_\_\_\_ Services Outside the Home Also Allowed  
 Limitations Described on Attachment\*  
\_\_\_\_\_ Not Provided

\*\*Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\*Description provided on attachment.

Limitation of Services

24. **Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued).**

**Effective Date: 01/01/92**

24.g. **Ambulatory Surgical Center Services**

Services are limited to three ambulatory surgical center visits per calendar year provided to patients not requiring hospitalization.

Limitation of Services

**Effective Date: 01/01/95**

26. Personal Care Services that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or in another location and are provided only for children under 21 years of age referred through the EPSDT Program.

**State of Alabama**  
**Self-Directed Personal Assistance Services State Plan Amendment**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1915(j)

X Self-Directed Personal Assistance Services, as described and limited in  
Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services  
provided to the categorically needy.

**State of Alabama**  
**Self-Directed Personal Assistance Services State Plan Amendment**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

  X   Self-Directed Personal Assistance Services, as described in Supplement   2   to Attachment 3.1-A.

  X   Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

       No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

**State of Alabama**  
**Program of All Inclusive Care for the Elderly (PACE) State Plan Amendment**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(26) and 1934

X Program of All Inclusive Care for the Elderly (PACE) services, as described  
and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this.

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TN No. AL-10-019

Supersedes

TN No. New

Approval Date: 2/1/11 Effective Date: 10/01/11

**State of Alabama**  
**Program of All Inclusive Care for the Elderly (PACE) State Plan Amendment**

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy

  X   Program of All Inclusive Care for the Elderly (PACE) services, as described in  
Supplement 3 to Attachment 3.1-A.

  X   Election of PACE: By virtue of this submittal, the State elects PACE as an  
optional State Plan service.

       No election of PACE: By virtue of this submittal, the State elects to not add  
PACE as an optional State Plan service.

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TN No. AL-10-019

Supersedes

TN No. New

Approval Date: 2/1/11

Effective Date: 10/01/11

**Coverage Template for Freestanding Birth Center Services**

**Attachment 3.1A: Freestanding Birth Center Services**

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

\_\_ Provided   \_\_ No limitations   \_\_ With limitations   \_ None licensed or approved

Please describe any limitations:

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

\_\_ Provided   \_\_ No limitations   \_\_ With limitations (please describe below)

\_ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN No. AL-11-013  
Supersedes  
TN No. New

Approval Date: 10/14/11

Effective Date: 9/1/11

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

**Effective Date: 01/01/92**

g. Ambulatory Surgical Center Services

Provided:  No limitations  With limitations\*  
\*\*

Not provided.

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

\_\_\_\_\_ provided  not provided

**Effective date: 01/01/95**

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or in another location.

Provided: \_\_\_\_\_ State Approved (Not Physician) Service Plan Allowed  
\_\_\_\_\_ Services Outside the Home Also Allowed  
 Limitations Described on Attachment\*  
\_\_\_\_\_ Not Provided

\*\*Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

\*Description provided on attachment.

Limitation of Services

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.  
(Continued).

Effective Date: 01/01/92

24.g. Ambulatory Surgical Center Services

Services are limited to three ambulatory surgical center visits per calendar year provided to patients not requiring hospitalization.

Limitation of Services

**Effective Date:** 01/01/95

26. Personal Care Services that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or in another location and are provided only for children under 21 years of age referred through the EPSDT Program.

**State of Alabama**  
**Self-Directed Personal Assistance Services State Plan Amendment**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1915(j)

X Self-Directed Personal Assistance Services, as described and limited in  
Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services  
provided to the categorically needy.

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TN No. AL-07-002  
Supersedes  
TN No. New

Approval Date: 05/24/07  
Effective Date: 01/01/07

**State of Alabama**  
**Self-Directed Personal Assistance Services State Plan Amendment**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the  
Categorically Needy

X  Self-Directed Personal Assistance Services, as described in Supplement  2  to  
Attachment 3.1-A.

X  Election of Self-Directed Personal Assistance Services: By virtue of this  
submittal, the State elects Self-Directed Personal Assistance Services as a State Plan  
service delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this  
submittal, the State elects not to add Self-Directed Personal Assistance Services as a  
State Plan service delivery option.

**State of Alabama**  
**Program of All Inclusive Care for the Elderly (PACE) State Plan Amendment**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(26) and 1934

X Program of All Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this.

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TN No. AL-10-019  
Supersedes  
TN No. New

Approval Date: 2/1/11

Effective Date: 10/01/11

**State of Alabama**  
**Program of All Inclusive Care for the Elderly (PACE) State Plan Amendment**

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically Needy

  X   Program of All Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

  X   Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

       No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

## Coverage Template for Freestanding Birth Center Services

### Attachment 3.1A: Freestanding Birth Center Services

#### 28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided    No limitations    With limitations      X   None licensed or approved

Please describe any limitations:

#### 28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided:            No limitations            With limitations (please describe below)

  X   Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

   (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: