



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AL - 17 - 0005

State Plan Administration Designation and Authority **A1**

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes
- No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.



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The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Alabama Medicaid Agency (Medicaid) delegates the authority to conduct administrative fair hearings to the Office of Attorney General. Hearings are conducted by Administrative Law Judges (ALJs) who are employees of the Office of Attorney General. Upon completion of the testimony and receipt of documents or briefs, the ALJ will make a written finding of fact and conclusions of law in the matter. Based upon these findings, the ALJ will make a written recommendation and provide such recommendation, along with the completed record and all documentary evidence, to the Agency within 30 days of the conclusion of the hearing or such shorter or longer time as agreed to by the parties involved in the case. The Commissioner of Medicaid will concur or non-concur with the conclusion of law of the ALJ. Fair hearing decisions may be appealed in circuit court.

The Office of Attorney General acknowledges and agrees in writing that he/she will act as a neutral and impartial decision maker on behalf of Medicaid in adjudicating all Medicaid cases and that he/she will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

Medicaid retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the recommendation made by the Office of Attorney General .

Medicaid ensures that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact Medicaid and how to obtain information about fair hearings from Medicaid.

Medicaid ensures that the Office of Attorney General complies with all Medicaid related federal and state laws, regulations, and policies.

Medicaid has a written agreement with the Office of Attorney General that defines the roles and responsibilities.

Remove



Medicaid Administration

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Alabama Medicaid Agency (Medicaid) delegates the authority to conduct all Medicaid fair hearings to the Alabama State Personnel Department. Hearings are conducted by Administrative Law Judges (ALJs) who are employees of the State Personnel Department. Upon completion of the testimony and receipt of documents or briefs, the ALJ will make a written finding of fact and conclusions of law in the matter. Based upon these findings, the ALJ will make a written recommendation and provide such recommendation, along with the completed record and all documentary evidence, to the Agency within 30 days of the conclusion of the hearing or such shorter or longer time as agreed to by the parties involved in the case. The Commissioner of Medicaid will issue fair hearing decisions. The Medicaid agency will review the recommended fair hearing decision issued by the ALJ only with respect to conclusions of law, including interpretations of state or federal policy. Fair hearing decisions may be appealed in circuit court.

The State Personnel Department acknowledges and agrees in writing that he/she will act as a neutral and impartial decision maker on behalf of Medicaid in adjudicating all Medicaid cases and that he/she will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The Medicaid agency retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the recommendation made by the Alabama State Personnel Department.

The Medicaid agency ensures that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact the Medicaid agency and how to obtain information about fair hearings from the Medicaid agency.

The Medicaid agency ensures that the Alabama State Personnel Department complies with all Medicaid related federal and state laws, regulations, and policies.

The Medicaid agency has a written agreement with the Alabama State Personnel Department that defines the roles and responsibilities of the agencies.

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:



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- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

Alabama Medicaid Agency is the administrative unit that is responsible for administering the Alabama Medicaid Program.

Functions of the Alabama Medicaid Agency include the following responsibilities:

- (a) develop rules and regulations for administering the Medicaid program to comply with the State Plan for Medical Assistance;



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- (b) perform utilization and medical review activities;
- (c) prepare budgets;
- (d) establish contracts with medical providers to render care to Medicaid recipients;
- (e) monitor the provision of medical care and payment of claims;
- (f) conduct investigation and audit functions;
- (g) collect and analyze data and publish statistical and management reports pertinent to the program;
- (h) make reimbursement collections from liable third parties;
- (i) provide information about the program;
- (j) provide for the training of staff members;
- (k) conduct fair hearings;
- (l) assure that claims for the medical care of Medicaid recipients are properly paid;
- (m) perform eligibility functions and,
- (n) establish criteria for admission to Long Term Care facilities to include evaluation and certification of recipients.

The Administrative Services Division responsibilities include Information Technology, Project Management, and Financial Administration. Information Technology is responsible for all of the Agency's IT components to include MMIS, Computer Operations, Beneficiary Software, Claims Software, IT Security and Quality Assurance. Project Management is responsible for all of the Agency's procurement activities to include coordination of ITBs, RFIs, RFPs and overseeing projects throughout the Agency. Financial Administration is responsible for Administrative Services activities such purchasing, records management, mail room operations, and risk management; Budgeting/Reporting; Financial Operations such as Accounts payable and receivable and Fiscal Agent Policy and System management which is responsible for contract monitoring, system support and policy management.

The Health System Division is responsibilities include Managed Care, Medical Services, Health Information Technology and Analytic Unit. Managed Care is responsibilities include Maternity Care, LTC Quality Improvements. Medical Services responsibilities include Institutional Services and Clinics/Mental Health. Analytic Unit is responsible for Quality metrics and Business Analytic/Statistical Support. Health Information Technology is responsible for Health Information Exchange and meaningful Use.

The Program Administration Division includes Communications, Program Integrity, Third Party Liability, Provider Audit/Reimbursement, Long term Care, Clinical Services and Support and Non Emergency Transportation. Program Administration responsibilities include Investigations, Provider Review, Quality Control and Recipient Review. Third Party Liability responsibilities include Payment Review, Health Insurance and Benefit Recovery. Long Term Care is responsible for Project Development, Provider/Recipient Services, Long Term Care Specialized Waiver and Program Management. Clinical Services and Support is responsible for Pharmacy Administrative Services, Pharmacy Clinical Support, Drug Rebate and Medical and Quality Review.

Beneficiary Services Division includes East and West Customer Services, Technical Support and Policy and Training. East and West Customer Services is responsible for eligibility determinations for beneficiaries in all program areas other than those conducted by the Department of Human Resources (DHR). Technical Support is responsible for Interagency Coordination, Statistical Reporting and Recipient Subsystems. Policy and Training is responsible for development and issuance of Policy for all program areas, Operational Readiness/Applications Assisters and Training for all Beneficiary Services staff and Application Assisters. The Alabama Medicaid Agency determines eligibility for the following programs: Poverty level pregnant women, children under age 19, Plan First Waiver, Breast and Cervical Cancer Program (BCC), Nursing Home Program, Hospital Program, Post Hospital Extended Care (PEC) Program, Institutional Care Facility for the Mentally Retarded (ICF-MR) Program, Home and Community Based Waiver for Person with Intellectual Disabilities (ID), Elderly and Disabled Waiver, State of Alabama Independent Living (SAIL) Waiver, HIV/AIDS Waiver, OBRA Waiver, Living at Home (LAH) Waiver, Technology Assisted Waiver for Adults, Alabama Community Transition (ACT) Waiver, Newborn Program, Program of All-Inclusive Care for the Elderly (PACE), SSI related groups: Widow/Widower, Disabled Adult Child, Retroactive SSI, Children of SSI Mothers, Continuous (PICKLE), Grandfathered Children, Medicare related groups: Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Income Individuals and Qualified Disabled Working Individuals, Others: Emergency Services for Aliens, Department of Youth Services (DYS) Children; and Parent and Other Caretaker Relative (POCR); and Child Health Insurance Program (CHIP).

Eligibility determinations are performed by state merit staff.



Medicaid Administration

Human Resources Division is responsible for overseeing all Human resources activities for the Agency.

Governmental Affairs Division is responsible for coordination and communications with the Legislature and other entities.

Office Of General Counsel Division is responsible for representing the Agency for all hearings and appeals.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Governor of the State of Alabama is elected for a four-year term by the people of the State. Under the Constitution of Alabama of 1901, the supreme executive power of the State is vested in this office which is a component of the Executive Branch. In directing the affairs of Alabama, the Governor carries out responsibilities authorized by the Constitution. Included in this authorization are: See that the laws are faithfully executed, convene the Legislature under extraordinary circumstances, provide information on the state of the government (including the submission of budgetary requirements) to the Legislature; veto legislation to which he objects; serve as chairman of numerous committees and boards; make appointments to boards, committees and departments.

The Alabama Department of Public Health determines eligibility for individuals for the following programs: Nursing Home Program, Hospital Program, Post Hospital Extended Care (PEC) Program, Institutional Care Facility for the Mentally Retarded (ICF-MR) Program, Home and Community Based Waiver for Person with Intellectual Disabilities (ID), Elderly and Disabled Waiver, State of Alabama Independent Living (SAIL) Waiver, HIV/AIDS Waiver, OBRA Waiver, Living at Home (LAH) Waiver, Technology Assisted Waiver for Adults, Alabama Community Transition (ACT) Waiver, Newborn Program, Program of All-Inclusive Care for the Elderly (PACE), poverty level pregnant women, children under age 19, Parent and Other Caretaker Relatives (POCR), Plan First Waiver SSI related groups: Widow/Widower, Disabled Adult Child, Retroactive SSI, Children of SSI Mothers, Continuous (PICKLE), Grandfathered Children. Medicare related groups: Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Income Individuals and Qualified Disabled Working Individuals.

Public Health Social Workers responsible for determining eligibility are housed within Medicaid offices and are supervised by Medicaid. Health Insurance Assistants and Health Insurance Specialists are housed within the Child Health Insurance Program (CHIP). ADPH is the administering Agency for Alabama's CHIP.

The Office of Attorney General and Alabama State Personnel Department are responsible for conducting all Agency hearings and appeals for both eligibility and services on behalf of applicants and beneficiaries. The Office of Attorney General and the Alabama State Personnel Department issue findings and recommended fair hearing decisions. These decisions are reviewed by the Medicaid Commissioner, who issues final fair hearing decisions.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.



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Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Department of Human Resources is the state's Title IV-A agency and determines eligibility for individuals for the following programs: Foster children and children who receive State or Federal Adoption Assistance.

1. Eligibility Staff and Functions

a. Financial Support Worker I and II (DHR)

This is a DHR position which determines eligibility for foster children and children who receive State or Federal Adoption Assistance, MAGI related groups, Parent and Other Caretaker Relatives (POCR), and Emergency Services.

2. Supervisory and Administrative Staff

a. Administrative Assistant I, II and III (DHR)

Duties for these positions include filing, sorting mail, typing documents, proofreading documents, making copies, greeting and directing the public, taking telephone messages, posting/logging transmittal records or making simple calculations.

b. Program Supervisor (DHR)

This position provides supervision to previous DHR classifications and performs eligibility determination oversight.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally- Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package-functions that will be performed by the single state agency.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)



Medicaid Administration

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The HHS appeals entity will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes
- No

Remove

Names of local subdivisions used to administer the state plan:

Description of the staff and functions of the local subdivisions (provide only once if they all have the same description. If they do not, provide as many descriptions as needed, and indicate for each description to which local subdivision it applies.):

Add

State Plan Administration Assurances

A3

- 42 CFR 431.10
- 42 CFR 431.12
- 42 CFR 431.50

Assurances

The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.



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- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V 20160722

TN No.: 17-0005-MM4
Supersedes
TN No.: 17-0002-MM4

Approved Date: 10/30/17

A3-2

Effective Date: 08/01/17

Revision: HCFA-AT-80-38 (BPP) AL-15-006
May 22, 1980

State: Alabama

Citation 1.4 State Medical Care Advisory

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

Tribal Consultation

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

The Poarch Band of Creek Indians is the only federally recognized Indian Tribe in the state of Alabama.

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

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

Revision:

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

AL-15-006

State:

AlabamaCitation

1.4

State Medical Care Advisory

42 CFR 431.12 (b)

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

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

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

 TN No. AL-15-006

Supersedes

TN No. AL-11-006Approval Date: 09-17-15Effective Date: 09/01/15

Revision: HCFA-PM-94-3
APRIL 1994

(MB)

State/Territory: Alabama

Citation1.5 Pediatric Immunization Program

- 1928 of the Act 1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
- a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.

NOV 30 1994

TN No. AL-94-19 Approval Date NOV 30 1994 Effective Date October 1, 1994

Supersedes

TN No. New

Revision: HCFA-PM-94-3
APRIL 1994

(MB)

State/Territory: Alabama

Citation

1928 of the Act

- g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.
2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

 State Medicaid Agency

 X State Public Health Agency

NOV 30 1994

IN No. AL-94-19 Approval Date Effective Date October 1, 1994

Supersedes

TN No. New