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: /X / No limitations /__/ With limitations* **

2.a. Outpatient hospital services.

   Provided: /X / 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). ##

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

   d. This item deleted as per HCFA-PITN-MCD-4-92

3. Other laboratory and x-ray services.

   Provided: /__/ No limitations / X/ 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 devises, 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

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 CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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 /X/ 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 /X/ In excess of Federal requirements* **

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

Provided: /_/ No limitations /X/ 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 /X/ 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 /X/ 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.

/X/ Provided:/_/ No limitations /X/ 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. Pyschotherapy- 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 but 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 to perform are included in physicians' services under this plan and are whether furnished by a physician or an optometrist.**

1. Physician visits in offices, hospital outpatient settings, and nursing facilities. Within each calendar year each recipient is limited to no more than a total of 14 physician visits in offices, hospital outpatient settings, and nursing facilities. 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. Each limit can be exceeded based upon medical necessity.

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. Each limit can be exceeded based upon medical necessity.

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. Each limit can be exceeded based upon medical necessity.

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. Each limit can be exceeded based upon medical necessity.

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

Effective Date: 01/01/2021

7. Eyecare. Two complete eye examinations and work-ups for refractive error areauthorized per calendar year for recipients eligible for treatment under the
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Additionalexaminations are provided by prior authorization from the Alabama Medicaid Agencybased on medical necessity. Visits for complete eye examinations do not count under the current office visit limitation.

One complete eye examination and work-up for refractive error every two calendar years is authorized for all other Medicaid recipients. Visits for these purposes will notbe counted under the current visit limitation. Additional examinations are provided byprior authorization from the Alabama Medicaid Agency based on medical necessity. Visits for complete eye examinations do not count under the current office visit limitation.

Effective Date: 11/01/75

8. Orthoptics. Orthoptics may be prior authorized by the Alabama Medicaid Agencywhen 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 outsidethe 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 MedicaidProgram.

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: Druginjection, laboratory and X-ray.)

5b. Medical and surgical services furnished by a dentist (in accordance withsection 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 inthe 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.

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

b. Optometrists' services.
/ / Provided: / / No limitations / / With limitations*

/ X / Not provided.

c. Chiropractors' services.
/ X/ Provided: / / No limitations / X/ With limitations*

/ / Not provided.

d. Other practitioners' services.
/ X/ 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 / X/ With limitations*
**

Effective Date: 01/01/92

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

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

Effective Date: 01/01/92

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

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

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

*Description provided on attachment.

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

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

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

/_/ Not provided.

8. Private duty nursing services.

/ X/ Provided: /_/ No limitations / X/ 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.

Effective Date: 01/01/92

c. **Chiropractors' services**

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

Effective Date: 10/01/00

d. **Other Practitioners' Services**

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

Effective Date: 10/01/18

(2) Applied Behavior Analysis services provided by a Licensed Behavior Analyst, a Licensed Assistant Behavior Analyst under the supervision of a Licensed Behavior Analyst, or by an unlicensed Registered Behavior Technician under the supervision of a Licensed Behavior Analyst or Licensed Assistant Behavior Analyst within the scope of their practice as defined by state law are covered for E.P.S.D.T. referred children under the age of 21. The scope of practice defined by state law for a Licensed Behavior Analyst and a Licensed Assistant Behavior Analyst permits supervision of an unlicensed Registered Behavior Technician. The licensed practitioner assumes professional responsibility for the services provided by an unlicensed Registered Behavior Technician or an Assistant Behavior Analyst. Claims must be submitted by the Licensed Behavior Analyst.

Limitation of Services

1905(a)(6): Other Licensed Practitioner

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

(3) 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: 07/01/19

(4) 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 if 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

(5) 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.

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

/_/ Not provided.

10. Dental services.

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

/_/ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

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

/_/ Not provided.

b. Occupational therapy.

/ X/ Provided: /_/ No limitations / X/ 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).

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

/_/ Not provided.

*Description provided on attachment.

State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☑ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☑ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☑ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☐ Limitations apply to all services within the benefit category.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act

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Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[**Select all that apply and describe below as applicable]**

☑ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

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.

☑ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

(1) 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.
(2) Medication Checkup: a face-to-face contact with a Medicaid eligible client by the appropriate staff team member for the purpose of reviewing

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Section 1905(a)(9) Clinic Services

the client's medication regimen and attendant overall functioning.
(3) 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.
(4) Diagnostic Assessment: A specialized service for intensive clinical evaluation and formal reports.
(5) 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.

☐ IHS and Tribal Clinics **[Select below if applicable.]:**

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

☐ Renal Dialysis Clinics **[Select below if applicable.]:**

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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☑ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]:**

(1) Clinic services provided by eligible prenatal clinic providers.
(a) Participation will be based on the provider meeting one of the following:
(1) Receives funds under the Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act); or
(2) Participates in a state perinatal program.
(b) Prenatal Clinic services include antepartum care plus one (1) postpartum visit {six (6)-week checkup}.

(2) Clinic services provided by children's specialty clinic providers. Participation will be based on the provider's proven ability to meet the following criteria:
(a) Clinic services are specialty oriented and provided by an interdisciplinary team to children who are eligible for EPSDT services and are experiencing developmental problems.
(b) Disciplines include at a minimum, specialty physicians, physician assistants, psychologists, nurses, service coordinators/social workers, physical therapists, audiologists, nutritionists, speech/language pathologists.
(c) 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.
(d) Children's specialty clinic providers must have a signed written agreement with the Alabama Medicaid Agency to provide services to children eligible for EPSDT services.

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State Plan under Title XIX of the Social Security Act

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Section 1905(a)(9) Clinic Services

(e) All children's specialty clinic services must be furnished by or under the direction of a physician.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:**

☑ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☐ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]:**

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]:**

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☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]:**

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]:**

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]:**

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The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:**

☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]:**

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Limitation of Services

10. **Dental Services**

Effective Date: 01/01/92
Dental services are provided for E.P.S.D.T. eligible children under the age of 21.

Effective Date: 10/01/22
All medically necessary preventive, restorative, diagnostic, periodontal, endodontic, oral surgery, and emergent dental procedures are covered for pregnant Medicaid recipients.

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 eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

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

/_/ Not provided.

b. Dentures.

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

/_/ Not provided.

c. Prosthetic devices.

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

/_/ Not provided.

d. Eyeglasses.

/X/ Provided: /_/ No limitations /X/ 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.

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**

12. **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.

- Selective covered outpatient drugs for all eligible beneficiaries will be covered as listed on the state's website.

(b) Agents when used to promote fertility except for those specified by the Alabama Medicaid Agency.

- Selective covered outpatient drugs for all eligible beneficiaries will be covered as listed on the state's website.

Effective Date: 10/01/13

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

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.**

a. **Prescribed Drugs**

(d) Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations and others as specified by the Alabama Medicaid Agency.

- Selective covered outpatient drugs for all eligible beneficiaries will be covered as listed on the state's website.

(e) Selective non-prescription covered outpatient drugs for all eligible beneficiaries will be covered as listed on the state's website.

(f) 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, Immunosuppresives, 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 and value/outcome(s)-based agreement in addition to the federal rebates provided for in Title XIX. Supplemental drug rebate agreements and value/outcome(s)-based agreement 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.

A value/outcome(s)-based model agreement between the state and a drug manufacturer for drugs provided to the Alabama Medicaid population, originally submitted to CMS on July 1, 2019, entitled, "State of Alabama Value/Outcome(s) Based Agreement," has been authorized by CMS for use beginning July 1, 2019.

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.

13. 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.
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 referredthrough the EPSDT Program.

12.c. Prosthetic Devices

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

Effective Date: 01/01/90

(2) Contact lenses are provided only by prior authorization from the Alabama MedicaidAgency and based on medical necessity.

(3) Prosthetic lenses and artificial eyes which are necessary in the treatment or diseases of theeye.

(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 byremoval 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 21referred through the EPSDT Program.

Effective Date: 03/01/08

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

12.d. Eyeglasses

Effective Date: 01/01/21

(1) Two pairs 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. These limitations also apply to prescribing, dispensing, fitting, and adjusting of eyeglasses. All limitations can be exceeded by prior authorization for medical necessity when supported by medical documentation.

(2) One pair of glasses per two calendar years for all recipients 21 years of age and older.These limitations also apply to prescribing, dispensing, fitting, and adjusting of eyeglasses. Additional eyeglasses and changes in lenses may be provided by prior authorization, when medically necessary and supported by medical documentation.

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

/_/ Not provided.

Effective Date: 01/01/92
b. Screening services.
/ X/ Provided: /_/ No limitations / X/ With limitations*

/_/ Not provided.

Effective Date: 10/01/91
c. Preventive services.
/ X/ Provided: /_/ No limitations / X/ With limitations*

/_/ Not provided.

Effective Date: 01/01/92
d. Rehabilitative services.
/ X/ Provided: /_/ No limitations / X/ 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.
/ X/ Provided: /_/ No limitations / X/ 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: 10/01/23

(2) The state assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The state also assures that changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

Effective Date: 10/01/18

13.d. **Rehabilitative services** will be provided to Medicaid recipients as recommended by a physician or other licensed practitioner on the basis of medical necessity. Although limits are provided for guidance, the limitation(s) noted can be exceeded based on medical necessity. While it is recognized that involvement of the family in the treatment of individuals with mental illness or substance use disorders is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the identified recipient's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient's treatment needs are not covered by Medicaid. An asterisk denoting this restriction will appear in each service description that makes reference to a recipient's collateral defined as a family member, legal guardian or significant other. Rehabilitation services that are delivered face to face can either be in person or via telemedicine/telehealth, as approved by the Alabama Medicaid Agency.

To participate in the Alabama Medicaid Program, rehabilitative services providers must meet the following requirements. Service providers must demonstrate that they meet the criteria in either (1), (2), or (3), and both (4) AND (5) below.

1. A provider must be certified as a 310-board community mental health center by DMH and must have demonstrated the capacity to provide access to the following services through direct provision or referral arrangements:
   - Inpatient services through referral to community hospitals and through the attending physician for community hospitalizations.
   - Substance abuse services including intensive outpatient services and residential services.
   - Services are not provided in an institution for mental diseases (IMD).
   - Must submit an application to and receive approval from DMH to provide mental health rehabilitative services under the Medicaid Rehabilitative Option program.

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: 10/01/23

2. For the provision of Substance Abuse Rehabilitative Services an entity:
    - Must be an organization that is currently certified by the Alabama Department of Mental Health (DMH) to provide alcohol and other drug treatment services; and
    - Must submit an application to and receive approval by DMH to provide Substance Abuse Rehabilitative Services under the Medicaid Rehabilitative Option program.
3. The Department of Human Resources (DHR), the Department of Youth Services (DYS), Department of Mental Health (DMH) for ASD and the Department of Children's Services (DCS) are eligible to be rehabilitative services providers for children under age 21 if they have demonstrated the capacity to provide an array of medically necessary services, either directly or through contract.
   Additionally, DHR may provide these services to adults in protective service status. At a minimum, this array includes the following:
    - Individual, group, and family counseling
    - Crisis intervention services
    - Consultation and education services
    - Case management services Assessment and evaluation

4. A provider must demonstrate the capacity to provide services off-site in a manner that assures the recipient's right to privacy and confidentiality and must demonstrate reasonable access to services as evidenced by service location(s), hours of operation, and coordination of services with other community resources.
5. A provider must ensure that Medicaid recipients receive quality services in a coordinated manner and have reasonable access to an adequate array of services delivered in a flexible manner to best meet their needs. Medicaid does not cover all services listed above, but the provider must have demonstrated the capacity to provide these services.

Services must be provided by practitioners who meet the following qualifications:

Rehabilitative Services Professionals are defined as the following:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- An associate licensed counselor under Alabama law
- An independent Clinical social worker licensed under Alabama law
- A licensed master social worker
- A marriage and family therapist licensed under Alabama law
- A marriage and family therapist associate licensed under Alabama law
- A registered nurse licensed under Alabama law who has completed a master's degree in psychiatric nursing
- A Masters Level Clinician is an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other human service field areas and is under the
- supervision of a master's level or above clinician with two years of postgraduate clinical experience.

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: 10/01/23

- QSAP I (Substance Abuse): A Qualified Substance Abuse Professional I (QSAP I) shall consist of: (i) An individual licensed in the State of Alabama as a: (I) Professional Counselor, Graduate Level Social Worker, Psychiatric Clinical Nurse Specialist, Psychiatric Nurse Practitioner, Marriage and Family Therapist, Clinical Psychologist, Physician's Assistant, Physician; or (ii) An individual who: (I) Has a master's Degree or above from a nationally or regionally accredited university or college in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and *(II) Has successfully completed a clinical practicum or has six month's post master's clinical experience; and *(III) Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of date of hire.
- Professional Autism Services Specialist I (PASS I) shall consist of: (i)An individual licensed in the State of Alabama as a (1) Professional Counselor, Graduate Level Social Worker, Registered Nurse, Marriage and Family Therapist, Clinical Psychologist, Physician; or (ii) An individual who (1) Has a Master's Degree or above from a nationally or regionally accredited university or college in psychology, counseling, social work, or other behavioral health area with requisite course work equivalent to that degree in counseling, psychology, or social work.

Other Eligible Service Providers:

- A physician licensed under Alabama law.
- A physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners .
- A Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses or a multistate licensure privilege.
- Qualified Mental Health Provider – Bachelor's – A person with a Bachelor's Degree in a human services field.
- Qualified Mental Health Provider – Non-Degreed – A person with a high school diploma or GED supervised by a Rehabilitative Services Professional or Registered Nurse (RN).
- A Pharmacist licensed under Alabama state law.
- A Registered Nurse licensed under Alabama state law or a multistate licensure privilege.
- A Practical Nurse licensed under Alabama state law or a multistate licensure privilege.
- Occupational Therapist licensed under Alabama state law.
- Speech Therapist licensed under Alabama state law.
- Certified Autism Support Specialist (CASS) -Non-Degreed- A person with a high school diploma or GED supervised by a Professional Autism Services Specialist I or a Professional Autism Services Specialist II.
- Professional Autism Services Specialist II (PASS II) – An individual who has a Bachelor of Arts or Bachelor of Science in a human services related field from an accredited college or university with a minimum of one-year experience working with individuals with disabilities, families and/or service coordination
- A Nursing Assistant certified pursuant to Alabama State Law.
- A Certified Medical Assistant certified through the American Association of Medical Assistants (AAMA) or the American Medical Technologists (AMT).
- Medication Assistant Certified (MAC) Worker – A person working under a Medication Assistance Supervising (MAS) nurse that meets the Alabama Board of Nursing requirements.
- A Mental Health Certified Youth Peer Specialist - Youth who has personal experience with children and adolescent's mental health, who is willing to share his/her personal experiences, who has at least a high should diploma or GED, and who has satisfactorily completed a Mental Health Youth Peer Specialist training program approved by the state. Certified Mental Health Peer Specialist must be supervised by a Rehabilitative Services Professional.

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: 10/01/18

- A Mental Health Certified Adult Peer Specialist who has personal experience with recovery from mental illness, who is willing to share his/her personal experiences, who has at least a high should diploma or GED, and who has satisfactorily completed a Mental Health Peer Specialist training program approved by the state. A Certified Mental Health Adult Peer Specialist must be supervised by a Rehabilitative Services Professional.
- A Mental Health Parent Peer Support Specialist provider who is parenting or has parented a child experiencing a mental, emotional or behavioral health disorderand can articulate the understanding of their experience with another parent or family member. This individual may be a birth parent, adoptive parent, family member standing in for an absent parent, or other person chosen by the family or youth to have the role of parent. This individual has at least a high school diploma or GED, and has satisfactorily completed a Mental Health Parent Peer Support Provider training program approved by state. A Mental Health Parent Peer Support Specialist must be supervised by a Rehabilitative Services Professional.
- A Parent Autism Peer Support Specialist provider who is parenting or has parented a child with Autism Spectrum Disorder and can articulate the understanding of their experience with another parent or family member. This individual may be a birth parent, adoptive parent, family member standing in for an absent parent, or other person chosen by the family or youth to have the role of parent. This individual has at least a high school diploma or GED, and has satisfactorily completed an Autism Parent Peer Support Provider training program approved by state. A Parent Autism Peer Support Specialist must be supervised by a Rehabilitative Services Professional or a Professional Autism Services Specialist II.

    - A Child/Youth Autism Peer Support Specialist serves children and youth ages 0-21 and uses his/her life experience with ASD and specialized training to promote resiliency. Child/Youth Autism Peer Support service can be provided in an individual, family, or group setting by a Certified Child/Youth Autism Peer Support Specialist. A Child/Youth Peer Support Specialist must be supervised by a Rehabilitative Services Professional or a Professional Autism Services Specialist II.

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: 10/01/23

- QSAP II shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Is licensed in the State of Alabama as a Bachelor Level Social Worker; or (III) Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (IV) Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium or (V) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (VI) obtains a substance use counselor certification credential from the Alabama Association of Addiction Counselors, National Association Drug Abuse Association, or International Certification and Reciprocity Consortium within 30 months of hire, and (VII) participates in ongoing weekly supervision from an assigned QSAP 1 that is documented and appropriately filed in their personnel file for auditing purposes until counselor certification is obtained.
- QSAP III shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Participates in ongoing supervision by a certified or licensed QSAP I for a minimum of one (1) hour individual per week until attainment of a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, or Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of hire.
- Qualified Paraprofessionals (QPP) shall have the following minimum qualifications: (i) A high school diploma or equivalent, and (ii) One (1) year of work experience directly related to job responsibilities and (iii) Concurrent participation in clinical supervision by a licensed or certified QSAP I.
- Certified Recovery Support Specialist (CRSS) must meet the following minimum qualifications: (i) Certified by ADMH as a Certified Recovery Support Specialist (CRSS) within six (6) months of date of hire, (ii) and has 2 years verified lived experience and (iii) Concurrent participation in clinical supervision by a licensed or certified QSAP I.

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: 01/01/18

- Senior Social Work Supervisor – Master's degree in Social Work from a social work program accredited by the Council on Social Work Education. Two years of professional social work experience in child welfare and/or adult services in a public welfare agency.

- Service Supervisor – Bachelor's degree from an accredited* four year college or university in any major AND three (3) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations OR Bachelor's degree from an accredited* four year college or university AND 30 semester or 45 quarter hours in social or behavioral science courses AND two (2) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations.
  - A Master's Degree in Social Work from a social work program accredited* by the Council on Social Work Education will substitute for one year of the required professional experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations.

- Senior Social Worker - Master's degree in Social Work from a social work program accredited by the Council on Social Work Education. Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners.

- Social Worker - Bachelor's degree in Social Work from a social work program accredited by the Council on Social Work Education. Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners

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: 10/01/23

- Social Service Caseworker- Bachelor's degree from an accredited* college or university in a social science OR a Bachelor's degree from an accredited* college or university with a degree in any major.

Covered Rehabilitative Behavior Health Services are as follows:

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

Eligible Provider Type:
- Rehabilitative Services Professional (all types)
- Social Services Caseworker

Billing Unit: Episode
Max Unit Limitations: Unlimited

(2) Medical Assessment and Treatment - Face-to-face contact with a recipient during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of a physical, mental health, or substance use disorder.

Eligible Provider Type:
- Physician
- Physician Assistant
- Licensed Certified Registered Nurse Practitioner (CRNP)

Billing Unit: 15 minutes

Maximum Units: 6 per day, 52 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 Date: 10/01/18

(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 recipient and a qualified practitioner or through computer-administered test and interpretation of the test result to assist with a definitive diagnosis. Once the diagnosis has been confirmed, this information is used to guide proper treatment by the development of an individualized, person-centered treatment plan.

Eligible Provider Type:

- Rehabilitative Services Professional (licensed) operating within their scope of practice.

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: 10/01/23

(4) Crisis intervention - Immediate emergency intervention with a recipient, or the recipient's collateral* (in person or by telephone) to ameliorate a maladaptive emotional/behavioral reaction by the recipient. Service is designed to resolve crisis and develop symptomatic relief, increase knowledge of resources to assist in mitigating a future crisis, and facilitate return to pre-crisis routine functioning. Interventions include a brief, situational assessment; verbal interventions to de-escalate the crisis; assistance in immediate crisis resolution; mobilization of natural and formal support systems; and referral to alternate services at the appropriate level.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Licensed Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant
- Certified Medical Assistant
- Qualified Mental Health Provider – Bachelor's
- Social Service Caseworker
- Certified Mental Health Peer Specialist (Youth, Peer, and Parent)
- QSAP II
- QSAP III
- Certified Recovery Support Specialist (CRSS)
- PASS I
- PASS II

Billing Unit: 15 minutes
Maximum Units: 20 per day, 7,300 per calendar year

(5) Individual Counseling – The utilization of professional skills by a qualified practitioner to assist a recipient in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health and/or a substance use disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health and/or substance use disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- QSAP II

Billing Unit: 1 unit/per hour
Maximum Units: 1 per day, 52 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 10/01/18

(6) Family counseling - A recipient focused intervention that may include the recipient, his/her collateral*, and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental health and/or substance use disorder that interferes with the recipient's personal, familial, vocational, and/or community functioning.

Eligible Provider Type:

- Rehabilitative Service Professional (all types)
- QSAP II

Billing Unit: 1 episode = minimum of 60 minutes
Maximum Units: 1 episode per day, 104 per year

Billing Unit/Maximum Unit (Multiple Family Group):

MI: Billing Unit: 1 episode per recipient = minimum of 60 minutes
Maximum Units:
1 episode per day, 104 per year

SA: Billing Unit: 1 episode = minimum of 90 minutes
Maximum Units: 1 episode per day, 104 per year

(7) Group Counseling – The utilization of professional skills by a qualified practitioner to assist two or more recipients in a group setting in achieving specific objectives of treatment or care for mental health or substance use disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared experiences of the group's members to assist in restoration of each participant to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- QSAP II

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 10/01/23
Billing Unit/Maximum Unit:
MI: Billing Unit: 1 episode per recipient = minimum of 60 minutes
Maximum Units:
1 episode per day, 104 per year

SA: Billing Unit: 1 episode per recipient = minimum of 90 minutes
Maximum Units: 1 episode per day, 104 per year

(8) Medication Administration - Administration of oral or injectable medication under the direction of a physician, physician assistant, or certified registered nurse practitioner.

Eligible Provider Type:
- Licensed Registered Nurse
- Licensed Practical Nurse
- Certified Medical Assistant
- MAC Worker

Billing Unit: Episode
Maximum Units:3 per day

(9) Medication Monitoring - Face-to-face contact with a recipient for the purpose of reviewing medication efficacy, monitoring compliance with dosage instructions, educating the recipient and collateral* of the expected effect of specified medication, and/or identifying needed changes in the medication regimen.

Eligible Provider Type:
- Rehabilitative Services Professional (all types)
- Qualified Mental Health Provider – Bachelor's
- QSAP II
- QSAP III
- Licensed Registered Nurse
- Licensed Practical Nurse
- Pharmacist
- Certified Nursing Assistant
- Certified Medical Assistant

Billing Unit: 15 minutes
Maximum Units: 2 per day, 52 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 10/01/18

(10) Partial Hospitalization Program - A physically separate and distinct organizational unit that provides intensive, structured, active, clinical treatment, less than 24 hours, with the goal of acute symptom remission, immediate hospital avoidance, and/or reduction of inpatient length of stay, or reduction of severe persistent symptoms and impairments that have not responded to treatment in a less intensive level of care.

Component Services:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Individual, group, and family counseling
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving; as opposed to basic living skills, such as money management, cooking, etc.)
- Medication administration
- Medication monitoring
- Psychoeducational services

Eligible Provider Type:

MI: The program must have a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or physician's assistant. The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, the treatment team will include a:

- Physician, Physician assistant, OR Licensed Certified Registered Nurse Practitioner (CRNP); and
- Rehabilitative Services Professional (all types); and
- Licensed practical nurse, and/or
- Qualified Mental Health Provider- Bachelor's OR Qualified Mental Health Provider – Non-Degreed OR Certified Adult Mental Health Peer Specialist

SA: The program must be staffed and have a program coordinator as specified in current and subsequent revisions of regulations established for this service by the Alabama Department of Mental Health Substance Abuse Services Administrative Code.

- Rehabilitative Services Professional
- QSAP II
- QSAP III
- Certified Recovery Support Specialist (CRSS)
- QPP
- Licensed Practical Nurse

Billing Unit: A minimum of 4 hours
Maximum Units: 1 per day, 130 days 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 10/01/18

(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.
Component Services:

- Individual, group, and family counseling
- Psychoeducational services
- Basic living skills
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)
-

Eligible Provider Type:
The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- Rehabilitative Services Professional (all types)

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- Qualified Mental Health Provider – Bachelor's
- Qualified Mental Health Provider – Non-Degreed
- Certified Mental Health Peer Specialist - Adult

Billing Unit: One hour
Maximum Units: 4 per day, 1040 hours per year

(12) Adult 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 to restore a recipient to productive participation in family and community life.

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 10/01/18

Component Services:

- Psychoeducational services
- Basic living skills
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)
-

Eligible Provider Type:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- Qualified Mental Health Provider – Bachelor's

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- Qualified Mental Health Provider – Bachelor's
- Qualified Mental Health Provider – Non-Degreed
- Certified Peer Specialist - Adult

Billing Unit: 15 minutes

Maximum Units: 16 per day, 4160 per year

(13) Child and Adolescent Mental Illness Day Treatment - A combination of goal oriented rehabilitative services designed to improve the ability of a recipient to function as productively as possible in their regular home, school, and community setting when impaired by the effects of a mental health 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.

Component Services:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Individual, group and family counseling
- Psychoeducation Services
- Basic living skills
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)

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 10/01/18

Eligible Provider Type:
The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- Rehabilitative Services Professional (all types)

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- Qualified Mental Health Provider – Bachelor's
- Qualified Mental Health Provider – Non-Degreed
- Certified Mental Health Peer Specialist - Youth
- Certified Mental Health Peer Specialist - Parent

Billing Unit: One hour
Maximum Units: 4 per day, 1040 hours 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 Date: 10/01/23

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

Eligible Provider Type:

- Physician
- Physician Assistant
- Certified Registered Nurse Practitioner (CRNP)
- Rehabilitative Services Professional
- Service Supervisor
- Senior Social Work Supervisor
- PASS I or PASS II

Billing Unit: 15 minutes
Maximum Units: 1 event with up to 2 units every 6 months, 4 per year

(15) Mental Health Care Coordination – Services to assist an identified Medicaid recipient to receive coordinated mental health services from external agencies, providers or independent practitioners. Key service functions include written or oral interaction in a clinical capacity in order to assist another provider in addressing the specific rehabilitative needs of the recipient, as well as to support continuation of care for the recipient in another setting.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Licensed Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant
- Certified Medical Assistant
- Qualified Mental Health Provider – Bachelor's
- Social Service Caseworker
- PASS I or PASS II
- CASS-Non-Degreed

Billing Unit: 15 minutes
Maximum Units: 24 per day, 312 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 10/01/18

(16) Adult In-home intervention - Home based services provided by a treatment team (two-person team) to serve individuals who refuse other outpatient services and/or who need temporary additional support due to increased symptoms or transition from a more intense level of services, to defuse an immediate crisis situation, stabilize the living arrangement, and prevent out of home placement of the recipient.

Component Services:
Key service functions include the following when provided by a team composed of a Rehabilitative Services Professional (master's level clinician) and either a Qualified Mental Health Provider – Bachelor's or a Certified Mental Health Peer Specialist - Adult:

- Individual or family counseling
- Crisis intervention
- Basic Living Skills
- Psychoeducational Services
- Case Management
- Medication Monitoring
- Peer Services (only when team member is a Certified Mental Health Peer Specialist – Adult)

Key service functions include the following when provided by a team composed of a Registered Nurse and a Qualified Mental Health Provider – Bachelor's or a Certified Mental Health Peer Specialist - Adult:

- Crisis Intervention
- Basic Living Skills
- Psychoeducational Services
- Case Management
- Medication Monitoring
- Medication Administration
- Peer Services (only when team member is a Certified Peer Specialist - Adult)

Eligible Provider Type:
In-home intervention for mental illness clients are provided by a two-person team minimally composed of the following:

- Rehabilitative services professional (master's level) or
- licensed registered nurse who must successfully complete an approved case management-training program and either
- a Qualified Mental Health Provider – Bachelor's or
- Certified Mental Health Peer Specialist - Adult

All team members must successfully complete an approved case management-training program.

Billing Unit: 15 minutes
Maximum Units: 24 units per day, 2,016 per year

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: 10/01/23

(17) Child and Adolescent In-Home Intervention – Structured, consistent, strength-based therapeutic intervention provided by a team for a child or youth with a serious emotional disturbance (SED) and his or her family for the purpose of treating the child's or youth's behavioral health needs. In-Home Intervention also addresses the family's ability to provide effective support for the child or youth, and enhances the family's capacity to improve the child's or youth's functioning in the home and community. Services are directed towards the identified youth and his or her behavioral health needs and goals as identified in the treatment plan or positive-behavior support plan are developed by a qualified behavioral clinician where appropriate. Services include therapeutic and rehabilitative interventions, including counseling and crisis intervention services, with the individual and family to correct or ameliorate symptoms of mental health conditions and to reduce the likelihood of the need for more intensive or restrictive services. These services are delivered in the family's home or other community setting and promote a family-based focus in order to evaluate the nature of the difficulties, defuse behavioral health crises, intervene to reduce the likelihood of a recurrence, ensure linkage to needed community services and resources, and improve the individual child's/adolescent's ability to self-recognize and self-manage behavioral health issues, as well as the parents' or responsible caregivers' skills to care for their child's or youth's mental health conditions. The In-Home Intervention team provides crisis services to children and youth served by the team.

Eligible Provider Type:
In-home intervention for mental illness recipients are provided by a two-person team minimally composed of the following:

- A rehabilitative services professional staff (all types) AND either
  - A Qualified Mental Health Provider – Bachelor's or
  - Certified Mental Health Peer Specialist - Youth

All team members must successfully complete an approved Child and Adolescent In-Home Intervention - training program.

Billing Unit: One day
Maximum Units: One per day, 140 per year

(18) Mental Health and Substance Use Disorders Assessment Update – A structured interview process that functions to evaluate a recipient's present level of functioning and/or presenting needs. The assessment is used to establish additional or modify existing diagnoses, establish new or additional rehabilitation service goals, assess progress toward goals, and/or to determine the need for continued care, transfer, or discharge.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)

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 10/01/18

Billing Unit: 15 minutes

Maximum Units: 8 units per day, 32 units per year

(19) Basic Living Skills – Psychosocial services provided to an individual or group to restore skills that enable a recipient to establish and improve community tenure and to increase his or her capacity for age-appropriate independent living. This service also includes training about the nature of illness, symptoms, and the recipient's role in management of the illness.

Eligible Provider Type:

- Rehabilitative Services Professional (all types),
- Licensed Registered nurse,
- Social Service Caseworker,
- Qualified Mental Health Provider – Bachelor's, or
- Qualified Mental Health Provider – Non-Degreed
- QSAP II
- QSAP III
- QPP
- Certified Mental Health Peer Specialist – Adult, Youth, or Parent
- Certified Recovery Support Specialist
- PASS I or PASS II
- CASS – Non-degreed

Billing Unit: 15 minutes

Maximum Units: 2080 units per year
--20 per day (individual)
--8 per day (group)

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: 10/01/18

(20) Psychoeducational Services - Structured, topic specific educational services provided to assist the recipient and the families* of recipients in understanding the nature of the identified behavioral health disorder, symptoms, management of the disorder, how to help the recipient be supported in the community and to identify strategies to support restoration of the recipient to his/her best possible level of functioning.

Eligible Provider Type:
- Rehabilitative Services Professional (all types),
- Social Service Caseworker,
- Licensed Registered Nurse
- Qualified Mental Health Provider – Bachelor's, or
- Qualified Mental Health Provider – Non-Degreed
- QSAP II
- QSAP III
- Certified Mental Health Peer Specialist – Adult, Youth, or Parent
- Certified Recovery Support Specialist
- PASS I or PASS II
- CASS – Non-degreed

Billing Unit: 15 minutes
Maximum Units: 416 per year (416 units per year for individual and 416 units per year for group)
8 units (unit = 15 minutes) per day, individual
8 units (unit = 15 minutes) per day, group

(22) Assertive Community Treatment (ACT)/Program for Assertive Community Treatment (PACT) - Treatment services provided primarily in a non-treatment setting by a member of an ACT or PACT team, staffed pursuant to ADMH regulations promulgated in the Alabama Administrative Code for adult recipients with serious mental illness or co-occurring substance use and mental health disorders. Recipients receiving ACT or PACT services are in a high-risk period due to an exacerbation of the behavioral health disorder, and/or are returning from an episode of inpatient/residential psychiatric care, or are consistently resistant to traditional clinic-based treatment interventions and are difficult to engage in an ongoing treatment program.

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: 10/01/18

Component Services:

- Intake
- Medical assessment and treatment
- Medication administration
- Medication monitoring
- Individual, group, and/or family counseling
- Crisis intervention
- Mental health care coordination
- Case management
- Psychoeducational Services
- Basic living skills

Eligible Provider Type: The program must be staffed by an assigned team with a minimum of three FTE staff. The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.
Of the three FTE staff, it is required to have a least:

- 1 full-time Rehabilitative Services Professional (master's level clinician)
- 1 full-time Qualified Mental Health Provider – Bachelor's, and
- .50 FTE of either an RN or LPN.

Billing Unit: One day
Maximum Units: 365 days per year

(23) Opioid Use Disorder Treatment – The administration of medication, including the use of FDA approved medications for the use of opioid use disorders, to recipients who have a diagnosed opioid use disorder. Medication is administered to support the recipient's efforts to restore adequate functioning in major life areas that have been debilitated as a result of opioid addiction. This service includes medication administration and concurrent related medical, clinical and case management services.

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: 10/01/18

Eligible Provider Type:
ADMH-SA:
The program must be staffed as specified in current and subsequent revisions of:

(1) State regulations established for this service by the Alabama Department of Mental Health and published in the Alabama Administrative Code; and
(2) Federal regulations established for this service by the Substance Abuse and Mental Health Servic Administration

Eligible Provider Type for Administration of Medication:

- Physician
- Physician's Assistant
- CRNP
- RN
- LPN

Billing Unit: One day

(24) Peer Support Service (Adult/Child and Adolescent/Family/Recovery Support Specialist) – Peer Support services provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialists (Adult, Youth, Famil Peer Specialists, Recovery Support Specialist). Peer Support service actively engages and empowers an individ and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of diseas or lessen the impact of existing chronic health conditions. Peer supports provide effective techniques that focus the individual's self-management and decision making about healthy choices, which ultimately extend the members' lifespan. Family peer specialists assist children, youth, and families to participate in the wraparound planning process, access services, and navigate complicated adult/child-serving agencies.

Eligible Provider Type:
DMH – MI: Certified Mental Health Peer Specialist – Youth, Adult, Parent
DMH – SA: Certified Recovery Support Specialist (CRSS)
DMH – DD: Certified Autism Peer Specialist – Child/Youth
Certified Autism Peer Specialist – Family

Component Services (DD Only):

- Mentoring, advocacy, development of coping/problem solving skills
- Promotion of socialization and development of natural supports
- Engagement of community services

Billing Unit: 15 minutes
Maximum Units: Limited to 20 units per day (individual) and 8 units per day (group). 2,080 units per year for group services and 2,080 units per year for individual services.

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: 10/01/18

(24) Psychosocial Rehabilitation Services – Working Environment – Psychosocial services that provide rehabilitative supports with the goal of restoring skills needed to be prepared for community-living activities that may result in employability, promote recovery/wellness, prevent the escalation of a mental health condition into a crisis situation or into a chronic/significantly disabling disorder, improve community-based functioning, alleviate symptoms, and decreasing isolation. The goal of the service is to help recipients be prepared for community-living/activities that may ultimately result in employability. This service does not include educational, vocational or job training services.

Eligible Provider Type: The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

- Rehabilitative Services Professional (all types)
- Qualified Mental Health Provider – Bachelor's
- Qualified Mental Health Provider – Non-Degreed
- Certified Mental Health Peer Specialist – Adult or Youth
- QSAP II
- QSAP III
- QPP (Qualified Paraprofessionals)

Billing Unit: 15 minutes.

Maximum Units: 32 units per day, 320 units per month

(25) Screening – An encounter in which a brief, valid, questionnaire is administered by trained personnel to examine the context, frequency, and amount of alcohol or other drugs used by a recipient. This process seeks to identify recipients who have an alcohol or drug use disorder or are at risk for development of such. The service includes feedback on the screening results, and recommendations and referral for additional services, if indicated. This is a covered service for recipients whose use of alcohol and/or drugs has adversely impacted functioning in a major life area.

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: 10/01/18

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- QSAP II
- QSAP III
- QPP, with specialized training

Billing Unit: Episode
Maximum Units: 2 units per year

(26) Brief Intervention – A brief motivational encounter conducted after a recipient has completed an approved alcohol and drug screening procedure in which a potential alcohol or drug use problem was identified. During this brief encounter, a trained clinician provides feedback on the recipient's alcohol and/or drug use patterns, expresses concerns about the pattern of use as clinically indicated, provides advice in regard to strategies to eliminate or cut back in regard to destructive alcohol/drug use patterns, assists in development of an action plan, and initiates referrals as appropriate.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- QSAP II
- QSAP III
- QPP, with specialized training

Billing Unit: 15 minutes
Maximum Units: 8 units per year

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: 10/01/2023

(27) Nursing Assessment and Care – Nursing Assessment and Care services are contacts with an individual to monitor, evaluate, assess, establish nursing goals, and/or carry out physicians' orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of an individual as specified in the individualized recovery plan. It includes providing special nursing assessments to observe, monitor and care for physical, nutritional and psychological issues or crises manifested in the course of the individual's treatment; to assess and monitor individual's response to medication to determine the need to continue medication and/or for a physician referral for a medication review; assessing and monitoring an individual's medical and other health issues that are either directly related to the mental health or substance related disorder, or to the treatment of the disorder (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures, etc.); venipuncture required to monitor and assess mental health, substance disorders or directly related conditions, and to monitor side effects of psychotropic medication; consultation with the individual's family and/or significant others for the benefit of the client about medical and nutritional issues; to determine biological, psychological, and social factors which impact the individual's physical health and to subsequently promote wellness and healthy behavior and provide medication education and medication self-administration training to the individual and family.

Eligible Provider Type:

- Licensed Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant
- Certified Medical Assistant
- MAC Worker (operating within their scope of practice)

Billing Unit: 15 minutes
Maximum Units: 6 units per day in a specialized level of care; 1,496 units per year

(28) Outpatient Detoxification – Face-to-face interactions with a recipient for the purpose of medically managing mild to moderate withdrawal symptoms from alcohol and/or other drugs in an ambulatory setting. Services are provided in regularly scheduled sessions under a defined set of policies, procedures, and medical protocols by authorized medical personnel.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- QSAP II
- QSAP III
- Certified Recovery Support Specialist (CRSS)
- QPP, with specialized training
- Licensed Registered Nurse
- Licensed Practical Nurse

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: 10/01/23

Billing Unit: 1 day;
Maximum Units: 100 days per year

(29) Therapeutic Mentoring* – Therapeutic Mentoring Services provide a structured one on one intervention to a child or youth and their families that is designed to ameliorate behavioral health-related conditions that prevent age-appropriate social functioning. This service includes supporting and preparing the child or youth in age-appropriate behaviors by restoring daily living, social and communication skills that have been adversely impacted by a behavioral health condition. These services must be delivered according to an individualized treatment plan and progress towards meeting the identified goals must be monitored and communicated regularly to the clinician so that the treatment plan can be modified as necessary. Therapeutic mentoring may take place in a variety of settings including the home, or other community settings. The therapeutic mentor does not provide social, educational, recreational or vocational services.

Component Services:

- Basic Living Skills
- Social Skills Training
- Coping Skills Training
- Assessment
- Plan Review
- Progress Reporting
- Transition Planning

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Social Service Caseworker
- Licensed Registered Nurse
- Qualified Mental Health Provider – Bachelor's
- Qualified Mental Health Provider – Non-Degreed
- PASS I or PASS II
- CASS – Non-degreed

Billing Unit: 15 minutes
Maximum Units: 416 per year (416 units per year for individual and 416 units per year for group)
8 units (unit = 15 minutes) per day, individual
8 units (unit = 15 minutes) per day, group

(30) Behavioral Health Placement Assessment – A structured face-to-face interview process conducted by a qualified professional for the purpose of identifying a recipient's presenting strengths and needs and establishing a corresponding recommendation for placement in an appropriate level of care. This process may incorporate determination of the appropriateness of admission/commitment to a state psychiatric hospital or a local inpatient psychiatric unit.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Licensed registered nurse

Billing Unit: 30 minutes
Maximum Units: 4 units/day; 16 units/year

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: 10/01/18

(31) Behavioral Support – positive behavior support therapy and monitoring is designed to address challenging behaviors in the home and community for children and youth with ASD or ASD with co-occurring IDD. A behavioral therapist writes and monitors a behavioral management plan that includes specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the child's or youth's behavioral health condition. The behavioral therapist supervises and coordinates the interventions and trains others who works with the family to implement the plan in the home and in the community.

Component Services:

- Discrete Trial Training- PASS I, PASS II, CASS
- Incidental Teaching- PASS I, PASS II, CASS
- Pivotal Response Training- PASS I, PASS II, CASS
- Verbal Behavior Intervention- PASS I, PASS II, CASS
- Functional Communication Training- PASS I, PASS II, CASS
- Coping Skills Training- PASS I, PASS II, CASS
- Assessment- PASS I, PASS II
- Reduction of Environmental Barriers to Learning- PASS I, PASS II, CASS
- Maladaptive Behavior Reduction- PASS I, PASS II, CASS
- Functional Behavior Assessment- PASS I, PASS II
- Functional Analysis- PASS I
- Crisis Intervention- PASS I, PASS II
- Social Skills Therapy- PASS I, PASS II, CASS
- Basic Living Skills- PASS I, PASS II, CASS
- Psycho-educational Services- PASS I, PASS II, CASS
- Sensory Integration- PASS I, PASS II, CASS
- Development of Individual Program Plan- PASS I
- Progress Reporting- PASS I
- Treatment Plan Review- PASS I
- Transition Planning- PASS I
- Family Training- PASS I, PASS II, CASS
- Augmentative Communication Training- PASS I, PASS II, CASS

Eligible Provider Type:

- PASS I or PASS II
- CASS – Non-degreed

Billing Units: 15 minutes
Maximum Units: 16 units/day; 4,160 units/year (1040 hours annually)

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: 10/01/18

(32) In-Home Therapy – A structured, consistent, strength-based therapeutic relationship between a licensed clinician and a child or youth with ASD or ASD and co-occurring IDD and his or her family for the purpose of treating the child's or youth's behavioral health needs. In-Home Therapy services are provided under a multidisciplinary team model. In-home therapy also addresses the family's ability to provide effective support for the child or youth and enhances the family's capacity to improve the child's or youth's functioning in the home and community.

Component Services:

- Psychoeducational Services- PASS I, PASS II
- Individual counseling/therapy- PASS I, PASS II
- Family counseling/therapy- PASS I, PASS II
- Group counseling/therapy- PASS I, PASS II
- Coping Skills Training (has further description in text of other services)- PASS I, PASS II
- Assessment- PASS I
- Therapeutic Treatment- PASS I, PASS II
- Crisis Intervention- PASS I, PASS II
- Basic Living Skills- PASS I, PASS II
- Social Skills Therapy- PASS I, PASS II
- In-Home Intervention- PASS I, PASS II
- Treatment Plan Review- PASS I
- Progress Reporting- PASS I
- Development of Individual Program Plan- PASS I
- Transition Planning- PASS I

Eligible Provider Type:

- PASS I or PASS II

Billing Unit: 15 minutes
Maximum Units: 8 units/day; 832 units/year (208 hours annually) 4hrs/wk

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 10/01/222

(33) Intensive Family Intervention by a Multi-Person Team

This service is intended to improve family functioning by clinically stabilizing the living arrangement, promoting reunification, or preventing the utilization of out of home therapeutic venues (i.e. psychiatric hospital, psychiatric residential treatment facilities, or residential treatment services) for the identified youth. Services are delivered by a multi-person team staffed as defined below and are provided primarily to youth in their living arrangement and within the family system. Services are designed to address both the mental health needs of the youth and the interactions among family members that contribute to an unstable living environment as identified in the Individualized Treatment Plan. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgement, the beneficiary is not present during the delivery of the service, but remains the focus of the service. Any medical or remedial services (provided in a facility, home, or other setting) be recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.

The clinical admission criteria include the following:

1. A mental illness diagnosis and/or a substance abuse diagnosis and related substantial functional impairment which significantly interferes with the child's role or functioning in the family, school, or community such that traditional outpatient services are not sufficient to meet the need.
2. The youth and/or family has one or more of the following characteristics:

- Insufficient or severely limited resources or skills necessary to cope with the youth's behavioral health crisis
- Are involved in or at serious risk of involvement with the court system
- Have anti-social, aggressive/violent, substance abusing behaviors
- Are at risk of out-of-home placement and require intensive, coordinated clinical and supportive intervention
- Are returning from out-of-home placement where the above behaviors received treatment

The service array, frequency, and duration must conform to the respective team model and include resource coordination/acquisition to achieve the youth's and their family's goals and aspirations of self-sufficiency, resiliency, permanency, and community integration. A variety of services are provided by team members and include the following:

Intake

Individual Counseling

Family Counseling

Medication Monitoring

Crisis Intervention

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

13.d. Rehabilitative services ---Continued

Psychoeducation

Therapeutic Mentoring

Mental Health Care Coordination

Basic Living Skills

Eligible Provider Type:

The Intensive Family Intervention team is staffed and functions consistent with the evidence-based criteria of a nationally recognized Intensive Family Intervention models such as Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), or Multi-Dimensional Family Therapy (MDFT) or other model approved by the respective state agency. The specific model of Intensive Family Intervention must be approved by the respective state agency. The team must be approved by the respective credentialing oversight body as having the staff, training, operation, and quality assurance measures required by the model.

At a minimum the team will have a supervisor who has a Master's Degree in psychology, social work, counseling, or other human service field and who has two years post-Master's supervised experience in child and adolescent services and other team members who possess a Master's Degree in psychology, counseling, social work, or other human service field and who have either completed a clinical practicum or have six months post-graduate clinical experience, and who have received or will receive two years of post-graduate supervised experience. The Master's level staff may provide Intake, Individual Counseling, Family Counseling, Medication Monitoring, Crisis Intervention, Psychoeducation, Therapeutic Mentoring, Mental Health Care Coordination, and Basic Living Skills. Depending on local circumstances, the team may include a person with a bachelor's degree in a human service field. The Bachelor's level team member may provide Basic Living Skills, Crisis Intervention, Therapeutic Mentoring, Psychoeducation, and Mental Health Care Coordination.

Billing Unit: One day
Maximum Units: 180 per year

Youth and Adult Community-Based Mobile Crisis Response and Stabilization Services

Community-Based Youth (under the age of 21) and Adults (age 21 or older) Mobile Crisis Response and Stabilization:
Mobile Crisis Teams (MCT) are designed to specifically diffuse and mitigate a behavioral health crisis. MCT services offer community-based interventions to youth and adults and their families experiencing a behavioral health crisis-whether in their homes, schools, or communities. The MCT provides crisis stabilization services to adults, children, and their families/caregivers, experiencing a behavioral health crisis. The MCT may be delivered in-person, in-home, and/or in community settings, and is available within a timely manner. Telemedicine and telephonic support may be provided until an in-person response arrives and or as follow-up post-crisis regarding coordination and referrals.

Services to be provided *may* include:

- Intake Evaluation
- Crisis Intervention
- Behavioral Health Placement Assessment
- Psychoeducational Services
- Individual Counseling
- Family Counseling
- Mental Health Care Coordination
- Peer Support Services
- Mental & Substance Use Disorders Assessment

Response from MCTs is typically in teams of two; however, this may differ if the team is dispatched from a staffed facility or if, as in rural communities, **telemedicine** services are utilized. The two-person team is available **24 hours a day, 7 days per week** and can travel throughout the state to respond on location. The stabilization service supports the child and or adult's ability to manage daily activities and establishes clear connections to treatment services and community supports to reduce the likelihood of ongoing behavioral health crises. Services may also include follow-up interventions for a period of up to **72 hours** after the initial response that may include, where appropriate, additional MCT and/or behavioral health crisis intervention services, de-escalation, and coordination with and referrals to health, social, emergency management, and other services and supports as needed to effect symptom reduction and harm reduction. If continued stabilization services are identified after **72 hours**, a stabilization plan must be developed for coordination with referrals for continued stabilization services.

The MCT ("Team") Composition must include a team of at least two of the following licensed and/or credentialed clinician in a supervisory role who has expertise and experience using evidence-based assessment tools with target populations:

- Rehabilitative Service Professional (Masters Level and Above)
- Qualified Mental Health Provider (Bachelors Level)
- Mental Health Certified Youth Peer
- Mental Health Certified Parent Peer
- Certified Recovery Support Specialist

In order to claim enhanced Federal Medical Assistance Percentage (eFMAP) for services using the 'community-based mobile crisis intervention services' model, the requirements described in section 1947(b) of the Act must be met, including providing services to persons outside of a hospital or other facility setting, through a multidisciplinary team, trained in trauma-informed care, de-escalation strategies, and harm reduction.

The team must include, at a minimum, at least one individual who may conduct an assessment within their authorized scope of practice under state law and other professionals or paraprofessionals with appropriate expertise in behavioral health care.

Location: Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

Limitation of Services

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

Effective Date: 02/01/17

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.

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; or a full-time board certified adult psychiatrist with a minimum of 3 years experience caring for geriatric patients 65 or older.

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

(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
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

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.

[X] Provided [ ] No limitations
[X] 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.

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

17. Nurse-midwife services

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

[ ]Provided [ ] No limitations

[X] Provided in accordance with section 2302 of the Affordable Care Act

[X]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.

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

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

Effective Date: 07/01/88

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).

/X / Provided: /X / With limitations*
**

/ _ / Not provided.

20. Extended services to pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

\+ ++

/ X/ Provided: /X / Additional coverage /X / With limitations*

b. Services for any other medical conditions that may complicate pregnancy.

\+ ++

/ X/ Provided: /__/ Additional coverage /X / With limitations*

/ _ / Not provided.

Effective Date: 10/01/91

c. Preventive Health Education services to include prenatal/ postnatal parenting education.

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

/ _ / Not provided.

+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.

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 SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

Effective Date: 10/01/25

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).

/ X / Provided: / X / No limitations /__/ With limitations*

/ _ / 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. 1905(a)(21): **Certified Pediatric or family nurse practitioners' services.**

Effective Date: 07/01/19
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 if 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.

/X/ Provided: /_/ No limitations /X/ With limitations*
/_/ Not provided. **

b. Services of Christian Science nurses.

/X/ Provided: /_/ No limitations /X/ With limitations*
/_/ Not provided.

c. Care and services provided in Christian Science sanitoria.

/X/ Provided: /_/ No limitations /X/ With limitations*
/_/ Not provided.

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

/X/ Provided: /_/ No limitations /X/ With limitations*
/_/ Not provided. **

e. Emergency hospital services.

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

/X/ Provided: /_/ No limitations /X/ 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

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

Effective Date: 02/01/2009

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.

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 sanitoria** 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

/ X/ Provided: /_/ No limitations / X/ 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 __X__ 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.

X	Provided:	____	State Approved (Not Physician) Service Plan Allowed
		____	Services Outside the Home Also Allowed
		X	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.

PRA Disclosure Statement *The purpose of the PRA package is to provide a mechanism for states who voluntarily elect to provide medical assistance under Section 1934(a)(1) with respect to PACE program services to PACE program eligible individuals who are eligible for medical assistance under the State plan and who are enrolled in a PACE program under a PACE program agreement. 42 CFR 460.2 implements sections 1895, 1905(a), and 1934 of the Act, which authorizes the establishment of PACE as a State option under Medicaid to provide for Medicaid payment to, and coverage of benefits under, PACE. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1027 (Expires: 06/30/2023). The time required to complete this information collection is estimated to average 20 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.*

State of Alabama
PACE State Plan Amendment Pre-Print

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 program.)

State of Alabama
PACE State Plan Amendment Pre-Print

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically 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-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically 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 Medically 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 program.)

State of Alabama
PACE State Plan Amendment Pre-Print

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

27. 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:

State/Territory: Alabama
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)

29. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may notconduct or sponsor, and a person is not required to respond to, a collection of information unlessit displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 SecurityBoulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.