

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #:15-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

September 17, 2015

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

Attention: Stephanie Lindsay

Re: Title XIX State Plan Amendment, AL-15-0006

Dear Ms. Azar:

The Centers for Medicare & Medicaid Services (CMS) Atlanta Regional Office has completed its review of Alabama State Plan Amendment (SPA) Transmittal Number 15-0006. This SPA replaces the name of the former Chair for the Poarch Band of Creek Indians with "Tribal Chair." This SPA was submitted on August 13, 2015.

This SPA was approved on September 17, 2015, with an effective date of September 1, 2015. The approved plan pages and CMS 179 form are included with this letter.

If you have any questions concerning this amendment or require further assistance, please contact Alice Hogan at (404) 562-7432 or [Alice.Hogan@cms.hhs.gov](mailto:Alice.Hogan@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: AL-15-006	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2015

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 431.12 (b)	7. FEDERAL BUDGET IMPACT: a. FFY 2015 0 b. FFY 2016 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 1, page 9 and 9-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Section 1, page 9 and 9-1

10. SUBJECT OF AMENDMENT:  
The primary purpose for this amendment is to remove the name of the Tribal Chairperson from Alabama Medicaid's State Plan pages.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's designee on file  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Stephanie McGee Azar Acting Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Acting Commissioner	
15. DATE SUBMITTED: 08/13/15	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 08/13/15	18. DATE APPROVED: 09/17/15

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/15	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS:

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

State: Alabama

Citation 1.4 State Medical Care Advisory

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

Tribal Consultation

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

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

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

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

Revision:

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

AL-15-006

State:

AlabamaCitation

1.4

State Medical Care Advisory

42 CFR 431.12 (b)

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

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

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

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 TN No. AL-15-006

Supersedes

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