

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-35-.01

Rule Title: Authority and Purpose  
 New Rule;  Amend;  Repeal;  Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? yes

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Does the proposed rule have any economic impact? no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 4/20/12

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-35-.01 – Authority and Purpose

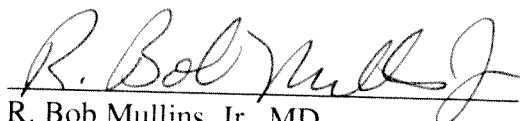
**INTENDED ACTION:** Amend 560-X-35-.01(2), (3).

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to remove Assistive Technology because the items included in this service are covered under Specialized Medical Equipment and delete Mental Retardation from the name of the Department of Mental Health and Mental Retardation.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than June 5, 2012.

**CONTACT PERSON AT AGENCY:** Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., MD  
Commissioner

## **Chapter 35. Home and Community-Based Waiver for Persons with ~~Mental Retardation~~ Intellectual Disabilities.**

### **Rule No. 560-X-35-.01. Authority and Purpose.**

(1) Home and community-based services for persons with mental retardation are provided by the Alabama Medicaid Agency to persons who are Medicaid-eligible under the waiver and who would, but for the provision of such services, require the level of care available in an intermediate care facility for the mentally retarded. These services are provided through a Medicaid waiver under provisions of the Omnibus Budget Reconciliation Act of 1981, which added Section 1915(c) to the Social Security Act for an initial period of three years and renewal periods of five years.

(2) Home and community-based services covered in this waiver are Residential Habilitation Training, Residential Habilitation-Other Living Arrangement, Day Habilitation, Prevocational Services, Supported Employment, Occupational Therapy Services, Speech and Language Therapy, Physical Therapy, Behavior Therapy, Companion Services, Respite Care, Personal Care, Environmental Accessibility Adaptations, Specialized Medical Supplies, Skilled Nursing, ~~Assistive Technology~~, Specialized Medical Equipment, Crisis Intervention, and Community Specialist. These services provide assistance necessary to ensure optimal functioning of the mentally retarded or persons with related conditions.

(3) The Home and Community Based Waiver is administered with a cooperative effort between the Alabama Medicaid Agency and the Alabama Department of Mental Health ~~and Mental Retardation~~. Waiver services are limited to individuals with a diagnosis of mental retardation or related condition, age 3 and above.

**Author:** Samantha McLeod, Associate Director, LTC Specialized Waiver Programs

**Statutory Authority:** 42 C.F.R. Section 441, Subpart G and the Home and Community-Based Waiver for Persons with Mental Retardation.

**History:** Rule effective July 9, 1985. **Amended:** November 18, 1987 and January 14, 1997.

**Amended:** Filed December 18, 2000; effective March 12, 2001. **Amended:** Filed October 21, 2004; effective January 14, 2005. **Amended:** Filed March 21, 2005; effective June 16, 2005.

**Amended:** Filed April 20, 2012.

TABLE OF CONTENTS

CHAPTER THIRTY-FIVE

HOME AND COMMUNITY-BASED WAIVER  
FOR PERSONS WITH ~~MENTAL RETARDATION~~ INTELLECTUAL DISABILITIES

RULE	TITLE	PAGE
560-X-35-.01	Authority and Purpose	1
560-X-35-.02	Description of Services	1
560-X-35-.03	Eligibility	10
560-X-35-.04	Characteristics of Persons Requiring ICF/MR Care	11
560-X-35-.05	Qualifications of Staff Who Will Serve As Review Team for Medical Assistance	12
560-X-35-.06	<del>Financial Accountability</del> <u>Reserved</u>	13
560-X-35-.07	Individual Assessments	15
560-X-35-.08	Informing Beneficiaries of Choice	16
560-X-35-.09	Payment Methodology for Covered Services	16
560-X-35-.10	Third Party Liability	17
560-X-35-.11	Payment Acceptance	17
560-X-35-.12	Confidentiality	18
560-X-35-.13	Records	18
560-X-35-.14	Service Providers	18
560-X-35-.15	Application Process	19
560-X-35-.16	Cost for Services	21
560-X-35-.17	Fair Hearing	21
560-X-35-.18	Appeal Procedure	21