TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agen	ıcy: <u>Alabama Medicaid</u>	l Agency .	
Rule No: <u>560-X-5801</u>			
Rule Title:Authority and Purpose New Rule;X Amend; _	Repeal;	Adoption by Reference	
Would the absence of the proposed rule s health, welfare, or safety?	significantly harm or endar	nger the public no	
Is there a reasonable relationship between of the public health, safety, or welfare?		and the protectionyes	
Is there another, less restrictive method of protect the public?	f regulation available that	could adequatelyno	
Does the proposed rule have the effect of of any goods or services involved and, if	directly or indirectly incress, to what degree?	easing the costsno	
Is the increase in cost, if any, more harmf result from the absence of the proposed r	ful to the public than the haule?	arm that mightno	
Are all facets of the rulemaking process dathey have, as their primary effect, the protest the same as their primary effect, the protest the same as their primary effect, the protest the same as the	lesigned solely for the purtection of the public?	pose of, and soyes	ale ale de de de la
Does the proposed rule have any econom	nic impact?	no	<u>የ</u> ጥጥጥጥጥ
If the proposed rule has an economic importance of the proposed rule has an economic importance with subsection (f************************************	eact, the proposed rule is re	equired to be accompanied by	a fiscal note
certify that the attached proposed rule have 22, Title 41, Code of Alabama 1975 and the Administrative Procedure Division of the	hat it conforms to all appl Legislative Reference Ser	icable filing requirements of twice.	nts of Chapter the
Signature of certifying officer:	hanie Lindsay	,	
Date: <u>4-19-12</u> ************************************	9		k
PUBLISHED IN VOLUME	ISSUE NO	O	
EDITED AND APPROVED BY		TIMENT NO	

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-58-.01 – Authority and Purpose

INTENDED ACTION: Amend 560-X-58-.01(2).

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above-referenced rule is being amended to change the name of the Operating Agency of the HIV/AIDS Waiver from the Alabama Department of Public Health to the Alabama Department of Senior Services.

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.

<u>CONTACT PERSON AT AGENCY:</u> 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 58. Home and Community-Based Services for Individuals Diagnosed with HIV/AIDS and Related Illness

Rule No. 560-X-58-.01. Authority and Purpose.

- (1) Home- and community-based services for individuals diagnosed with HIV/AIDS or related illness 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 a nursing facility. 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 (3) years and renewal periods of five (5) years thereafter upon waiver approval by the Centers for Medicare and Medicaid Services (CMS).
- (2) The Operating Agency for the HIV/AIDS Waiver is the Alabama Department of Public Health-Senior Services. The Operating Agency is responsible for the day-to-day operations of the waiver program. This includes managing the program by focusing on improving care for the client, protecting the health and welfare of the client, giving the client free choice of providers and waiver service workers, and making sure all direct service providers meet the qualifications as outlined in the waiver document.
- (3) Home and community-based services covered in this waiver are Case Management, Homemaker Services, Personal Care, Respite Care, Skilled Nursing and Companion services. These services provide assistance necessary to ensure optimal functioning of individuals diagnosed with HIV/AIDS and related illness.

Author: Samantha McLeod, Associate Director, LTC Specialized Waiver Programs Statutory Authority: Social Security Act §1915(c); 42 CFR Section 441, Subpart G—Home and Community-Based Services: Waiver Requirements.

History: New Rule: Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed January 22, 2007; effective April 18, 2007. **Amended:** Filed April 20, 2012.