## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Age	ency: <u>Alabama Medicaio</u>	d Agency .
Rule No: <u>560-X-5805</u>		
Rule Title: _Application Process New Rule; _X Amend;	Panaali	Adamia la D.C.
Amend,	Kepeai,	Adoption by Reference
Would the absence of the proposed rule health, welfare, or safety?	significantly harm or enda	nger the publicno
Is there a reasonable relationship between of the public health, safety, or welfare?		and the protectionyes
Is there another, less restrictive method protect the public?	of regulation available that	could adequatelyno
Does the proposed rule have the effect of any goods or services involved and, it	of directly or indirectly incrif so, to what degree?	easing the costsno
Is the increase in cost, if any, more harm result from the absence of the proposed	1.0	arm that mightno
Are all facets of the rulemaking process they have, as their primary effect, the present the service of the present the service of the rulemaking process they have, as their primary effect, the present the service of the rulemaking process they have, as their primary effect, the present the service of the rulemaking process they have, as their primary effect, the present the service of the rulemaking process they have, as their primary effect, the present the service of the rulemaking process they have, as their primary effect, the present the service of the service of the rulemaking process they have, as their primary effect, the present the service of the	designed solely for the purotection of the public?	rpose of, and soyes****************************
Does the proposed rule have any econor		no
If the proposed rule has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has an economic imby a fiscal note prepared in accordance value has a fiscal note has a fiscal	with subsection (f) of Section	on 41-22-23, <u>Code of</u>
Certification of Authorized Official		
I certify that the attached proposed rule is requirements of Chapter 22, Title 41, Co applicable filing requirements of the Adri Reference Service.	de of Alabama 1975 and the	nat it conforms to all
Signature of certifying officer:	hanie Lindsay	
Date: 4-19-12 ************************************	*********	*******
FOR APD USE ONLY		
PUBLISHED IN VOLUME	ISSUE NO	0
EDITED AND APPROVED BY	DOC	CUMENT NO.

## ALABAMA MEDICAID AGENCY

## **NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-58-.05 – Application Process

**INTENDED ACTION:** Amend 560-X-58-.05(3)(a)(b), (4).

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to change the name of the Operating Agency of the HIV/AIDS Waiver from the ADPH to ADSS; change the name of the Long Term Care Admissions/Records Unit; clarify the individual receiving the notice informing them of their appeal rights; and identify the individual who will perform the retrospective review.

**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.

<u>FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE</u>: 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

## Rule No. 560-X-58--.05. Application Process.

- (1) Case managers will receive referrals from hospitals, nursing homes, physicians, the community and others for persons who may be eligible for home and community-based services.
- (2) The case manager will complete a needs assessment to assist with the development of the Plan of Care. The medical information obtained from the client's primary physician is considered in development of the plan. This document will reflect detailed information regarding social background, living conditions and medical problems of the applicant. A copy of this document will be submitted to the Operating Agency for review and approval.
- (3) The case manager, in conjunction with the client, family or legal representative, if applicable, and other person designated by the client will develop a participant-centered Plan of Care. The Plan of Care will include objectives, services, providers of services and frequency of service. The Plan of Care must be submitted to the Operating Agency for approval. Changes to the original Plan of Care should be made as needed to adequately care for an individual. Reasons for changes must be documented on the client's Plan of Care, which is subject to the review of the Operating Agency. The Plan of Care must be reviewed by the case manager as often as necessary and administered in coordination with the recipient's physician.
- (a) If the ADPH-Alabama Department of Senior Services RN determines that the documentation does not support the individual's need for the level of care as determined by the case manager and the attending physician, the documentation will then be forwarded to the Alabama Medicaid Agency's Long Term Care Admissions/Records Unit Quality Improvement Coordination Unit for nurse review. and further review by the Alabama Medicaid Agency's staff physician—If a denial is issued, the applicant/recipient will receive a notice informing them of his/her right to an informal conference and/or a fair hearing.
- (b) The Alabama Medicaid Agency's staff physician will make the final decision to approve or deny waiver admission based upon the documentation provided. If a denial is issued, the recipient will receive a notice informing them of his/her right to an informal conference and/or a fair hearing.
- (4) The Medicaid's Long Term Care Division Medicaid Nurse Review Coordinator will perform a retrospective review of a random sample of approved applications on a monthly basis. The purpose of this review is to ensure compliance with both state and federal guidelines. If problems are identified the operating agency will be notified in writing within 30 days of receipt of the documentation by the Alabama Medicaid Agency. A corrective action plan will be requested. Results of the audit may lead to recoupment of funds.

**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.