## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: <u>Alabama Medicaid Agency</u> .		
Rule No: <u>560-X-5807</u>		
Rule Title:Fair Hearings New Rule;X Amend;	Reneal:	Adoption by Reference
Would the absence of the proposed rule health, welfare, or safety?		
Is there a reasonable relationship between of the public health, safety, or welfare?		nd the protectionyes
Is there another, less restrictive method protect the public?	of regulation available that c	ould adequatelyno
Does the proposed rule have the effect of of any goods or services involved and,	of directly or indirectly increased if so, to what degree?	asing the costsno
Is the increase in cost, if any, more harm result from the absence of the proposed	nful to the public than the har rule?	rm that might no
Are all facets of the rulemaking process they have, as their primary effect, the present the same of the present the present the present the same of the present the present the same of the present t	designed solely for the purpo otection of the public? *********	ose of, and so yes *************
Does the proposed rule have any econor		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.  ***********************************		
Certification of Authorized Official		
I certify that the attached proposed rule is requirements of Chapter 22, Title 41, Coapplicable filing requirements of the Adri Reference Service.	ode of Alabama 1975 and tha	t it conforms to all
Signature of certifying officer: Steple	ranie Lindsay	
Date: 4-19-12 ************************************	~ ************	*******
FOR APD USE ONLY		
PUBLISHED IN VOLUME	ISSUE NO	•
EDITED AND APPROVED BY	DOCU	JMENT NO.

## ALABAMA MEDICAID AGENCY

## NOTICE OF INTENDED ACTION

**RULE NO. & TITLE:** 560-X-58-.07 – Fair Hearings

**INTENDED ACTION:** Amend 560-X-58-.07(1), (2), (3), (4), (5), (6).

**SUBSTANCE OF PROPOSED ACTION**: The above-referenced rule is being amended to add the revised fair hearing policy.

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

## Rule No. 560-X-58-.07. Fair Hearings.

- (1) An individual whose application to the waiver program is denied based on Rule No. 560 X 58 .03, may request a fair hearing in accordance with 42 C.F.R. Section 431, Subpart E and Chapter 3 of the Alabama Medicaid Administrative Code.

  (2) Applicants will be given at least a ten day notice before termination of service.

  (3) A written request for a hearing must be received by the Alabama Medicaid Agency within 60 days following notice of action with which an individual is dissatisfied.
- (1) An individual whose application to the waiver program is denied or waiver participants whose services are terminated, suspended, or reduced based on Rule No. 560-X-58-.03, may request an appeal in accordance with 42 CFR Section 431, Subpart E and Chapter 3 of the Alabama Medicaid Administrative Code, as modified by the below provisions.
- (2) HIV/AIDS waiver participants will be given at least a ten-day notice before termination, suspension or reduction of services.
- (3) If an individual/guardian chooses to appeal the decision, a written request for an informal conference must be received by the Operating Agency within 30 days from the effective date of the notice. Services may continue for waiver participants until the final outcome of the administrative appeal process, if the written request is received within 10 days after the effective date of the action.
- (4) If the individual/guardian is dissatisfied with the Informal Conference decision, a Fair Hearing may be requested. A written request for a Fair Hearing must be received no later than 30 days from the date of the Informal Conference decision notice.
- (5) If the individual/guardian is dissatisfied with the Fair Hearing decision, he/she may appeal pursuant to the provisions of the Alabama Administrative Procedure Act.
- (6) The Operating Agency will take the lead role for the Informal Conferences, Fair Hearings and subsequent judicial appeals. Medicaid legal counsel and program staff will function as support staff.

**Author:** Samantha McLeod, Associate Director, LTC Specialized Waiver Programs **Statutory Authority:** Social Security Act §1915(c); 42 CFR Section 431, Subpart F. **History:** New Rule: Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed June 20, 2008; effective September 15, 2008. **Amended:** Filed April 20, 2012.

**History:** New Rule: Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed January 22, 2007; effective April 18, 2007. **Amended:** Filed June 20, 2008; effective September 15, 2008. **Amended:** Filed April 20, 2012.