



**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-58-.10 – Records

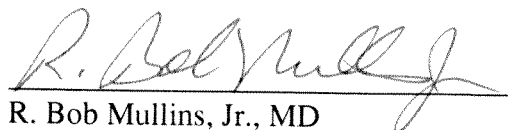
**INTENDED ACTION:** Amend 560-X-58-.10(1).

**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 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.

**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-58-10. Records.**

(1) The Alabama Department of ~~Public Health~~ Senior Services shall make available to the Alabama Medicaid Agency (AMA) at no charge, all information regarding claims submitted and paid for services provided eligible recipients and shall permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of federal and state agencies. Said records shall be retained for the period of time required by state and federal laws.

(2) A sign-in log, service receipt, or some other written record shall be used to show the date and nature of services; this record shall include the Recipient's signature or designated signature authority.

(3) Providers must retain records that fully disclose the extent and cost of services provided to the eligible recipients for a five-year period. These records must be accessible to the AMA and appropriate state and federal officials.

(4) There must be a clear differentiation between waiver services and non-waiver services. There must be a clear audit trail from the point a service is provided through billing and reimbursement. The AMA and Centers for Medicare and Medicaid Services (CMS) must be able to review the Plan of Care to verify the exact service and number of units provided, the date the service was rendered, and the direct service provider for each recipient. There must be a detailed explanation of how waiver services are segregated from ineligible waiver costs.

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

**Statutory Authority:** Social Security Act §1915(c); 42 C.F.R. Section 441, Subpart G—Home and Community-Based Services: Waiver Requirements.

**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.