## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Departm	ient or Agency: _	Alabama Medi	caid Agency		
Rule No: <u>560-X-5204</u>					
Rule Title: Characteristics of New Rule; X				/ Reference	
Would the absence of the prohealth, welfare, or safety?	posed rule signif	icantly harm or e	ndanger the publ	icno	
Is there a reasonable relation of the public health, safety, o	•		wer and the prote		
Is there another, less restricti protect the public?	ve method of reg	ulation available	that could adequ	ately no	
Does the proposed rule have of any goods or services inve			increasing the co	osts <u>no</u>	
Is the increase in cost, if any, result from the absence of the			he harm that mig	ht no	
Are all facets of the rulemaki they have, as their primary et	ffect the protecti	on of the public?		VAC	
Does the proposed rule have				<del>-</del>	
If the proposed rule has an econote prepared in accordance ************************************	with subsection ( ********	f) of Section 41-2	22-23, <u>Code of A</u>	labama 1975.	
I certify that the attached pro Chapter 22, Title 41, <u>Code of</u> the Administrative Procedure	f Alabama 1975 and Division of the	and that it confor Legislative Refer	ms to all applicat ence Service.		
Signature of certifying office	11.24 .1	ie Linds	aj	-	
Date: 4-18-14		و المراجعة ا		en alle alle alle alle alle alle alle al	
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PUBLISHED IN VOLUME			ISSUE NO		
EDITED AND APPROVED	BY		DOCUMENT N	O.	

## ALABAMA MEDICAID AGENCY

## NOTICE OF INTENDED ACTION

<u>RULE NO. & TITLE:</u> 560-X-52-.04 – Characteristics of Persons Requiring ICF/MR Care

**INTENDED ACTION:** Amend 560-X-52-.04

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above referenced rule is being amended to change all references to "mental retardation" to "intellectual disability" and to change all references to a "mentally retarded individual" to "an individual with an intellectual disability."

**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. 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 4, 2014.

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

Stephanie McGee Azar Acting Commissioner

## Rule No. 560-X-52-.04 Characteristics of Persons Requiring ICF/IID MR-Care

- (1) Generally, persons eligible for the level of care provided in an ICF/IIDMR are those persons who need such level of care because the severe, chronic nature of their mental impairment results in substantial functional limitations in three or more of the following areas of life activity:
  - Self Care
  - Receptive and expressive language
  - Learning
  - Self-direction
  - Capacity for independent living
  - Mobility
- (2) Services provided in an <u>I</u>intermediate <u>Ceare Ffacility for Individuals with Intellectual Disabilities</u> the mentally retarded in Alabama are those services that provide a setting appropriate for a functionally <u>individual with intellectual disabilities mentally retarded person</u> in the least restrictive productive environment currently available. Determination regarding eligibility for ICF/<u>IIDMR</u> care is made by a Qualified <u>Intellectual Disabilities Mental-Retardation-Professional (QIDMRP)</u>. A Q<u>IDMRP</u> is an individual possessing, at minimum, those qualifications in 42 C.F.R. Section 442.401. Recommended continued stay is made by an interdisciplinary team of a nurse, social worker, and a member of appropriate related discipline, usually a psychologist, and certified by a Q<u>IDMRP</u> and a physician.
- (3) ICF/IDMR care includes those services that address the functional deficiencies of the beneficiaries and that require the skills of a QIDMRP to either provide directly or supervise others in the provision of services needed for the beneficiary to experience personal hygiene, participate in daily living activities appropriate to his functioning level, take medication under appropriate supervision (if needed), receive therapy, receive training toward more independent functioning, and experience stabilization as a result of being in the least restrictive, productive environment in which he or she can continue his/her individual developmental process.

**Author:** Samantha McLeod, Associate Director, Long Term Care 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 September 20, 2002; effective December 26, 2002. Amended: Filed April 21, 2014.