TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency:A	labama Medicaid Agency .
Rule No: 560-X-52-,12 (1)	
Rule Title: Records	
New Rule; X Amend; I	Repeal; Adoption by Reference
Would the absence of the proposed rule significant health, welfare, or safety?	ntly harm or endanger the publicno
Is there a reasonable relationship between the stat of the public health, safety, or welfare?	e's police power and the protection yes
Is there another, less restrictive method of regulat protect the public?	ion available that could adequately no no
Does the proposed rule have the effect of directly of any goods or services involved and, if so, to w	
Is the increase in cost, if any, more harmful to the result from the absence of the proposed rule?	public than the harm that might no
Are all facets of the rulemaking process designed they have, as their primary effect, the protection of **********************************	
Does the proposed rule have any economic impact	
note prepared in accordance with subsection (f) o	proposed rule is required to be accompanied by a fiscal f Section 41-22-23, Code of Alabama 1975.
Certification of Authorized Official	
	proposed in full compliance with the requirements of that it conforms to all applicable filing requirements of islative Reference Service.
Signature of certifying officer: Standard	Lendsay
Date: 448-/4 ************************************	J
FOR APD USE ONLY	-
PUBLISHED IN VOLUME	ISSUE NO
EDITED AND APPROVED BY	DOCUMENT NO.

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

<u>RULE NO. & TITLE:</u> 560-X-52-.12 - Records.

INTENDED ACTION: Amend 560-X-52-.12 (1).

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above referenced rule is being amended to remove Mental Retardation from the name of the Alabama Department of Mental Health.

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.

<u>CONTACT PERSON AT AGENCY:</u> 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-.12 Records

- (1) The Department of Mental Health and Mental Retardation shall make available to the Alabama Medicaid Agency 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. Complete and accurate medical/psychiatric and fiscal records which fully disclose the extent services shall be maintained by the clinic. Said records shall be retained for the period of time required by state and federal laws.
- (2) A sign-in log complete with the date and nature of services provided must be signed by the recipient. If the recipient is unable to sign, the signature must be obtained by the responsible guardian/caregiver.

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.