

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-54-.02

Rule Title: Eligibility

_____ New Rule; X Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? yes

Does the proposed rule have any economic impact? 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 has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 4-15-14

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-54-.02 Eligibility

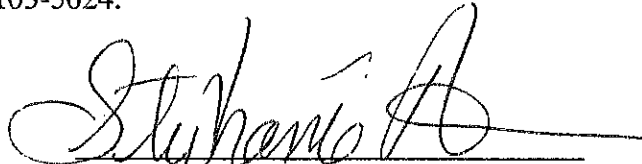
INTENDED ACTION: Amend 560-X-54-.02

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to include all categories of financially and medically eligible individuals.

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.

A handwritten signature in black ink, appearing to read 'Stephanie A', written over a horizontal line.

Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-54-.02 Eligibility.

(1) Financial eligibility is limited to those individuals receiving SSI, SSI related protected groups deemed to be eligible for SSI/Medicaid (widow/widower, Disabled Adult Child, Continuous (Pickle) Medicaid) and special home and community-based optional categorically needy group whose income is not greater than 300 percent of the SSI federal benefit rate, and optional categorically needy at a special income level of 300 percent of SSI.

(2) Medical eligibility is determined based on current admission criteria for nursing facility level of care as described in Rule No. 560-X-10-.10. In addition, waiver services are limited to those individuals with complex skilled medical conditions who are ventilator-dependent or who have a tracheostomy. ~~In addition, waiver services are limited to those individuals who received private duty nursing services through the Early Periodic Screening Diagnostic Testing (EPSDT) Program under the Alabama Medicaid State Plan who will no longer be eligible for this service upon turning age 21 and for whom private duty nursing services continue to be medically necessary based upon approved private duty nursing criteria outlined in the approved waiver document.~~

(3) No waiver services will be provided to recipients in a hospital or nursing facility.

(4) The Alabama Medicaid Agency may also deny home and community-based services if it is determined that an individual's health and safety is at risk in the community; if the individual does not cooperate with a provider in the provision of services; or if an individual fail to meet the goals and objectives of being on the waiver program.

(5) The Alabama Medicaid Agency is restricted by the waiver to serving the estimated annual unduplicated number of beneficiaries approved by the Centers for Medicare and Medicaid Services.

(6) The eligibility age criteria is 21 years and above.

Author: Luzenia Lawson, Associate Director, Long Term Care, Quality Review Unit.

Statutory Authority: 42 CFR Section 441, Subpart G and the Home and Community-Based Technology Assisted Waiver for Adults.

History: Emergency Rule filed and effective March 13, 2003. **Amended:** Filed March 20, 2003; effective June 16, 2003. **Amended:** Filed June 20, 2008; effective September 15, 2008. **Amended:** Filed April 21, 2014.