

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-12-.08

Rule Title: Physician Certification and Recertification

_____ 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: 12/19/2010

FOR APD USE ONLY

PUBLISHED IN VOLUME _____ ISSUE NO. _____

EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-12-.08, Physician Certification and Recertification

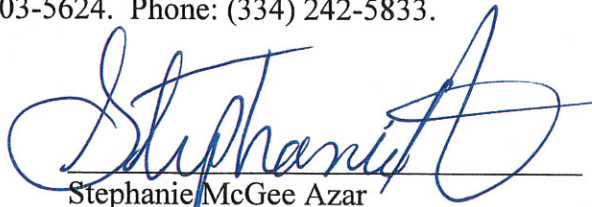
INTENDED ACTION: Amend 560-X-12-.08

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended so that Physicians are required to document face-to-face encounters with Medicaid recipients for the authorization of Home Health services as mandated by CMS.

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 February 3, 2017.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.

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

Stephanie McGee Azar
Commissioner

Rule No. 560-X-12-.08 Physician Certification and Recertification

(1) An eligible Medicaid recipient may be considered for home health care upon the recommendation of a medical doctor licensed in the State of Alabama.

(2) The patient's attending physician must certify the need for home health services based upon a face-to-face encounter with the patient which occurred no more than 90 days before or 30 days after the start of service. The face-to-face encounter must be related to the primary reason the beneficiary requires home health services. The attending physician must and provide written documentation to the home health provider regarding the recipient's condition which justify that the patient meets home health criteria. The attending physician must be an active Medicaid provider licensed in the State of Alabama. The attending physician may conduct face-to-face encounters using telehealth systems.;

(3) The physician must recertify care every sixty (60) days if home services continue to be necessary.

Author: Renee R. Adams, Program Manager, Home Health, Long Term Care Division

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.70; and State Plan.

History: Rule effective October 1, 1982. Amended: Filed December 18, 2000; effective: March 12, 2001. Amended: Filed December 19, 2016