TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

| Control No: 560 . Depar | tment or Agency: | Alabama Medicaid | Agency | |
|--|--|--|---|--|
| Rule No:560-X-5105 | 5(1) | | | |
| Rule Title: Election Pr | ocedures | | | |
| New Rule; | X Amend; | Repeal; | Adoption by Reference | |
| Would the absence of the health, welfare, or safety? | | cantly harm or endan | ger the public No | |
| Is there a reasonable relation of the public health, safety | | state's police power a | nd the protection Yes | |
| Is there another, less restriprotect the public? | ctive method of regu | llation available that o | could adequately No No | |
| Does the proposed rule have the effect of directly or indirectly increasin of any goods or services involved and, if so, to what degree? | | | easing the costs No | |
| Is the increase in cost, if a result from the absence o | • | the public than the ha | arm that mightNo | |
| Are all facets of the rulem they have, as their primary ************************************ | aking process design effect, the protection ************************************ | ned solely for the purpon of the public? | oose of, and so Yes ********************************* | |
| Does the proposed rule have any economic impact? | | | No | |
| by a fiscal note prepared i Alabama 1975. | n accordance with su | absection (f) of Section | equired to be accompanied on 41-22-23, <u>Code of</u> | |
| Certification of Authorize | d Official | | | |
| I certify that the attached requirements of Chapter 2 applicable filing requirem Reference Service. | 2, Title 41, <u>Code of</u> ents of the Administ | Alabama 1975 and the rative Procedure Divi | nat it conforms to all ision of the Legislative | |
| Signature of certifying of | icer: <u>Stephan</u> | ie Lindsau | | |
| Date: 10-20-12 | | | ~ ******** | |
| UBLISHED IN VOLUME ISSUE NO. | | | O | |
| EDITED AND APPROV | ED BY | DOCUMENT NO. | | |

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-51-.05 – Election Procedures

INTENDED ACTION: Amend 560-X-51-.05(1)

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above-referenced rule is being amended to provide a two day time frame for an individual to file a written election certification statement after meeting eligibility requirements for hospice.

<u>TIME, PLACE, MANNER OF PRESENTING VIEWS:</u> 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 August 3, 2012.

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-51-.05. Election Procedures.

- (1) If an individual meets the eligibility requirements for hospice care, he or she must file an a written election certification statement (Medicaid Hospice Election and Physician's Certification, Form 165) with a particular hospice within two calendar days after hospice care begins. An election may also be filed by a representative as defined in Rule No. 560-X-51-.02(9).
- (2) An election to receive hospice care will be considered to continue through the initial election period and through the subsequent election periods without a break in care as long as the individual:
 - (a) Remains in the care of a hospice.
 - (b) Does not revoke the election provisions under Rule No. 560-X-51-.07.
- (c) Is recertified when there is a break in careRemains eligible for full Medicaid benefits in Alabama.
- (3) An individual or representative may designate an effective date that begins with the first day of hospice care or any subsequent day of hospice care. The two 90-day election periods must be used before the 60-day subsequent benefit periods. If an individual revokes the hospice election, any days remaining in that election period are forfeited.
- (4) An individual or representative may not designate an effective date that is earlier than the date that hospice care begins.
- (5) A Medicaid beneficiary who resides in a nursing home may elect hospice services. The hospice must have a contract with the nursing home to delineate which services each has responsibility to provide. A contract is necessary to clarify the details of how the nursing home and hospice will work together.
- (6) If an individual is eligible for Medicare as well as Medicaid, the Medicare election form will serve as election for both hospice programs. If an individual eligible for Medicare and Medicaid enters the nursing home, is discharged from the nursing home to the hospital, is readmitted to the nursing home following hospitalization, is discharged from the nursing home to the community, or expires; the hospice provider must complete and return the Change in Status of Hospice Recipient, Form 165B, to the Medicaid Agency or its designee.

Author: Felicha Fisher, Administrator, LTC Provider/Recipient Services Unit, Long Term Care Division.

Statutory Authority: Title XIX, Social Security Act; 42 CFR Section 418.24; State Medicaid Manual; and State Plan Attachment 3.1-A, page 7.18.

History: Rule effective February 13, 1991. Emergency Rule effective May 15, 1991. Amended August 14, 1991 and October 1, 1993. **Amended:** Filed March 20, 2002; effective June 14, 2002. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed June 20, 2012