

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-10-.06.

Rule Title: Therapeutic Leave

\_\_\_\_\_ 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

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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.

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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: 11-17-2016

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-10-.06. Therapeutic Leave

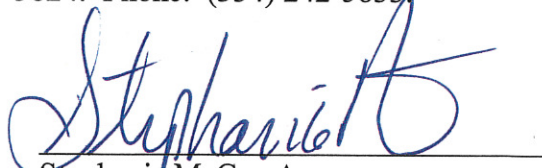
**INTENDED ACTION:** Amend 560-X-10-.06.

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to update terminology used in the rule.

**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 January 4, 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.

  
Stephanie McGee Azar  
Commissioner

**Rule No. 560-X-10-06. Therapeutic Leave**

(1) Payments to nursing facilities may be made for therapeutic leave visits to home, relatives, and friends for up to six days per calendar quarter. A therapeutic leave visit may not exceed three days. Visits may not be combined to exceed the three day limit.

(2) Payments to ICF/MRIID facilities for therapeutic visits are limited to 14 days per calendar month.

(3) The nursing facility must ensure that each therapeutically indicated visit by a patient to home, relatives, or friends is authorized and certified by a physician.

(4) Medicaid shall not be responsible for the record keeping process involving therapeutic leave.

(5) A nursing facility must provide written notice to the resident and a family member or legal representative of the above specifying the Medicaid policy upon a resident taking therapeutic leave and at the time of transfer of a resident to a hospital.

**Author:** Robin Arrington, Associate Director, LTC Provider Recipient/ Services Unit.

**Statutory Authority:** State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.12.

**History:** New Rule: Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed November 17, 2016.