

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-10-.12.

Rule Title: Utilization Review for ICF/MR

_____ 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: 11/17/2016

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PUBLISHED IN VOLUME _____ ISSUE NO. _____

EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-10-.12. Utilization Review for ICF/MR

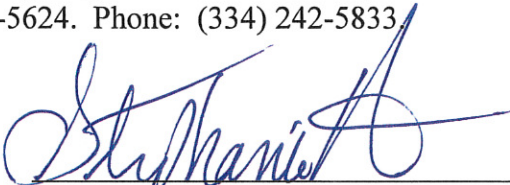
INTENDED ACTION: Amend 560-X-10-.12.

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to update terminology used in the rule, as well as responsibilities of Medicaid or Medicaid's designee to conduct utilization review.

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-10-12 Utilization Review for ICF/MRIID

(1) ~~An ICF/IID must comply with the utilization review requirements contained in 42 C.F.R. §§456.350-456.438 ("Utilization Review Requirements"). The Utilization Review function in the ICF/MR facilities is the responsibility of~~

~~(2) Medicaid or its designee will conduct retrospective audits to ensure the facility complies with the Utilization Review Requirements. The ICF/IID must make available to Medicaid or its designee such documents, records, and other writings as are necessary to demonstrate compliance with the Utilization Review Requirements.~~

~~(3) If an ICF/IID fails to comply with the Utilization Review Requirements, Medicaid may take appropriate action, including but not limited to provider education, recoupment of the amount of payments made during the time which the ICF/IID did not comply with the Utilization Review Requirements, or denial of payments for new admissions to the ICF/IID.~~

~~(a) The Utilization Review function in the ICF/MR facility will be a facility based review carried out by DMH/MR.~~

~~(b) DMH/MR will provide Medicaid with a written Utilization Review Plan. The Utilization Review Plan must include:~~

~~1. A written description of who will perform the Utilization Review.~~
~~2. At least one team member will be knowledgeable in the treatment of this type resident (Qualified Mental Retardation Professional).~~

~~3. The Utilization Review team may not include any individual who:~~

~~(i) Is directly responsible for the care of the recipient whose case is being reviewed;~~

~~(ii) Is employed by the ICF/MR~~

~~(iii) Has a financial interest in any ICF/MR~~

~~4. The facility staff will provide necessary administrative support to the review team.~~

~~5. The review team will review each resident for the necessity of continued stay.~~

~~6. Certification must be made at the time of admission.~~

~~7. Recertification must be made at least every 12 months after certification in an institution for the mentally retarded or persons with related conditions.~~

~~(c) DMH/MR will provide Medicaid with a semi-annual report of utilization reviews carried out in the ICF/MR's.~~

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

Statutory Authority: State Plan; Title XIX, Social Security Act; P.L. 92-603; 42 C.F.R. Section 401, et seq.

History: Rule effective October 1, 1982. Emergency rule effective October 1, 1990. Rule amended February 13, 1991, August 14, 1991, and January 14, 1994. **Amended:** Filed November 17, 2016.