

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-10-.02 Long Term Care-General

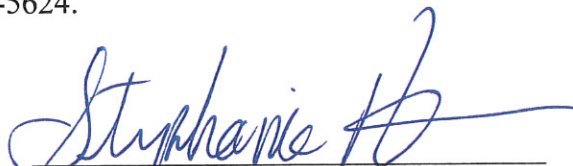
INTENDED ACTION: Amend 560-X-10-.02

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to allow nurse practitioners and physician assistants to, in specific circumstances, perform tasks that were previously only a physician task.

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 November 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 blue ink, appearing to read 'Stephanie H', written over a horizontal line.

Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-10-.02. Long Term Care Program – General

(1) The Medical Assistance (Title XIX) Plan for Alabama provides for medically necessary nursing facility services, rendered in a facility which meet the licensure requirements of the Department of Public Health and the certification requirements of Title XIX and XVIII of the Social Security Act and complies with all other applicable state and federal laws and regulations and with accepted professional standards and principles that apply to professionals providing services.

(2) Nursing facilities must be administered in a manner that enables them to use their resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(3) Nursing facilities must comply with Title VI of the Civil Rights Act of 1964, the Federal Age Discrimination Act, Section 504 of the Rehabilitation Act of 1973 and with the Disabilities Act of 1990.

(4) Nursing facilities must maintain identical policies and practices regarding transfer, discharge and covered services for all residents regardless of source of payment.

(5) Nursing facilities must have all beds in operation certified for Medicaid participation.

(6) Nursing facilities must be certified for Medicare Title XVIII as a condition of participation in the Alabama Medicaid Program.

(7) For nursing facilities participating in Medicaid two agreements must be made by representatives of the nursing facilities. These agreements outline the methods by which nursing facility care is rendered to Medicaid patients. These two documents are entitled Provider Agreement and Nursing Facility/Resident Agreement.

(a) The Provider Agreement is executed between the nursing facility and the Alabama Medicaid Agency and details the requirements imposed on each party to the agreement. It is also the document which requires the execution of the Nursing Facility/Resident Agreement.

(b) The Nursing Facility/Resident Agreement is executed between the nursing facility representative and the patient or his personal representative and details the requirements imposed on each party to the agreement. This agreement must be executed for each resident on admission and annually thereafter. If the liability amount changes for the resident or if there are policy changes, the agreement must be signed and dated as these changes occur. Two copies of the agreement will be prepared; one shall be given to the resident or personal representative and one shall be retained by the nursing facility.

(8) Nursing facilities shall accept as payment in full, those amounts paid for covered services in accordance with the State Plan.

(9) Nursing facilities must not require a third party guarantee of payment to the facility as a condition of admission, or expedited admission, or continued stay in the facility.

Nursing facilities may require an individual who has legal access to a resident's income or resources available to pay for nursing facility care, to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.

(10) To the extent allowed by state law and the respective licensure boards, and pursuant to 42 C.F.R. § 483.40(f), for purposes of this chapter of the Administrative Code, any required physician task in a Nursing Facility may also be satisfied when performed by a nurse practitioner or physician assistant who is not employed by the facility but who is working in collaboration with a physician.

(11) Nothing in Paragraph 10 shall be interpreted to limit nurse practitioners or physician assistants employed by the facility from performing other medically necessary visits and orders which are not considered the initial comprehensive visit or other required visits found in 42 C.F.R. Section 483.40.

Author: Robin Arrington, Administrator, LTC Provider/Recipient Services Unit.

Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 C.F.R. Section 401, et seq., Section 483.75, Section 483.40. **History:** Rule effective October 1, 1982. Emergency rule effective October 1, 1990. Amended February 13, 1991. **Amended:** Filed June 20, 2003; effective September 15, 2003 **Amended:** September 22, 2014.