

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-45

Rule Title: Nurse-Family Partnership

New; Amend; Repeal; Adopt 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 action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? no

Does the proposed rule have an 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 Services Agency.

Signature of certifying officer: Stephanie Lindsay

Date: 4/22/2022

REC'D & FILED
APR 23 2022
LEGISLATIVE SVC AGENCY

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-45 Nurse-Family Partnership

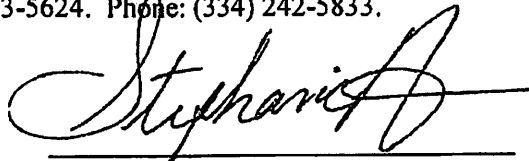
INTENDED ACTION: Add chapter 560-X-45

SUBSTANCE OF PROPOSED ACTION: The above referenced chapter is being added to create a framework with which to provide Nurse-Family Partnership (NFP) services to eligible Alabama Medicaid recipients.

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 June 3, 2022.

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

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NURSE-FAMILY PARTNERSHIP

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Rule No. 560-X-45-.01 Nurse-Family Partnership – General – NEW RULE

Nurse-Family Partnership (NFP) nurse visiting services are available to eligible pregnant Medicaid recipients. These services include care coordination, assessments and screenings, case management, and preventative health education and counseling. NFP is a nationally recognized evidence-based model that has demonstrated improved health outcomes and is maintained by the National Service Organization (NSO). These improved outcomes can ultimately help reduce health care costs over the mother and child's lifespans. NFP nurse visiting services are:

- (1) Tailored to each woman's needs.
- (2) Delivered in the home setting, via telehealth, or in an alternative community setting as indicated by client need.
- (3) Provides case management activities for the woman through the prenatal and postpartum periods, and through the infant's second birthday.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.169(b); and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.02 Recipient Eligibility – NEW RULE

NFP services are available for Medicaid eligible persons who:

- (1) Are referred to a qualified, Agency enrolled, NFP provider by the recipient's assigned Alabama Coordinated Health Network (ACHN), and
- (2) Meet the NFP model eligibility requirements as established by the National Service Organization (NSO) and outlined in the Alabama Medicaid Provider Billing Manual.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.169(b); and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.03 Provider Requirements for Participation – NEW RULE

Billing providers must be National Service Organization (NSO) network partners approved to implement the Nurse-Family Partnership (NFP) Program within a specific region(s) with a current Annual Fidelity Support Letter on file with the Agency.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.169(b); and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.04 Provider Termination and/or Change of Ownership – NEW RULE

(1) A participating NFP provider has the right to withdraw from the Medicaid program after submitting written notice to Medicaid of its intent at least thirty (30) days in advance.

(2) The State may terminate the NFP provider's participation in the Medicaid program if they lose NSO certification for any reason, and in cases involving fraud or willful or grossly negligent non-compliance.

(3) Medicaid must be notified in writing within thirty (30) days of the date of agency owner and/or name change. The existing contract will be terminated, and a new contract must be signed to continue participation in the Medicaid program.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.169(b); and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.05 Covered Services – NEW RULE

NFP services can be provided through the prenatal and postpartum periods (Maternal Only Phase), and up until the infant's second birthday (Maternal/Infant Phase). Case Management Activities for both phases must include:

(1) Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social, and/or other services. Each assessment must include:

(a) assessing client history;

(b) identifying the individual's needs and completing related documentation;

and

(c) gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible individual.

(2) Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

(a) specifies the goals and actions to address the medical, educational, social, and/or other services needed by the individual;

(b) includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and

(c) identifies a course of action to respond to the assessed needs of the eligible individual.

(3) Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, educational, and social providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

(4) Monitoring and follow-up activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs. These activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring must be conducted at least one annual monitoring, to determine whether the following conditions are met:

- (a) services are being furnished in accordance with the individual's care plan;
- (b) services in the care plan are adequate; and
- (c) changes in the needs or status of the individual are reflected in the care plan.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.169(d); and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.06 NFP Visits – NEW RULE

(1) A qualified NFP visit is a contact with the recipient in-person either at their home or other location of the recipient's choosing or via telehealth when appropriate.

(2) Monthly documentation of active recipient participation and provider engagement is required.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 440.169; and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.07 NFP Records – NEW RULE

(1) The NFP provider shall make available to the Alabama Medicaid Agency, at no charge, all information describing services provided to eligible recipients and shall permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of Federal and State agencies. Complete and accurate records (including, but not limited to, medical, psychiatric, and fiscal records) which fully disclose the extent of the service shall be maintained by the NFP. Said records shall be retained for the period of time required by State and Federal laws.

(2) In addition to all National Service Organization mandated data elements, NFP records must contain documentation of:

- (a) name of recipient;
- (b) a recipient Medicaid ID;
- (c) the NFP Client ID;
- (d) dates of services;
- (e) name of provider agency and person providing services;

- (f) nature, start and end time, extent or units of services provided;
- (g) place(s) of service; and
- (h) weeks of gestation or weeks postpartum at time of visit.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Part 433; and State Plan.

History: New Rule: Filed April 22, 2022.

Rule No. 560-X-45-.08 Billing of NFP Services by Providers – NEW RULE

(1) NFP Providers may submit a claim to Medicaid once each month. At least one qualifying visit must occur prior to the submission of the claim.

(2) The NFP provider agrees to accept as payment in full the amount paid for covered NFP services.

(3) Medicaid will not reimburse for any direct care services (i.e. wound care, medication administration, etc.) rendered by an NFP provider.

Author: John Majors, Associate Director, Maternity and Family Planning

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. Section 447.54; and State Plan.

History: New Rule: Filed April 22, 2022.