

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-10-.23

Rule Title: Resident Assessment

_____ New; X 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: 7-17-2018

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-10-.23 – Resident Assessment

INTENDED ACTION: Amend 560-X-10-.23

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to add clarification to the resident assessment.

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 September 4, 2018.

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-.23 Resident Assessment

(1) The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required by 42 C.F.R. Section 483.20 and any other applicable State and Federal requirements.

(2) The 14-day assessment schedule requirements in 42 C.F.R. § 483.20 apply to all long-term care facilities. The Agency will recoup claims if the 14-day schedule requirements in 42 C.F.R. § 483.20 are not met.

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

Statutory Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401, et seq. and Section 483.20. Omnibus Budget Reconciliation Act of 1987.

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: Filed July 17, 2018.