

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-25-.12

Rule Title: Periods of Entitlement

_____ 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: 7-18-2018

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-25-.12 – Periods of Entitlement

INTENDED ACTION: Amend 560-X-25-.12

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to includes general updates and additions that will clarify the requirements for Transitional Medical Assistance (TMA).

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-25-.12. Periods of Entitlement.

(1) The earliest date of entitlement for Medicaid is the first day of the month of application for assistance under one of the categorical programs, provided the individual meets all factors of eligibility for that month. The individual who is eligible on the first day of the month is entitled to Medicaid for the full month.

(2) An exception to (1), above, is Retroactive Medicaid Coverage. Individuals who have incurred medical expenses for the three months immediately preceding the month of application for Medicaid or the three months prior to the receipt of the first SSI check (for SSI cases), may become eligible for Medicaid benefits during that time provided all eligibility requirements are met for each month. ~~Application for Retroactive Medicaid must be made within six months from the month of notification of award of Medicaid benefits and/or cash assistance.~~

~~(3) —When a household is terminated from the Parents and Other Caretaker Relatives program, because of earnings of the caretaker relative, including earnings from new employment or increased earnings or increased hours of employment, Medicaid may be provided for up to 12 calendar months beginning with the month the Parents and Other Caretaker Relatives benefit is terminated, provided the household correctly received Parents and Other Caretaker Relatives benefits in 3 of the immediately preceding 6 months. To be eligible for the first 6 month Medicaid extension, the household must continue to include a dependent child. To be eligible for the second 6 month Medicaid extension, the household must have complied with specified reporting requirements in the initial 6 months of benefits; continue to include a dependent child; have a gross household income that does not exceed 185% of the Federal Poverty level in the immediately preceding 3 months; and the caretaker relative must have earnings in one or more of the immediately preceding 3 months.~~

Author: Denise Banks, Associate Director, Policy and Training, Beneficiary Services Division
Authority: Social Security Act, Titles XVI and XIX; 42 CFR §435.914; State Plan. Patient Protection and Affordable Care Act (PL 111-148).

History: Rule effective October 1, 1982. **Amended** March 11, 1986; January 14, 1987, September 13, 1990 and November 12, 1993. Effective date of this amendment January 12, 1998. **Amended:** Filed February 11, 2014, effective March 18, 2014. **Amended:** Filed July 18, 2018.