

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-35-.01

Rule Title: Authority and Purpose

_____ 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-35-.01 – Authority and Purpose

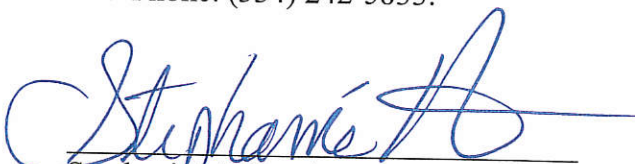
INTENDED ACTION: Amend 560-X-35-.01

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to rearrange the order of services in this rule to mirror those services listed in 560-X-35-.02.

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-35-.01 Authority and Purpose

(1) Home and ~~e~~Community-~~b~~Based ~~s~~Services (HCBS) for persons with intellectual disabilities are provided by the Alabama Medicaid Agency to persons who are Medicaid-eligible under the Home and Community-Based ~~w~~Waiver for Persons with Intellectual Disabilities (ID Waiver) requirements and who would, but for the provision of such ~~services~~ HCBS, require the level of care available in an intermediate care facility for individuals with intellectual disabilities (ICF/IID). These ~~services~~ HCBS are provided through a Medicaid waiver under provisions of the Omnibus Budget Reconciliation Act of 1981, which added Section 1915(c) to the Social Security Act for an initial period of three years and renewal periods of five years.

(2) ~~Home and community-based services~~ The HCBS covered in the ~~is~~ ID ~~w~~Waiver are Residential Habilitation Training Services, ~~In-Home Residential Habilitation-Other Living Arrangement Training Services~~, Day Habilitation Services, Prevocational Services, Supported Employment Services, Occupational Therapy Services, Speech and Language Therapy Services, Physical Therapy Services, Positive Behavior Support Therapy Services, Companion Services, Respite Care Services, Personal Care Services, Environmental Accessibility Adaptations Services, Specialized Medical Supplies Services, Skilled Nursing Services, Specialized Medical Equipment Services, Community Specialist Services, Crisis Intervention Services, Benefits and Career Counseling Services, Community Experience Services, Housing Stabilization Services, Individual Directed Goods and Services, Supported Employment ~~Emergency~~ Transportation Services, -and Personal Emergency Response System Services. ~~Community Specialist~~ These HCBS ~~services~~ provide assistance necessary to ensure optimal functioning of individuals with intellectual disabilities.

(3) The ~~Home and Community Based ID~~ Waiver is administered with a cooperative effort between the Alabama Medicaid Agency and the Alabama Department of Mental Health. The HCBS under the ID Waiver ~~services~~ are limited to individuals with a diagnosis of an intellectual disability, age 3 and above.

Author: Samantha McLeod, Associate Director, LTC Specialized Waiver Programs

Statutory Authority: Section 1915(c) Social Security Act; 42 C.F.R. Section 441, Subpart G; and the Home and Community-Based Waiver for Persons with Intellectual Disabilities

History: Rule effective July 9, 1985. **Amended:** November 18, 1987 and January 14, 1997.

Amended: Filed December 18, 2000; effective March 12, 2001. **Amended:** Filed October 21, 2004; effective January 14, 2005. **Amended:** Filed March 21, 2005; effective June 16, 2005.

Amended: Filed June 12, 2012; effective July 17, 2012. **Amended:** Filed July 12, 2017; effective August 28, 2017. **Amended:** Filed July 17, 2018.