

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-35-.03

Rule Title: Eligibility

_____ 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-.03 - Eligibility

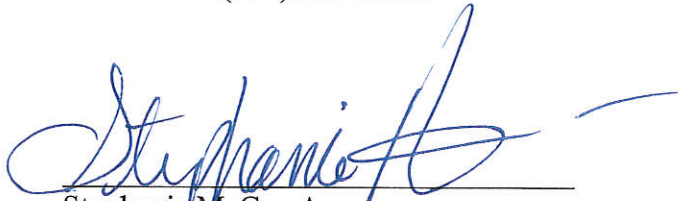
INTENDED ACTION: Amend 560-X-35-.03

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to include general updates and additions to clarify the eligibility requirements for waiver 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 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-.03 Eligibility

Eligibility criteria for ~~h~~Home and ~~e~~Community-~~B~~ased ~~S~~ervices (HCBS) recipients under the Waiver for Persons with Intellectual Disabilities (ID Waiver) shall be the same as eligibility criteria for an intermediate care facility for individuals with intellectual disabilities (ICF/IID). Thus, HCBS under the ID Waiver services will be available to ~~P~~persons with ~~an~~ intellectual disabilities~~es~~ who would be eligible for institutional services under 42 C.F.R. § 435.217 and who are now eligible under 435.120. ~~An individual~~ Persons with ~~an~~ intellectual disabilities~~es~~ who meet categorical (including 42 C.F.R. § 435.120), medical, and/or social requirements for Title XIX coverage will be eligible for HCBS home and community-based services under the ID Wwaiver. Applicants found eligible shall not be required to apply income above the personal needs allowance reserved to institutional recipients toward payment of care.

(1) Financial eligibility for HCBS under the ID Waiver is limited to those individuals receiving SSI, Parent and Other Caretaker Relatives (POCR) Medicaid for Low Income Families (MLIF), SSI related protected groups deemed to be eligible for SSI/Medicaid (*i.e.*, Widow/Widower, Disabled Adult Child, Continuous (Pickle) Medicaid), ~~F~~federal and ~~S~~state adoption subsidy individuals, and special home and community-based optional categorically needy group whose income is not greater than 300 percent of the SSI federal benefit rate.

(2) Medical eligibility for HCBS under the ID Waiver is limited to those individuals that meet the ICF/IID ~~facility~~ level of care. No HCBS under the ID Wwaiver ~~services~~ will be provided to a recipient residing in an institutional facility, or who has a primary diagnosis of mental illness~~an intellectual disability~~, or whose health and safety is at risk in the community.

(3) Financial determinations and redeterminations for HCBS under the ID Waiver shall be made by the Alabama Medicaid Agency, the Department of Human Resources or the Social Security Administration, as appropriate. In addition to the financial and medical eligibility criteria, the Alabama Medicaid Agency is limited to the number of recipients who can be served by the ID Wwaiver.

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

Statutory Authority: 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. Effective date of this Amendment January 14, 1997. **Amended:** Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed October 21, 2004; effective January 14, 2005. **Amended:** March 21, 2005; effective June 16, 2005. **Amended:** Filed January 20, 2010; effective April 16, 2010.

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