## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency	
Rule No: <u>560-X-4412.</u>	
Rule Title: Enrollment	
New;X_Amend;Repeal;Adopt by Reference	
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	<u>No</u>
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?	<u>No</u>
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
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If the proposed rule has an economic impact, the proposed rule is required to be accompanied by note prepared in accordance with subsection (f) of Section 41-22-23, <u>Code of Alabama 1975.</u>	y a fiscal
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I certify that the attached proposed rule has been proposed in full compliance with the requirem Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing require the Administrative Procedure Division of the Legislative Services Agency.	
Signature of certifying officer: Stephanic Linday	
Date: 3/21/2018	

## ALABAMA MEDICAID AGENCY

## **NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-44-.12. - Enrollment

**INTENDED ACTION:** Amend 560-X-44-.12.

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above referenced rule is being amended to update provider enrollment information.

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 May 4, 2018.

<u>CONTACT PERSON AT AGENCY:</u> 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-44-.12. Enrollment.

- (1) The Alabama <u>Department of Senior Services or its designee</u> <u>Medicaid Agency's</u> <u>fiscal agent</u> enrolls providers of waiver services <u>and issues provider contracts to applicants</u> who meet the licensure and/or certification requirements of the <u>ACT Waiver Alabama Community</u> <u>Transition Waiver. State of Alabama, the Code of Federal Regulations and the *Alabama Medicaid Provider Manual*.</u>
- (2) General enrollment instructions and information can be found in Chapter 2, "Becoming a Medicaid Provider", of the *Alabama Medicaid Provider Manual*. Failure to provide accurate and truthful information or intentional misrepresentation may result in action ranging from denial of application to permanent exclusion and criminal prosecution.
- (23) For unique goods and services, or one time purchases, a provider may enroll with the operating agency ADRS at the operating agency sADRS discretion. If a provider enrolls directly with ADRS the operating agency, the operating agency will be solely responsible for the legitimacy and performance of the provider.

Author: Ginger Wettingfeld, Director, LTC Healthcare Reform Division.

Statutory Authority: Social Security Act §1915(c); 42 CFR Section 441, Subpart G—Home

and Community-Based Services: Waiver Requirements.

History: New Rule: Filed February 10, 2012; effective March 16, 2012. Amended: Filed

March 21, 2018.