

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 Rule; X Amend; _____ Repeal; _____ Adoption 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 rule have any 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 Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: May 22, 2017

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-35-.03 - Eligibility

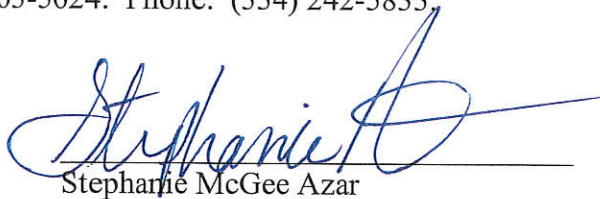
INTENDED ACTION: Amend 560-X-35-.03

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to change all references to “mental retardation” to “intellectual disability” and to change all references to a “mentally retarded individual” to “an individual with an intellectual disability.”

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 July 5, 2017.

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.

A handwritten signature in blue ink, appearing to read "Stephanie McGee Azar", written over a horizontal line.

Stephanie McGee Azar
Commissioner

Rule No. 560-X-35-.03 Eligibility

Eligibility criteria for home and community-based services recipients shall be the same as eligibility criteria for an ICF/~~MRIID~~. Thus services will be available to Persons with ~~Mental Retardation~~ an intellectual disability who would be eligible for institutional services under 42 CFR 435.217 and who are now eligible under 435.120. ~~Mentally Retarded~~ An individual with an intellectual disability ~~persons~~ who meet categorical (including 42 CFR 435.120) medical and/or social requirements for Title XIX coverage will be eligible for home- and community-based services under the waiver. 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 is limited to those individuals receiving SSI, Medicaid for Low Income Families (MLIF), SSI related protected groups deemed to be eligible for SSI/Medicaid (Widow/Widower, Disabled Adult Child, Continuous (Pickle) Medicaid), Federal and 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 is limited to those individuals that meet the ICF/~~MRIID~~ facility level of care. No waiver services will be provided to a recipient residing in an institutional facility, or 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 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 waiver.

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 May 22, 2017