

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-35-.04

Rule Title: Characteristics of Persons Requiring ICF/MR Care

_____ 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-.04 – Characteristics of Persons Requiring ICF/MR Care


INTENDED ACTION: Amend 560-X-35-.04

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.


Stephanie McGee Azar
Commissioner

Rule No. 560-X-35-.04 Characteristics of Persons Requiring ICF/~~MR~~IID Care

(1) Generally, persons eligible for the level of care provided in an ICF/~~MR~~IID are those persons who need such level of care because the severe, chronic nature of their mental impairment results in substantial functional limitations in three or more of the following areas of life activity:

- Self Care
- Receptive and expressive language
- Learning
- Self-direction
- Capacity for independent living
- Mobility

(2) Services provided in an ~~i~~Intermediate ~~e~~Care ~~f~~Facility for ~~the mentally retarded~~Individuals with Intellectual Disabilities in Alabama are those services that provide a setting appropriate for a functionally ~~mentally-retarded person~~individual with an intellectual disability in the least restrictive productive environment currently available. Determination regarding eligibility for ICF/~~MR~~IID care is made by a Qualified ~~Mental Retardation~~Intellectual Disabilities Professional (Q~~MR~~IIDP). A Q~~MR~~IIDP is an individual possessing, at minimum, those qualifications in 42 C.F.R. Section 483.430. Recommended continued stay is made by an interdisciplinary team of a nurse, social worker, and a member of appropriate related discipline, usually a psychologist, and certified by a Q~~MR~~IIDP and a physician.

(3) ICF/~~MR~~IID care includes those services that address the functional deficiencies of the beneficiaries and that require the skills of a Q~~MR~~IIDP to either provide directly or supervise others in the provision of services needed for the beneficiary to experience personal hygiene, participate in daily living activities appropriate to his functioning level, take medication under appropriate supervision (if needed), receive therapy, receive training toward more independent functioning, and experience stabilization as a result of being in the least restrictive, productive environment in which he or she can continue his/her individual developmental process.

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. **Amended:** Filed December 18, 2000; effective March 12, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed May 22, 2017