

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-48-.02

Rule Title: Participation

\_\_\_\_\_ 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

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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.

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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: 5/22/2018

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

**RULE NO. & TITLE:** 560-X-48-.02 - Participation

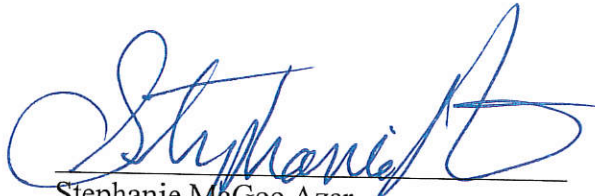
**INTENDED ACTION:** Amend 560-X-48-.02

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to replace EDS and insert the Fiscal Agent.

**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, 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-48-.02 Participation**

(1) In order to participate in the Title XIX Medicaid Program and to receive Medicaid payment a FQHC must:

(a) Submit a completed enrollment packet to ~~EDS Provider Enrollment~~ the Fiscal Agent, including a list of all satellite centers and addresses.

(b) Submit appropriate documentation from the Department of Health and Human Services, Public Health Services, that the FQHC meets one of the requirements as stated in Rule No. 560-X-48-.01(1).

(c) Submit a budgeted cost report for its initial cost reporting period and thereafter when there is a change in the provider's scope of practice.

(d) Federally Funded Health Centers which are Medicare certified must also submit copies of Medicare certification.

(e) Certify compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and with the Age Discrimination Act of 1975.

(f) Be in compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), for all laboratory testing sites.

(2) Provider agreements are valid for the time of the grant budget period which is determined by the Public Health Services and are renewed upon proof that requirements stated in Rule No. 560-X-48-.01 and all other Medicaid requirements continue to be met.

(3) The effective date of the enrollment of an FQHC will be the first day of the month in which the enrollment application is received by Medicaid's Fiscal Agent.

(4) FQHC are required to notify Medicaid's Fiscal Agent in writing within 5 working days of any of the following changes:

(a) The FQHC loses its status as defined in Rule No. 560-X-48-.01 (1);

(b) Any changes in dates in the FQHC grant budget period; or

(c) Opening(s) and/or closing(s) of any satellite center(s).

**Author:** Calvin Binion, Associate Director, State Agency, Vision, & Clinic Services

**Statutory Authority:** State Plan; Attachments 4.11, 4.13, and 7.2-A, Title XIX, Social Security Act, 42 CFR Section 431.51, 431.52, 431.107. Clinical Laboratory Improvement Amendments of 1988 (CLIA) Public Law 100-578 (42 U.S.C. Section 263a).

**History:** Emergency rule effective October 1, 1990. Rule effective January 15, 1991. Rule amended April 15, 1993. Amended: Filed January 18, 2002; effective April 18, 2002.

**Amended:** Filed May 22, 2018.