

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-41-.03

Rule Title: Inpatient Psychiatric Benefits

\_\_\_\_\_ 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: 11-18-20

REC'D & FILED

NOV 18 2020

LEGISLATIVE SVC AGENCY

APA-2

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

**RULE NO. & TITLE:** 560-X-41-.03 Inpatient Psychiatric Benefits

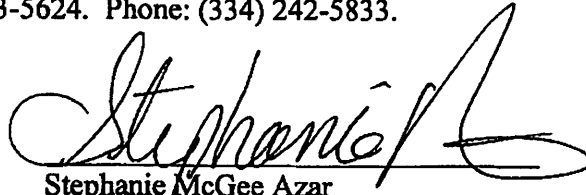
**INTENDED ACTION:** Amend 560-X-41-.03

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to correct the acronym for a psychiatric residential treatment facility (PRTF) as defined in CFR 483.352.

**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 January 4, 2021.

**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-41-.03 Inpatient Psychiatric Benefits**

(1) For purposes of this chapter, an inpatient is a person who has been admitted to a psychiatric facility for bed occupancy for purposes of receiving inpatient psychiatric services.

(2) The number of days of care charged to a recipient for inpatient psychiatric services is always units of full days. A day begins at midnight and ends 24 hours later. The midnight to midnight method is to be used in reporting days of care for the recipients, even if the facility uses a different definition of day for statistical or other purposes.

(3) Medicaid covers the day of admission, but not the day of discharge.

(4) Therapeutic visits away from the psychiatric hospital to home, relatives, or friends are authorized if certified by the attending physician as medically necessary in the treatment of the recipient.

(a) Payments for therapeutic visits away from the hospital are limited to no more than two visits with each visit not exceeding three days in duration per 60 calendar days per admission per recipient. The first calendar day begins with the day of admission.

(b) Therapeutic visits away from the hospital exceeding three days in duration are not covered and no part of these visits may be billed to Medicaid.

(c) Therapeutic visit records will be reviewed retrospectively by the PA Unit. Payments for therapeutic visits in excess of the amount as described in (4)(a) above will be recouped.

(d) This policy applies only to visits away from the psychiatric hospital. Therapeutic visits away from the PRTF are not limited by this policy.

**Author:** Solomon Williams, Associate Director, Institutional Services

**Statutory Authority:** State Plan, Attachment 3.1-A, 4.19-A. 42 C.F.R. Section 436.1004.

**History:** Rule effective October 1, 1988. Amended September 13, 1989; and January 14, 1992.

**Amended:** Filed June 19, 2000; effective September 11, 2000. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed November 18, 2020;