

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-41-.13

Rule Title: Certification of Need for Residential Treatment Services

\_\_\_\_\_ 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

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LEGISLATIVE SVC AGENCY

APA-2

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

**RULE NO. & TITLE:** 560-X-41-.13 Certification of Need for Residential Treatment Services

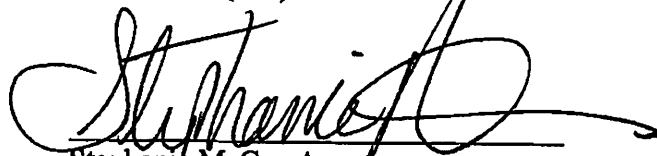
**INTENDED ACTION:** Amend 560-X-41-.13

**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-.13 Certification of Need for Residential Treatment Services**

(1) Recipients seeking admission to a psychiatric residential treatment facility (PRTF) shall require continuous and active psychiatric treatment and care in a facility which meets the standards in 560-X-41-.02 (24)(a-bg).

(2) Recipients seeking admission to a PRTF must meet at least one of the admission criteria listed in 560-X-41-.09 (2)(a-d).

(3) For elective or non-emergency admissions of individuals who are Medicaid-eligible when admitted to the PRTF, a certification of the need for services shall be performed by an independent team that:

- (a) Includes a physician;
- (b) Has competence in diagnosis and treatment of mental illness (preferably in child psychiatry); and
- (c) Has knowledge of the individual's situation.

(4) The independent team shall certify that:

- (a) Ambulatory care resources available in the community do not meet the treatment needs of the recipient; and
- (b) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- (c) Services can reasonably be expected to improve the recipient's condition or prevent further regression so that inpatient services will no longer be needed.

(5) The independent team shall complete and sign a Certification of Need for Services: Non-Emergency Admission form (# 370) not more than 30 days prior to admission. This form shall be filed in the recipient's medical record to verify compliance with this requirement. This form may be downloaded from the "Mental Health Forms" section on the Medicaid website [www.medicaid.alabama.gov/state.al.us](http://www.medicaid.alabama.gov/state.al.us).

(6) For emergency admissions or for individuals who become eligible for Medicaid after admission, a certification of need for services shall be performed by an interdisciplinary team. The team responsible for the plan of care must include either:

(a) A board-eligible or board-certified psychiatrist licensed in the State of Alabama; or

- (a) A licensed clinical psychologist and a physician; or
- (b) A physician licensed in the State of Alabama with specialized training and experience in diagnosis and treatment of mental illness and a psychologist with a master's degree in clinical psychology; and one of the following:
  - 1. Licensed social worker with specialized training or one year of experience in treating the mentally ill; or
  - 2. RN with specialized training or one year of experience in treating the mentally ill; or
  - 3. Licensed occupational therapist who has specialized training or one year of experience in treating the mentally ill; or

3. Psychologist with a master's degree in clinical psychology.

(7) The interdisciplinary team shall perform the same certification of need for services as listed for elective and non-emergency admissions in (4)(a-c) above. The team shall complete and sign a Certification of Need for Services: Emergency Admission form (#371), within 14 days of the emergency admission. This form shall be filed in the recipient's medical record to verify compliance with this requirement. This form may be downloaded from the "Mental Health Forms" section on the Medicaid website [www.medicaid.alabama.gov/state-al.us](http://www.medicaid.alabama.gov/state-al.us).

(8) For individuals who become eligible for Medicaid after their admission to the facility, this form shall be completed on or before the date of the application for Medicaid coverage and shall include all days for which Medicaid payment will be requested.

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

**Statutory Authority:** State Plan, Attachment 3.1-A, pp. 7, 7.16; 42 CFR, Part 441, Subpart D

**History:** New Rule Filed September 21, 2001; effective December 14, 2001. **Amended:** Filed November 18, 2020;