

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-52-.03

Rule Title: Eligibility

_____ 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

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.

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: 9/20/2018

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-52-.03 – Eligibility

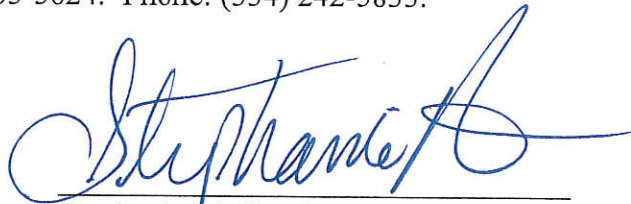
INTENDED ACTION: Amend 560-X-52-.03

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to include general updates and additions to clarify the eligibility requirements for Living at Home (LAH) waiver recipients.

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 November 2, 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-52-.03 Eligibility

Medical eligibility for HCBS under the LAH Waiver is limited to those individuals ~~who~~ that meet the ICF/IID ~~facility~~ level of care. No HCBS under the LAH W ~~waiver~~ services will be provided to a recipient residing in an institutional facility, or who has a primary diagnosis of mental illness ~~an intellectual disability~~, or whose health and safety is at risk in the community. Thus, HCBS under the LAH Waiver ~~services~~ will be available to persons ~~individuals~~ with intellectual disabilities who would be eligible for institutional services under 42 C.F.R. §435.217.

Financial eligibility for HCBS under the LAH Waiver is limited to the following individuals:

- Individuals receiving SSI.
- SSI related protected groups deemed to be eligible for SSI/Medicaid (i.e., Widow/Widower, Disabled Adult Child, Continuous (Pickle) Medicaid).
- Parent and Other Caretaker Relatives (POCR). Medicaid for Low Income Families (MLIF).
- Federal and State adoption subsidy individuals.
- Special HCBS waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate.

Persons with intellectual disabilities ~~HD persons~~ who meet categorical (including 42 C.F.R. §435.120), medical, and/or social requirements for Title XIX coverage will be eligible for HCBS ~~home and community-based services~~ under the LAH waiver. Applicants found eligible shall not be required to apply income above the personal needs allowance reserved to institutional recipients toward payment of care.

Author: Samantha McLeod, Associate Director, Long Term Care Specialized Waiver Programs.

Statutory Authority: Social Security Act §1915(c); 42 CFR Section 441, Subpart G—Home and Community-Based Services: Waiver Requirements.

History: New Rule: Filed September 20, 2002; effective December 26, 2002. **Amended:** Filed November 17, 2008; effective February 11, 2009. **Amended:** Filed June 11, 2014; effective July 16, 2014. **Amended:** Filed July 12, 2017; effective August 28, 2017. **Amended:** Filed September 20, 2018.