

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-35-.07 – Individual Assessments

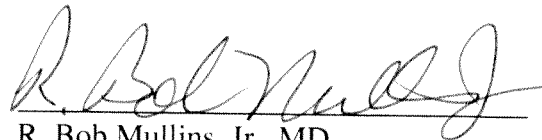
INTENDED ACTION: Amend 560-X-35-.07(1), (2).

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to delete Mental Retardation from the name of the Department of Mental Health and Mental Retardation.

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, 334-242-5833. 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 June 5, 2012.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., MD
Commissioner

Rule No. 560-X-35-.07. Individual Assessments.

(1) Alabama Medicaid Agency will require an individual plan of care for each waived service recipient. Such plan, entitled "Individual Habilitation Plan" (IHP), is subject to review by the Alabama Medicaid Agency and Department of Health and Human Services. Client assessment procedures in place in the Alabama Department of Mental Health ~~and Mental Retardation~~, which are based on eligibility criteria for ICF/MRs developed jointly by DMH/MR and the Alabama Medicaid Agency, will be utilized by the Department of Mental Health ~~and Mental Retardation~~ (or its contract service providers) in screening for eligibility for the waived services as an alternative to institutionalization. Whether performed by a qualified practitioner in the Department of Mental Health ~~and Mental Retardation~~, its contract service providers, or provided by qualified (Diagnostic and Evaluation Team) personnel of the individual/agency arranging the service, review for "medical assistance" eligibility determination will be based on client assessment data, and the criteria for admission to an ICF/MR, as described in Rule No. 560-X-35-.03. Re-evaluation of clients shall be performed on an annual basis. Written documentation of all assessments will be maintained in the client's case file and subject to review by the Alabama Medicaid Agency and Department of Health and Human Services.

(2) The Alabama Medicaid Agency will give notice of services available under the waiver as required by federal regulations, particularly to primary care givers for the target group, including but not limited to, programs operated by Alabama Department of Mental Health ~~and Mental Retardation~~, the statewide network of community MH/MR centers, and to other appropriate care-giving agencies such as county Department of Human Resources offices, hospitals, hospital associations, and associations for the mentally retarded.

Authority: 42 C.F.R. Section 441, Subpart G and the Home-and Community-Based Waiver for the Mentally Retarded and Developmentally Disabled. Rule effective July 9, 1985. Effective date of this amendment November 18, 1987. **Amended:** Filed April 20, 2012.