

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-35-.14

Rule Title: Service Providers

\_\_\_\_\_ New Rule; X Amend; \_\_\_\_\_ Repeal; \_\_\_\_\_ Adoption 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 \_\_\_\_\_

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Does the proposed rule have any 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 Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 4/20/12

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-35-.14 –Service Providers

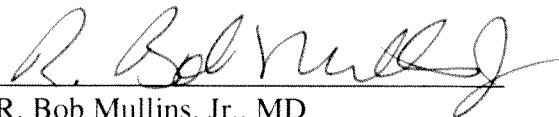
**INTENDED ACTION:** Amend 560-X-35-.14.

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to change the name of the Mental Retardation (MR) Waiver to the Intellectual Disabilities (ID) Waiver and 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.

  
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R. Bob Mullins, Jr., MD  
Commissioner

**Rule No. 560-X-35-.14. Service Providers.**

The Home and Community-Based ~~MR~~ ID Waiver is a cooperative effort between the Alabama Medicaid Agency and the Department of Mental Health ~~and Mental Retardation~~.

**Author:** Samantha McLeod, Associate Director, LTC Specialized Waiver Programs.

**Statutory Authority:** The Home and Community-Based Waiver for Persons with Mental Retardation.

**History:** Rule effective January 14, 1997. **Amended:** Filed October 21, 2004; effective January 14, 2005. **Amended:** Filed April 20, 2012.