

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-58-.05 – Application Process

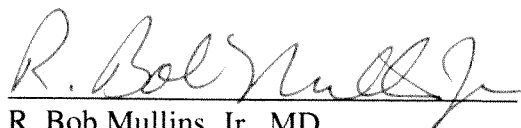
INTENDED ACTION: Amend 560-X-58-.05(3)(a)(b), (4).

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to change the name of the Operating Agency of the HIV/AIDS Waiver from the ADPH to ADSS; change the name of the Long Term Care Admissions/Records Unit; clarify the individual receiving the notice informing them of their appeal rights; and identify the individual who will perform the retrospective review.

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-58-.05. Application Process.

(1) Case managers will receive referrals from hospitals, nursing homes, physicians, the community and others for persons who may be eligible for home and community-based services.

(2) The case manager will complete a needs assessment to assist with the development of the Plan of Care. The medical information obtained from the client's primary physician is considered in development of the plan. This document will reflect detailed information regarding social background, living conditions and medical problems of the applicant. A copy of this document will be submitted to the Operating Agency for review and approval.

(3) The case manager, in conjunction with the client, family or legal representative, if applicable, and other person designated by the client will develop a participant-centered Plan of Care. The Plan of Care will include objectives, services, providers of services and frequency of service. The Plan of Care must be submitted to the Operating Agency for approval. Changes to the original Plan of Care should be made as needed to adequately care for an individual. Reasons for changes must be documented on the client's Plan of Care, which is subject to the review of the Operating Agency. The Plan of Care must be reviewed by the case manager as often as necessary and administered in coordination with the recipient's physician.

(a) ~~If the ADPH~~ Alabama Department of Senior Services RN determines that the documentation does not support the individual's need for the level of care as determined by the case manager and the attending physician, the documentation will then be forwarded to the Alabama Medicaid Agency's Long Term Care Admissions/Records Unit Quality Improvement Coordination Unit for nurse review. ~~and further review by the Alabama Medicaid Agency's staff physician~~ If a denial is issued, the applicant/recipient will receive a notice informing them of his/her right to an informal conference and/or a fair hearing.

~~(b) The Alabama Medicaid Agency's staff physician will make the final decision to approve or deny waiver admission based upon the documentation provided. If a denial is issued, the recipient will receive a notice informing them of his/her right to an informal conference and/or a fair hearing.~~

(4) ~~The Medicaid's Long Term Care Division~~ Medicaid Nurse Review Coordinator will perform a retrospective review of a random sample of approved applications on a monthly basis. The purpose of this review is to ensure compliance with both state and federal guidelines. If problems are identified the operating agency will be notified in writing within 30 days of receipt of the documentation by the Alabama Medicaid Agency. A corrective action plan will be requested. Results of the audit may lead to recoupment of funds.

Author: Samantha McLeod, Associate Director, LTC Specialized Waiver Programs
Statutory Authority: Social Security Act §1915(c); 42 CFR Section 441, Subpart G—Home and Community-Based Services: Waiver Requirements.