

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 , Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-52-.16

Rule Title: Application Process

_____ 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

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.

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: 4-18-4

FOR APD USE ONLY

PUBLISHED IN VOLUME _____ ISSUE NO. _____

EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-52-.16 – Application Process.

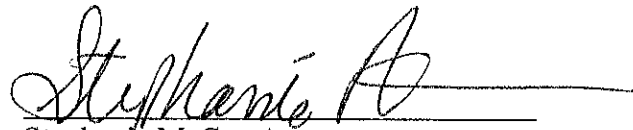
INTENDED ACTION: Amend 560-X-52-.16.

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to remove language that is no longer applicable and replace with the correct language.

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 June 4, 2014.

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


Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-52-16 Application Process

(1) The Alabama Medicaid Agency will provide the operating agency with the approved level of care determination process.

(2) The operating agency will review the applicant's eligibility status to determine if the applicant is medically eligible for waiver services. The target case manager will assist the recipient to make financial application and ensure that the appropriate documents are completed and routed to the appropriate Medicaid District Office if the individual is not already eligible and enrolled in an applicable Medicaid aid category. Financial eligibility must be certified by Medicaid.

~~(2) Financial eligibility is limited to those individuals receiving SSI.~~

(3) The Waiver Coordinator QMRP will complete the level of care determination and the case manager will develop the plan of care, development.

(4) The operating agency is required to adhere to all federal and state guidelines in the determination of the level of care approval.

~~(5) The applicant's physician must certify that "without waiver services the client is at risk of institutionalization."~~

~~(5)(6)~~ The operating agency or its designee (case manager), will ensure that the applicant has been screened and assessed to determine if the services provided through the LAH Waiver will meet the applicant's needs in the community.

~~(6)(7)~~ The Alabama Department of Mental Health and Mental Retardation (ADMHAMR) is responsible for the assessment, evaluation of admissions, readmissions, and annual redeterminations for eligible participants receiving home and community based services in accordance with the provisions of the Living at Home Waiver.

~~(7)(8)~~ The Alabama Medicaid Agency will provide to the ADMHAMR the approved Level of Care criteria and policies and procedures governing the level of care determination process.

~~(9) The ADMH/MR will designate a qualified medical professional to approve the level of care and develop the Plan of Care.~~

~~(10) Admissions and readmissions for clients who have not received services for the previous six (6) month period must be certified by a physician licensed to practice in Alabama.~~

~~(8)(11)~~ ADMHAMR may utilize Medicaid staff for consultation on questionable admissions and annual redeterminations prior to a final decision being rendered.

~~(9)(12)~~ The Alabama Medicaid Agency will conduct a retrospective review on a monthly basis of a random 10% sample of individuals served under the Living at Home

Waiver to determine appropriate admissions and annual redeterminations. This review includes whether appropriate documentation is present and maintained and whether all state and federal medical necessity and eligibility requirements for the program are met. The Waiver Quality Assurance Unit conducts a random ~~5%~~ sample of plans of care and related documents annually for each provider.

~~(10)~~(13) The Alabama Medicaid Agency will initiate recoupment of payment for services when it determines that state and federal, medical necessity, and eligibility requirements are not met.

~~(11)~~(14) The Alabama Medicaid Agency may seek recoupment from ADMH/MR for other services reimbursed by Medicaid for those individuals whom Medicaid determines would not have been eligible for the Living at Home Waiver services or Medicaid eligibility but for the certification of waiver eligibility by ADMH/MR.

~~(12)~~(15) The operating agency or its designee will develop a plan of care that includes waiver as well as non-waiver services.

~~(13)~~(16) Upon receipt of the financial award letter from the Alabama Medicaid Agency, the LTC Admissions Notification Form should be completed and forwarded to Medicaid's Fiscal Agent electronically. Medicaid's Fiscal Agent will either accept or reject the transmission of the LTC Admissions Notification Form. The operating agency or its designee will receive notice of the status of applications transmitted the next business day following the transmission.

~~(14)~~(17) If Medicaid's Fiscal Agent accepts the transmission, the information is automatically written to the Level of Care Long Term Care file (RW). The operating agency or its designee can begin rendering services and billing the Alabama Medicaid Agency for services rendered.

~~(15)~~(18) If Medicaid's Fiscal Agent rejects the transmission, the operating agency or its designee must determine the reason for the rejection and retransmit the LTC Admissions Notification Form.

~~(16)~~(19) Neither the Alabama Medicaid Agency nor Medicaid's Fiscal Agent will send out the LTC-2 Notification letters. The record of successful transmission will be the record of "approval" to begin rendering service.

~~(17)~~(20) For applications where the level of care is questionable, providers may submit the applications to the Long Term Care Quality Assurance Unit Long Term Care Admissions/Records Unit for review by a nurse and/or a Medicaid physician.

~~(18)~~(21) Once the individual's information has been added to the Level of Care Long Term care File (RW), changes can only be made by authorized Medicaid staff.

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 May 20, 2003; effective August 18, 2003. **Amended:** Filed March 20, 2007; effective June 15, 2007. **Amended:** Filed April 21, 2014.