

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

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

Rule No: 560-X-40-.03 (1)

Rule Title: Description of Covered Services, Limitations, and Exclusions. (General)

New Rule;  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: 

Date: 1-17-12

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-40-.03 – Description of Covered Services, Limitations, and Exclusions. (General)

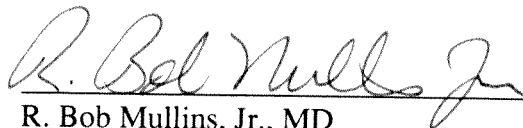
**INTENDED ACTION:** Amend Chapter 40 “Targeted Case Management”

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to include transitional case management as an activity within targeted case management for clients in institutions who desire to return to the community. Also to change the name of Mental Retardation, handicapped children to Intellectually Disabled and Disabled Children and other minor clean up in the section. The state plan amendment has been approved by CMS with an effective date of July 1, 2011.

**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 March 6, 2012.

**CONTACT PERSON AT AGENCY:** Stephanie McGee Azar, 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-40-.03. Description of Covered Services, Limitations, and Exclusions. (General)**

(1) Reimbursement is made only for services rendered pursuant to mentally ill adults, ~~mentally retarded~~ intellectually disabled adults, ~~handicapped disabled~~ children, foster children, pregnant women, AIDS/HIV-positive individuals, adult protective service individuals, and individuals who meet the eligibility criteria for the HCBS Technology Assisted Waiver (TAW) for Adults as defined in Rule No. 560-X-40-.01. Case management services are those services which will assist Medicaid-eligible individuals in gaining access to needed medical, social, educational, and other services. The case manager shall accomplish these services through telephone contact with clients, face-to-face contact with clients, telephone contact with collaterals, and/or face-to-face contact with collaterals. The core elements of the service shall include the following:

(a) Needs assessment - a written comprehensive assessment of the person's assets, deficits, and needs. The following areas must be addressed when relevant:

1. Identifying information.
2. Socialization/recreational needs,
3. Training needs for community living,
4. Vocational needs,
5. Physical needs,
6. Medical care concerns,
7. Social/emotional status,
8. Housing, physical environment, and
9. Resource analysis and planning.

(b) Case planning - the development of a systematic, client-coordinated plan of care which lists the actions required to meet the identified needs of the client. The plan is developed through a collaborative process involving the recipient, his family or other support system, and the case manager.

(c) Service arrangement - through linkage and advocacy, the case management provider will interface the client with the appropriate person and/or agency through calling and/or visiting these persons or agencies on the client's behalf.

(d) Social Support - the case management service provider will, through interviews with the client and significant others, determine that the client possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case management service provider will assist the client in expanding or establishing such a network through advocacy and linking the client with appropriate persons, support groups and/or agencies.

(e) Reassessment/Follow-up - the case management service provider will evaluate through interviews and observations the progress of the client toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the persons and/or agencies providing services to the client will be contacted and the results of these contacts, together with the changes in need shown in the reassessments, will be utilized to accomplish any needed revisions to the case plan.

(f) Monitoring - the case management provider ascertains on an ongoing basis what services have been delivered and whether they are adequate to meet the needs of the client. Adjustments in the plan of care may be required as a result of monitoring.

**Author:** Latonda Cunningham, Administrator, Long Term Care Division

**Statutory Authority:** 42 C.F.R., §433; § 1915 (g), Social Security Act; State Plan for Medical Assistance, Attachment 3.1-A, Supplement 1; OMB NO: 0939-0193.

**History:** Rule effective July 12, 1988. **Amended:** Effective April 17, 1990; December 12, 1991; October 13, 1992; January 13, 1993; June 14, 1994; March 12, 2001; May 16, 2003; September 15, 2003; May 14, 2004. **Amended:** January 20, 2012.