

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 560
Department or Agency: Alabama Medicaid Agency
Rule No.: 560-X-52-.14
Rule Title: Cost For Services
Intended Action: Amend

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? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

Does the proposed rule have an 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 Services Agency.

Signature of certifying officer

Stephanie Lindsay
Stephanie Lindsay

Date

Thursday, March 20, 2025

REC'D & FILED
APR 21, 2025

LEGISLATIVE SVC AGENCY

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-52-.14 Cost For Services

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The above referenced rule is being amended to update waiver service descriptions as indicated in the most recently amended and approved Living at Home (LAH) waiver document.

TIME, PLACE AND 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:

Wednesday, June 4, 2025

CONTACT PERSON AT AGENCY:

Stephanie Lindsay,
Administrative Secretary
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624
Phone: (334) 353-3781

Stephanie McGee Azar

Stephanie McGee Azar

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

(1) The cost for services to individuals who qualify for home and community-based care under the waiver program will not exceed a cap of ~~\$25~~\$58,000 per client per year with the exception that crisis intervention services are not included in the cap. Further, the waiver program will not exceed on an average per capita basis, the total expenditures that would be incurred for such individuals if home and community-based services were not available.

Author: ~~Monica Abron, Administrator, LTC Project Development Unit~~
Riyyah James, Associate Director, Specialized Waiver Unit, LTC Healthcare Reform Development Division

Statutory Authority: Social Security Act §1915(c); 42 C.F.R. -Section 441, Subpart G Home and Community-Based Services: Waiver Requirements.

History: New Rule: Filed November 21, 2002; effective December 26, 2002. **Amended:** Filed January 7, 2009; effective February 11, 2009. Amended: Published _____ ; effective _____ .