

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 560
Department or Agency: Alabama Medicaid Agency
Rule No.: 560-X-35-.04
Rule Title: Characteristics Of Persons Requiring ICF/IID Care
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

Timothy "Bo" A. Offord, Jr.
Timothy Offord

REC'D & FILED

Date

Friday, March 20, 2026

MAR 20, 2026

LEGISLATIVE SVC AGENCY

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

**RULE NO. & TITLE:** 560-X-35-.04 Characteristics Of Persons Requiring  
ICF/IID Care

**INTENDED ACTION:** Amend

**SUBSTANCE OF PROPOSED ACTION:**

The above referenced rule is being amended to align with the changes implemented within the HCBS Intellectual Disabilities (ID) waiver renewal effective October 1, 2025, as approved by CMS.

**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:**

Tuesday, May 5, 2026

**CONTACT PERSON AT AGENCY:**

Administrative Secretary  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, Alabama 36103-5624  
Phone: (334) 353-3399

*Timothy "Bo" A. Offord, Jr.*

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Timothy Offord

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

Characteristics Of Persons Requiring ICF/IID Care.

(1) Generally, persons eligible for the level of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) are those persons who need such level of care because the severe, chronic nature of their mental impairment results in substantial functional limitations in three or more of the following areas of life activity:

Self-Care

Receptive and expressive language

Learning

Self-direction

Capacity for independent living

Mobility

(2) Services provided in an ~~Intermediate Care Facility for Individuals with Intellectual Disabilities~~ ICF/IID in Alabama are those services that provide a setting appropriate for a functionally individual with an intellectual disability in the least restrictive productive environment currently available. Determination regarding eligibility for ICF/IID care is made by a Qualified ~~Intellectual~~ Developmental Disabilities Professional ~~(QIDP)~~ (QDDP). A ~~QIDP~~ QDDP is an individual possessing, at minimum, those qualifications in 42 C.F.R. Section 483.430. Recommended continued stay is made by an interdisciplinary team of a nurse, social worker, and a member of appropriate related discipline, usually a psychologist, and certified by a ~~QIDP~~ QDDP and a physician.

(3) ICF/IID care includes those services that address the functional deficiencies of the beneficiaries and that require the skills of a ~~QIDP~~ QDDP to either provide directly or supervise others in the provision of services needed for the beneficiary to experience personal hygiene, participate in daily living activities appropriate to his functioning level, take medication under appropriate supervision (if needed), receive therapy, receive training toward more independent functioning, and experience stabilization as a result of being in the least restrictive, productive environment in which he or she can continue his/her individual developmental process.

**Author:** ~~Samantha McLeod~~ Riyyah James, Associate Director, ~~LTC~~ Specialized Waiver Programs Unit, LTC Healthcare Reform Development Division

**Statutory Authority:** 42 C.F.R. §441, Subpart G; Home- and Community-Based Waiver for Persons with Intellectual Disabilities.

**History:** Rule effective July 9, 1985. **Amended:** effective November 18, 1987, June 6, 1990. **Amended:** February 5, 2001; effective March 12, 2001. **Amended:** Filed May 12, 2005; effective June 16, 2005. **Amended:** Filed July 12, 2017; effective August 26, 2017. **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .