

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on Wednesday, May 13, 2026, and filed with the agency secretary on Tuesday, May 19, 2026.

AGENCY NAME: Alabama Medicaid Agency

INTENDED ACTION: Amend

RULE NO.: 560-X-35-.07

(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **560-X-35-.07**

RULE TITLE: Individual Assessments

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XLIV, ISSUE NO. 6, AAM,
DATED TUESDAY, MARCH 31, 2026.

STATUTORY RULEMAKING AUTHORITY:

Section 1915(c) Social Security Act;
42 C.F.R. Section 441, Subpart G; and
the Home and Community-Based Waiver
for Persons with Intellectual
Disabilities

REC'D & FILED
(Date Filed)
(For LRS Use Only)
MAY 19, 2026
LEGISLATIVE SVC AGENCY

Timothy "Bo" A. Offord, Jr.

Timothy Offord

Certifying Officer or his or her
Deputy

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

(1) Alabama Medicaid Agency will require an individual plan of care for each wavered service recipient. Such plan, entitled "Person-Centered Plan" (PCP), is subject to review by the Alabama Medicaid Agency and Department of Health and Human Services. Client assessment procedures in place in the Alabama Department of Mental Health, which are based on eligibility criteria for ICF/IIDs developed jointly by DMH and the Alabama Medicaid Agency, will be utilized by the Department of Mental Health (or its contract service providers) in screening for eligibility for the wavered services as an alternative to institutionalization. Whether performed by a qualified practitioner in the Department of Mental Health, its contract service providers, or provided by qualified (Diagnostic and Evaluation Team) personnel of the individual/agency arranging the service, review for "medical assistance" eligibility determination will be based on client assessment data, and the criteria for admission to an ICF/IID, as described in Rule No. 560-X-35-.03. Re-evaluation of clients shall be performed on an annual basis. Written documentation of all assessments will be maintained in the client's case file and subject to review by the Alabama Medicaid Agency and Department of Health and Human Services.

(2) The Alabama Medicaid Agency will give notice of services available under the waiver as required by federal regulations, particularly to primary care givers for the target group, including but not limited to, programs operated by Alabama Department of Mental Health, the statewide network of community mental health centers, and to other appropriate care-giving agencies such as county department of human resources offices, hospitals, hospital associations, and associations for individuals with intellectual disabilities.

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Statutory Authority: 42 C.F.R. §441, Subpart G; Home- and Community-Based Waiver for the Mentally Retarded and Developmentally Disabled.

History: Rule effective July 9, 1985. **Amended:** effective November 18, 1987, June 6, 1990. **Amended:** Filed June 12, 2012; effective July 17, 2012. **Amended:** Filed July 12, 2017; effective August 26, 2017. **Amended:** Published May 29, 2026; effective July 13, 2026.