

**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-52-.01

(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **560-X-52-.01**

**RULE TITLE:** Authority And Purpose

**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:**

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

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.)

**Authority And Purpose.**

(1) Home and Community-Based Services (HCBS) under the Home and Community-Based Living at Home (LAH) Waiver for individuals with intellectual disabilities are provided by the Alabama Medicaid Agency to persons who are Medicaid-eligible under the waiver and who would, but for the provision of such HCBS, require the level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). These HCBS under the LAH Waiver are provided through a Medicaid waiver under provisions of the Omnibus Budget Reconciliation Act of 1981, which added Section 1915(c) to the Social Security Act, for an initial period of three years and renewal periods of five years.

(2) The HCBS covered in the LAH Waiver are Community Day Habilitation Services, Day Habilitation Services, Prevocational Services, Supported Employment Services, Occupational Therapy Services, Speech and Language Therapy Services, Physical Therapy Services, Positive Behavior Support Services, Respite Care Services, Personal Care Services, Environmental Accessibility Adaptations Services, Specialized Medical Supplies Services, Assistive Technology Services, Skilled Nursing Services, Crisis Intervention Services, Individual Directed Goods and Services, Assistance in Community Integration Services, Benefits and Career Counseling Services, Community Experience Services, Personal Emergency Response System (PERS) Services, Supported Employment Transportation Services, Remote Support Services, Adult Companion Services, Supported Living Services, and Housing Stabilization Services. These HCBS provide assistance necessary to ensure optimal functioning of individuals with intellectual disabilities.

(3) The LAH Waiver is administered through a cooperative effort between the Alabama Medicaid Agency and the Alabama Department of Mental Health and is restricted to individuals with a diagnosis of an intellectual disability, ages 3 and above, and those not residing in a group home situation. Priority access to the LAH Waiver shall be given to individuals on a verified waiting list.

(4) Home and Community-Based Services for the LAH Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296- F). These provisions require the following:

(a) Services may only be provided in settings that:

1. Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings,

engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;

2. Are selected by the individual from among setting options;

3. Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.

4. Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact

5. Facilitate choice regarding services and who provides them.

(b) A compliant provider-owned or controlled residential setting will also be physically accessible to the individual, and, in addition to the above requirements, meet all of the following requirements:

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

2. Each individual has privacy in their sleeping or living unit:

Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. Individuals are able to have visitors of their choosing at any time.

3. Modifications to any of the additional requirements for provider owned or controlled residential setting listed above must be:

- (i) Supported by specific assessed need
- (ii) Justified in the person-centered service plan
- (iii) Documented in the person-centered service plan, which must include:
  - (I) Specific individualized assessed need
  - (II) Prior interventions and supports including less intrusive methods
  - (III) Description of condition proportionate to assessed need
  - (IV) Ongoing data measure effectiveness of modification
  - (V) Established time limits for periodic review of modifications
  - (VI) Individual informed consent
  - (VII) Assurance that interventions and supports will not cause harm

(c) Services may not be provided in:

1. Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals.
2. Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.

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**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 June 11, 2014; effective July 16, 2014.

**Amended:** Filed July 12, 2017; effective August 26, 2017.

**Amended:** Filed November 9, 2018; effective December 24, 2018.

**Amended:** Published August 31, 2021; effective October 15, 2021.

**Amended:** Published March 31, 2023; effective May 15, 2023.

**Amended:** Published June 30, 2025; effective August 14, 2025.

**Amended:** Published May 29, 2026; effective July 13, 2026.