APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 560

Department or Agency: Alabama Medicaid Agency

Rule No.: 560-X-52-.07

Rule Title: Individual Assessments

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

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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

Date: Friday, March 20, 2026

REC'D & FILED
MAR 20, 2026
LEGISLATIVE SVC AGENCY

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-52-.07 Individual Assessments

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:
The above referenced rule is being amended to align with the changes implemented within the HCBS Living at Home (LAH) 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.
Timothy Offord

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

560-X-52-.07 Individual Assessments.

(1) Alabama Medicaid Agency will require an individual plan of care for each waiver service recipient. Such plan, entitled "~~Individual Habilitation~~Person-Centered Plan" ~~(IHP)~~(PCP), is subject to review by the Alabama Medicaid Agency and Department of Health and Human Services. The Alabama Medicaid Agency will review recipients' habilitation and care plans and services rendered by a sampling procedure. The review will include appropriateness of care and proper billing procedures. 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 waiver 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-52-.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 ~~MH~~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.

Author: 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 June 11, 2014; effective July 16, 2014. **Amended:** Published June 30, 2025; effective August 14, 2025. **Amended:** Published _____; effective _____.