

**Rule No. 560-X-54.05 Application Process.**

(1) The Alabama Department of Rehabilitation Services targeted case manager will receive referrals from hospitals, nursing homes, physicians, the community and others for persons who may be eligible for home and community-based services.

(2) An assessment document will be completed by the targeted case manager in conjunction with the applicant's physician. This document will reflect detailed information regarding social background, living conditions, and medical problems of the applicant. A copy of this document will be submitted to the Alabama Medicaid Agency for approval.

(3) The targeted case manager, in conjunction with the applicant's physician will develop a plan of care. The plan of care will include objectives, services, provider of services, and frequency of service. The plan of care must be submitted to the Alabama Medicaid Agency for approval. Changes to the original plan of care are to be made as needed to adequately care for an individual. Reasons for changes must be documented on the client's plan of care, which is subject to the review of the Alabama Medicaid Agency. The plan of care must be reviewed by the targeted case manager as often as necessary and administered in coordination with the recipient's physician.

(4) The targeted case manager will coordinate completion of the medical need admissions form with the applicant's physician and the financial application form for submission to the Alabama Medicaid Agency's Long Term Care (LTC) Policy Advisory Unit.

(5) The LTC Policy Advisory Unit will review the medical application and determine if the individual meets the criteria for nursing facility care, in accordance with Rule No. 560-X-10-10 of the Alabama Medicaid Administrative Code and submit the "Waiver/Slot Confirmation Form" to the District Office for processing financial determination.

(a) If approved, the applicant and the targeted case manager will be notified in writing.

(b) If denied, the applicant and the targeted case manager will be notified and the reconsideration process will be explained in writing as described in Rule No. 560-X-10-14.

(6) When an application is approved by the Alabama Medicaid Agency, a payment date is also given for the level of care for which a recipient has been approved. No charges for services rendered under the Waiver Program prior to this approved payment date will be paid.

(7) A current assessment document, along with a new plan of care, and medical need admission form must be submitted by the targeted case manager to the Alabama Medicaid Agency at each re-determination of eligibility which shall be annually. at least every six months.

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**Statutory Authority:** 42 CFR Section 441, Subpart G and the Home and Community-Based Technology Assisted Waiver for Adults.

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