

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-47-.02 Eligibility

**INTENDED ACTION:** Amend 560-X-47-.02

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to expand the list of medical healthcare professionals who are able to give a mental health diagnosis to match the RCO contract definition.

**TIME, PLACE, 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:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than July 6, 2015.

**CONTACT PERSON AT AGENCY:** Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.



Stephanie McGee Azar  
Acting Commissioner

**Rule No. 560-X-47-.02 Eligibility**

(1) Financial eligibility is limited to individuals eligible for Medicaid under the Alabama State Plan.

(2) Treatment eligibility is limited to individuals with a diagnosis, assigned by a ~~licensed physician or psychologist~~, a licensed psychologist, a licensed physician's assistant, a certified registered nurse practitioner, or a licensed professional counselor of mental illness or substance abuse as listed in the most current International Classification of Diseases - Clinical Modification (ICD-CM). The V codes are not covered for adult rehabilitative treatment services; however, the intake evaluation and diagnostic assessment will be covered even if the resulting diagnosis is a V code. For treatment services provided to children under 21 or adults receiving DHR protective services, the only V code covered for reimbursement is V62.9, unspecified psychosocial circumstance.

(3) Providers of rehabilitative services shall meet the following eligibility requirements:

(a) Shall be in full compliance with applicable federal and state laws and regulations including compliance with the requirements expressed in the current version of the Medicaid Provider Manual, Rehabilitative Services, Chapter 105;

(b) Shall submit evidence to Medicaid of full compliance with 560-47-X-.03; and have such compliance approved in advance; and

(c) Shall execute the Medicaid non-institutional provider agreement with appropriate attachments.

**Author:** Karen M. Smith, Associate Director, Clinics and Mental Health Programs

**Statutory Authority:** 42 CFR Section 440.130 (d); Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Section 4105. State Plan for Medical Assistance, Attachment 3.1-A.

**History:** Rule effective August 11, 1990. Amended August 14, 1991, March 1, 1994, and June 14, 1994. **Amended:** Filed March 20, 2001; effective June 15, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed May 20, 2015.