

Rule No. 560-X-40-.02 Eligibility

(1) Providers of case management services must meet the following requirements:

(a) CMSP for the mentally ill must be certified by the Department of Mental Health as meeting the qualifications for enrollment as a case management provider under the provision of 560-X-40-.01 (6);

(b) CMSP for intellectually disabled adults must meet the qualifications for enrollment as a case management provider under the provision of 560-X-40-.01(7);

(c) CMSP for disabled children, foster children, pregnant women, and AIDS/HIV-positive individuals, adult protective service individuals, and individuals who meet the eligibility criteria for the HCBS Technology Assisted Waiver (TAW) for Adults must meet the following criteria:

1. Demonstrated capacity to provide all core elements of case management:

- a. Assessment,
- b. Care/services plan development,
- c. Linking/coordination of services, and
- d. Reassessment/follow-up.

2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.

3. Demonstrated experience with the target population.

4. Administrative capacity to ensure quality of services in accordance with state and federal requirements.

5. A financial management system that provides documentation of services and costs.

6. Capacity to document and maintain individual case records in accordance with state and federal requirements.

7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.

8. Demonstrated capacity to meet the case management service needs of the target population.

(d) Shall be in full compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973;

(e) Shall be in full compliance with applicable Federal and State laws and regulations.

(2) Eligibility is limited to:

(a) Medicaid-eligible individuals age 18 and over who have a diagnosis of mental illness as established in Rule No. 560-X-40-.01.

(b) Medicaid-eligible individuals age 18 and over who have a diagnosis of intellectually disabilities as established in Rule No. 560-X-40-.01.

(c) Medicaid-eligible individuals age 0-21 who are considered to be disabled as established in Rule No. 560-X-40-.01.

(d) Medicaid-eligible individuals age 0-21 who are in the care, custody, or control of the State of Alabama as established in Rule No. 560-X-40-.01.

(e) Medicaid-eligible women of any age in need of maternity services as established in Rule No. 560-X-40.01.

(f) Medicaid-eligible individuals of any age who have been diagnosed as having AIDS or being HIV-positive as established in Rule 560-X-40-.01.

(g) Medicaid-eligible individuals age 18 and over who are at risk of abuse, neglect, or exploitation as established in Rule 560-X-40-.01.

(h) Medicaid-eligible persons who meet the eligibility criteria for the HCBS Technology Assisted Waiver (TAW) for Adults as outlined in the scope of service definition in the approved waiver document as established in Rule 560-X-40-.01.

~~(3) Persons applicable in one of the targeted groups may reside in their own home, the household of another, in a supervised residential setting or in total care environments, such as nursing facilities, hospital, and residential programs.~~

~~(4)(3) Targeted Case Management services will be provided to recipients in a hospital, skilled nursing facility, ICFs/MR, and ICFs/MR 15 beds or less. In the HIV/AIDS and Related Illnesses Waiver, case management activities are available to assist recipients interested in transitioning from an institution into a community setting. Case management activities to facilitate the transition will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (See Chapter 107 of the Medicaid Provider Manual Section 107.5.4 for place of service codes.) cannot provide services in total care environments, such as nursing facilities, hospitals, and residential programs unless the recipients are in Adult Protective Services Target Group 7.~~

~~(5)(4) Medicaid recipients receiving case management services through a waiver are not eligible for targeted case management, unless the individual is at risk of abuse, neglect, exploitation or incapable of adequately caring for him or herself or may cause serious consequences to other. A Medicaid recipient may receive Targeted Case Management services in more than one target group or case management services from another program if the Agency determines this would not present a duplication of services.~~

~~(6)(5) Targeted case management services for all target groups will be available in all areas of the state.~~

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Statutory Authority: 42 C.F.R. §435; § 1915 (g), Social Security Act, Title XIX; State Plan for Medical Assistance, Attachment 3.1-A, Supplement 1; OMB NO: 0939-0193.

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