

**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, individuals who meet the eligibility criteria for the HCBS Technology Assisted Waiver (TAW), for Adults and individuals who meet the eligibility criteria for Substance Use Disorders, and for disabled children who meet the requirements for Autism Spectrum Disorder (ASD), disabled children who meet the requirements for Seriously Emotionally Disturbed (SED), and for adults who meet the requirements for Severe Mentally Illness (SMI) - High Intensity Care Coordination 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.

(i) Medicaid-eligible persons who meet the eligibility criteria for Substance Use Disorders as established in Rule 560-X-40-.01.

(j) Medicaid-eligible persons who meet the eligibility criteria for Disabled Children with Autism Spectrum Disorders, Disabled Children with Serious Emotional Disturbances, and Adults with Severe Mentally Illness - High Intensity Care Coordination as established in Rule 560-X-40-.01.

(3) Targeted Case Management 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, or this target group includes individuals transitioning to a community setting. Case-management services will be 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. (State Medicaid Directors Letter (SMDL), July 25, 2000). Also excluded are individuals receiving services in an Institution for Mental Disease (IMD).

(4) 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.

(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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