

Rule No. 560-X-5-.02. Participation

(1) In order to participate in the Title XIX Medicaid program and to receive Medicaid payment for inpatient services for individuals 65 and older, a provider must meet the following requirements:

- (a) Be certified for participation in the Medicare/Medicaid program;
- (b) Be licensed as an Alabama free-standing acute geriatric psychiatric hospital in accordance with current rules contained in the Alabama Administrative Code Chapter 420-5-7. State hospitals that do not require licensing as per state law are exempt from this provision (Alabama Code, Section 22-50-1, et seq.);
- (c) Be accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- (d) Specialize in the care and treatment of geriatric patients with serious mental illness;
- (e) Have on staff at least one full-time board certified geriatric psychiatrist/geriatrician; or a full-time board certified adult psychiatrist with a minimum of 3 years experience caring for geriatric patients 65 or older.
- (f) Employ only staff who meet training/certification standards in the area of adult psychiatry as defined by the State's mental health authority;
- (g) Be recognized as a teaching hospital, and affiliated with at least one four-year institution of higher education with a multi-disciplinary approach to the care and treatment of geriatric patients with serious mental illness;
- (h) Provide outpatient and community liaison services throughout the State of Alabama directly or through contract with qualified providers;
- (i) Be in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act;
- (j) Execute an Alabama Medicaid Provider Agreement for participation in the Medicaid program;
- (k) Submit a written description of an acceptable utilization review plan currently in effect;
- (l) Submit a budget of cost for its inpatient services for its initial cost reporting period, if a new provider; and
- (m) Be under the jurisdiction of the State's mental health authority.

(2) Application by Alabama geriatric psychiatric facilities for participation in the ~~Alabama~~-Medicaid program shall be made to the appropriate address indicated in the Provider Manual.
~~is to be made to:~~

~~_____ Alabama Medicaid Agency
_____ Attention: Hospital Program
_____ Post Office Box 5624
_____ Montgomery, Alabama 36103-5624~~

~~(3) After enrollment, submission of a monthly inpatient census report using the PSY-4 form is required.~~

(3) It is the facility's responsibility to ensure compliance with all federal and state regulations and to ensure that all required documentation is included in the recipient's record. Failure to comply will result in denial of payment and possible recoupment of reimbursements made previously.

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Authority: 42 C.F.R. Subpart E, Section 482.60 through Section 482.62.

History: Rule effective October 12, 1995. Effective date November 10, 1997. **Amended:** Filed July 12, 2017; effective August 28, 2017. **Amended:** Filed February 19, 2020.