

Rule No. 560-X-57-.02 Eligibility

(1) Financial eligibility is limited to those individuals receiving SSI, individuals receiving State Supplementation, SSI related protected groups deemed to be eligible for SSI/Medicaid, and Special Home and Community-Based waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate.

(2) Medical eligibility is determined based on current admission criteria for nursing facility level of care as described in Rule No. 560-X-10-.10.

(3) No waiver services will be provided to recipients in a hospital or nursing facility. However, 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 are limited to a maximum of 180 days prior to discharge into the community.

(4) The Alabama Medicaid Agency or its operating agency, Alabama Department of Rehabilitation Services, acting on Medicaid's behalf may deny home and community-based services if it is determined that an individual's health and safety is at risk in the community; if the cost of serving an individual on the waiver exceeds the cost of caring for that individual in a nursing facility; if the individual does not cooperate with a provider in the provision of services; or if an individual does not meet the goals and objectives of being on the waiver program.

(5) The Alabama Medicaid Agency is restricted by the waiver to serving the estimated annual unduplicated number of beneficiaries approved by the Centers for Medicare and Medicaid Services.

(6) The eligibility age criteria is 18 years and above, with physical disabilities not associated with the process of aging and with onset prior to age 63.

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Statutory Authority: 42 CFR Section 441, Subpart G and the Home and Community-Based SAIL Waiver.

History: Rule effective June 12, 1992. Effective date of this amendment is February 10, 1994.

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