

ALABAMA DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES
ADMINISTRATIVE CODE

CHAPTER 580-5-30
INTELLECTUAL DISABILITIES SERVICES

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580-5-30-.01 Purpose.

(1) The purpose of the Alabama Department of Mental Health (DMH) Division of Developmental Disabilities (DDD) are to ensure that a continuum of services and supports based on identified individual needs, choices, and desires are developed, implemented, enhanced, and coordinated for people with intellectual disabilities and their families in the State of Alabama, on a case by case basis. All appropriate resources will be utilized to the maximum extent possible by joining with other service agencies, relatives, individuals, and interested groups.

(2) The DDD prioritizes the preservation and promotion of the dignity and rights of all citizens with intellectual

disabilities in the state of Alabama and strives to ensure that each is provided a continuum of services and supports which foster maximum possible community integration, competitive and integrated employment opportunities, and maintenance of the chosen family unit in a private home.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Amended: Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.02 Method Of Delivery. The DDD provides a statewide service delivery system divided into geographic regions, all of which include a Regional Community Service office, Comprehensive Support Teams, and services contracted with public and private organizations.

(1) Regional Community Services is a major component of the service delivery system and has as its objectives the following:

(a) Planning, supporting and coordinating generic and specialized services available through community agencies,

(b) coordinating service and support needs with community service agencies,

(c) assisting in the development of community-based programs and supports,

(d) planning, in coordination with the applicable 310 agency and/or other provider agencies and monitoring of contracted services.

(e) Regional Community Services operates according to the philosophy that each individual should have the opportunity to live in an environment with only the supports necessary for the individual to be successful which are chosen by the individual and their family or guardian or advocate.

(2) Comprehensive Support Services (CSS) Teams. The CSS teams provides a comprehensive array of specialized services for individuals with intellectual disabilities in the State of Alabama utilizing an interdisciplinary team model throughout the five DDD regions.

(a) Services Provided through CSS are: Specialized behavioral and psycho-social services, consultations,

evaluations, and training designed to increase the capacity and expertise of agency or organization personnel or family serving and supporting the individual, as well as to assist the individual. Psychiatric, Medical, and Dental consultation services are also available on a case-by-case basis utilizing the expertise of multiple team specialist.

Services Provided through CSS are: Specialized services, consultations, evaluations, and training services are provided in a manner that is designed to increase the capacity and expertise of agency or organization personnel serving the individual, as well as to assist the individual, and are organized by specialty; however, CSS team member's activities overlap specialty areas requiring interaction in an inter-disciplinary manner. Therefore, any of the activities in the areas of behavioral services, psychiatric consultation services, medical consultation services, and dental services may require the participation of multiple team specialists.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: **Amended:** Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.03 Assurances.

All intellectual disabilities services will be provided in accordance with the DMH-DDD Standards, DMH-DDD Operational Guidelines and other federal funding source guidelines such as Home and Community Based Waiver Services (HCBS, and Community Standards for Services for Persons with Intellectual Disabilities. Appropriate certifications will be maintained in accordance with applicable Standards.

Federal and state guidelines, statutes, and rules will be observed to effect maximum intra- and inter-agency cooperation and coordination of service.

Community service providers will operate in accordance with applicable federal, state, municipal and local laws, regulations, ordinances and codes, including, but not limited to, Federal Medicaid regulations, the State Medicaid Agency plan, the Alabama Medicaid Agency's Administrative Code the Alabama Department of Mental Health's Administrative Code and Audit Guidelines Manual and subsequent amendments, the State Ethics Law, and applicable state policies and procedures. Medicaid funding is passed through from the Alabama Medicaid Agency. This funding comes from the US Department of Health

and Human Services Medical Assistance Program (Catalog of Federal Domestic Assistance Number 93.778) and is subject to Title XIX of the Social Security Act of 1965 and administrative regulations found in the Code of Federal Regulations, 42 CFR Part 430 to End. Only those services and units in the authorization record for each individual, actually delivered, will be forwarded to Medicaid. Of those claims forwarded, only those claims adjudicated to be paid by Medicaid, as determined from the respective Explanation of Payment (EOP) reports, will be paid to the provider. DMH will not have any obligation for service units denied or suspended by Medicaid. If a chargeback occurs, the provider alone will be responsible for paying Medicaid. If the provider does not submit documentation for an informal review of the overpayment within thirty (30) calendar days, request a fair hearing, or submit payment within sixty (60) calendar days of the date of the letter informing them of the overpayment, DMH will proceed with recoupments from future check writes.

If DMH suffers a recoupment from Medicaid due to a community service provider violation of Medicaid or Medicare regulations, community service provider has an affirmative duty to immediately (no longer than 30 days) reimburse DMH for the total State and Federal amounts associated with the Medicaid or Medicare recoupment.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: **Amended:** Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.04 Record Management. Community service providers will maintain records on all individuals receiving services and/or supports in accordance with DMH Standards, applicable state and federal programs and laws such as, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Centers for Medicare and Medicaid Services HCBS regulations.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: **Amended:** Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.05 Abuse/Neglect/Mistreatment/Exploitation. The DDD preserves the safety, protection, and well-being of all

individuals receiving services through its certified community agencies, and will take appropriate action on any mistreatment, neglect, abuse or exploitation of those individuals.

(1) The DDD maintains a Community Incident Prevention and Management System (IPMS) that provides guidance for community providers for the implementation of an incident prevention and management system to protect individuals from potential harm, and those agencies are required to implement this plan as a part of their DMH certification requirements.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Amended: Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.06 Service System. The DDD in partnership with its service delivery system, will provide people of Alabama who have Intellectual Disabilities a systematic method of entry into its service delivery system. DDD staff, 310 agencies, and other providers, encompasses screening and intake, eligibility determinations and redeterminations, case referral, comprehensive needs assessment, person-center planning, support coordination, choice among covered services that are effective in meeting assessed needs, assurance of freedom of choice of providers unless federal approval in place to limit choice of provider, direct services and supports, referral to other sources of information, assistance and services, and the reassessment of needs of individuals with ID to inform ongoing person-centered planning and services provided.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Amended: Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.07 Reserved. (Repealed)

Author: Division of Developmental Disabilities (DMH)

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Repealed: Filed February 4, 2005; Effective March 11, 2005.

580-5-30-.08 Community Service Provision.

The DDD's Regional Community Service Offices, in conjunction with the appropriate 310 Agency and the individuals, support coordinator, will assist qualified individuals, determined eligible for services by DDD, in locating, developing, and/or administering services in accordance with the individual's specific assessed needs, goals, outcomes, choices, and preferences.

(1) Community services will be directed toward providing individuals and their families an array of supportive services and alternatives designed to avoid institutional care and promote independence and integration into the broader community environments.

(2) For settings certified as HCBS waiver service providers, the DDD will promote and enforce all HCBS requirements including the use of person-centered planning.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Amended: Filed February 4, 2005; effective March 11, 2005. **Amended:** Filed January 17, 2011; effective December 21, 2011. **Amended:** Filed August 26, 2019; effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

**580-5-30-.09—Intellectual Disability Community Programs
(REPEALED)**

Author: Division of Developmental Disabilities (DMH)

Statutory Authority: Code of Ala. 1975, §22-50-11.

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580-5-30-.10 Contracted Intellectual Disabilities Services.

The DMH contracts directly with public and private agencies and with individual service providers. Contracts adhere to the provisions of Alabama Act 881 and with Act 310.

(1) Policies and Procedures of Contracted Service Providers, and Evidence of Effective Implementation in Practice. The DDD will ensure the organization has written policies and procedures that are being effectively implemented in such a way as to assure the health, safety and individual security of individuals receiving services and supports.

(a) The organization's written policies and procedures will

be approved, reviewed, and updated by the governing board, as appropriate but at least annually and available to all employees and individuals receiving services and supports. All employees will be trained on the policies and procedures including what constitutes effective and appropriate implementation of each policy and procedure.

(b) The DDD will ensure the organization's policies and, procedures, as well as evidence of implementation, actively promote and support strength based and person-centered planning as the foundation of assessment, planning, service authorization, service coordination, and service delivery as follows:

(i) Strength based recognizes all individuals possess unique abilities and attributes that will benefit them in the achievement of goals and independence.

(ii) Person-centered focuses on the combination of strengths, needs, and community of supports for each individual in determining strategies to complement and assist in the attainment of goals for each individual to live the life of their choice.

(iii) Service delivery includes paid and unpaid services by service providers, friends, family, and other natural support networks.

(2) Promotion and Protection of Individual Rights. The DDD will ensure the organization effectively and consistently implements a policy and procedure that clearly defines its commitment to and addresses the promotion and protection of individual rights afforded all citizens by the constitution and laws of the Country and State of Alabama.

(3) Dignity and Respect. The DDD will ensure the organization's policies and procedures, and implementation of these, reflect and reinforce the use of courteous practices towards individuals.

(4) Natural Support Networks. The DDD will ensure the organization has policies and procedures, as well as effective practices implementing such policies and procedures, that define natural supports and acknowledge the importance of natural supports in promoting identity, individual security and continuity for individuals served by the organization. Natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools or other places where new and existing relationships can be built and facilitated outside of the organization.

(5) Protection from Abuse, Neglect, Mistreatment and Exploitation. The DDD will ensure all organizations implement a Community IPMS to protect individuals served and improve the organization's responsiveness to incidents in order to ensure the prevention of harm and use of an effective approach to risk management that takes appropriate account of dignity of risk. Policies and procedures, and practices associated with their implementation, must be consistent and comply with requirements of the Community IPMS. These policies and procedures, and practices associated with their implementation, identify, define, prohibit, and prevent abuse, neglect, mistreatment, including unauthorized use of restraints, coercion and exploitation. Definitions are comprehensive, specific, and consistent with Community IPMS definitions.

(6) Best Possible Health. The DDD will ensure organizations develop and implement policies and procedures, and effective practices:

- (a) That support individuals' health needs.
- (b) That assure medication procurement, distribution, administration, and storage are in full compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06.

(7) Safe Environments. The DDD will ensure organizations have policies and procedures, and effective practices implementing such policies and procedures, relating to safe environments, including ensuring safety in integrated community settings where services are provided. Certified settings must be designed and maintained to be accessible, safe, and sanitary for individuals. Safety supports are available to the extent they are needed and based on required functional and risk assessments.

(8) Staff Resources and Supports. The DDD will ensure the organization develops policies and procedures on recruiting and hiring staff in accordance with all applicable local, State and Federal requirements.

(9) Positive Services and Supports. The DDD will ensure organizations have policies and procedures, and effective practices implementing such policies and procedures, that address the positive implementation of services and supports for the individuals they support, focused on the expectation that every individual is capable of learning and growing and every individual has strengths that can be built upon to facilitate the individual's ability to achieve, not solely pursue, their desired goals and outcomes.

(10) Continuity and Personal Security. The DDD will ensure

organizations develop policies and procedures, and effective practices implementing such policies and procedures, that address:

(a) The overall requirements of the governing body, business, and administrative supports of the individuals they provide services to.

(b) The fiscal practices in support of individuals managing, accessing and controlling their personal funds and other personal resources through the provision of education, training and support.

(c) Their business practices, which includes maintaining a record of information promoting continuity of services and security of individual information, in support of individuals served.

(11) Quality Improvement System. The DDD will ensure the organization has a system of internal compliance and quality monitoring that measures compliance with contractual and certification requirements, as defined by DDD, and that measures performance on quality measures defined by DDD. Measures will ensure compliance with the federal HCBS Rule, and for Support Coordination contracted providers, will also ensure compliance with federal regulations for person-centered planning.

(12) Support Coordination.

(a) The DDD will ensure the organization has a system of support coordination that complies with minimum requirements established by the DDD. All Support Coordination agencies must maintain these requirements in order to operate within the state of Alabama as a Support Coordination Agency provider. The requirements are delineated in the provider operational procedures manual, contracts, and certification standards.

(b) The DDD will develop, implement, and monitor effective person-centered planning practices which will minimally include the following:

(i) Use of community-based service delivery.

(ii) Assessment resources and procedures.

(iii) Person-centered plan aligning assessment results with paid and natural services and supports identified to support individuals.

(iv) Back-up and contingency planning.

(v) Procedures Service Coordinators use to ensure the protection of rights for individuals, prevent abuse of individuals, and detect and report fraud, waste, and abuse.

(vi) Procedures for the development, implementation, and monitoring of Behavioral Support Plans.

(vii) Procedures for crisis planning and intervention.

(c) Person-centered planning practices will comply with all applicable Medicaid Waiver and HCBS rules.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: Amended: Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.11 Review of Contracted Services.

1. The DDD and its Regional Community Services Offices will monitor and provide technical assistance to contracted service providers to assure that individuals receive appropriate care, supervision and treatment. This monitoring and technical assistance will be on-going but will include at least annual on-site reviews by qualified DDD staff.

2. Certification site visits are conducted to assure that the provider is practicing sound management, providing quality service to individuals, complying with the DMH-DDD contract, DMH-DDD Standards and DDD Operational Guidelines, the DMH Administrative Code for Services to individuals with intellectual disabilities, and all relevant federal regulations, as well as requirements for contracted providers specified in the DDD approved HCBS waivers.

3. Emphasis will be placed on the well-being of the individuals served, monitoring the delivery of services and supports, according to approved service definitions, as identified in the person-centered plan, and ensuring that documentation and other record keeping tools, including but not limited to progress notes, data sheets, personal files and operational procedures, substantiate an effective and systematic approach to the delivery of quality services and supports to individuals.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.12 Research

The DDD supports research that will contribute to the advancement of knowledge about the nature and causes of intellectual disabilities and intervention techniques related to intellectual disabilities. Each individual's rights and well-being will be protected during and after any such research project and will comply with all DMH Standards related to research. Research to be conducted within the DDD will require the approval of the Associate Commissioner for Developmental Disabilities. (Reference DMH Policy 001-006; 020-070; and 020-072)

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed February 4, 2005; Effective March 11, 2005. **Amended:** Filed January 17, 2011; Effective December 21, 2011. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30-.13 Program Enrollment/DMH Medicaid Waiver Programs.

Agencies/providers that participate in the Medicaid Waiver programs for financial compensation must be enrolled as a provider of services to individuals with intellectual disabilities, must be certified by the DMH, and must be under contract or subcontract with the DMH. Certification does not guarantee a contract will be approved by DMH. Monitoring of waiver services by DMH is required to meet federal funding requirements and to protect the Medicaid funding source. This monitoring is conducted by DMH in accordance with DMH regulations.

Agency/Provider Enrollment in the Alabama Medicaid Agency (AMA) HCBS Waiver Program for Persons with intellectual disabilities require the following:

- (1) The agency/provider must be certified by DMH.
- (2) The agency/provider must contract with DMH or subcontract with a DMH contractor.

(3) The agency/provider must provide to DMH the services it proposes to provide and numbers of individuals it proposes to serve if DMH approves a contract with the agency/provider. The DMH fee-for-service reimbursement system requires each agency/provider to comply with the established reimbursement rates for each specific service/support delivered to individuals.

(4) Each contracting provider agency shall acquire a National Provider Indicator (NPI) as required by HIPAA. The Department will register the provider agency's NPI with the Medicaid Fiscal Agent, which will issue a performing provider number for each program in which the provider agency becomes enrolled. Each agency/provider will be assigned a license to access DMH electronic billing and payment system. This access will allow the license holder to bill the DMH, which will then approve, deny or suspend the claim prior to submitting it to EDS or paying it directly.

(5) Individuals enrolled in DMH-DDD Waiver programs also receive support coordination services. The support coordinator serves as an advocate and a resource for the person.

(6) All persons, along with their families or guardians, served through DMH-DDD HCBS Waiver Programs must be given freedom of choice among qualified providers as to who is going to provide each waiver service.

(7) Each person enrolled in HCBS waivers must have a plan of care which specifies the services and the number of units of each service which he or she is expected to receive.

Author: Division of Developmental Disabilities,

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: **New Rule:** Filed January 17, 2011; Effective February 21, 2012. **Amended:** Filed August 26, 2019; Effective October 10, 2019. **Amended:** Filed September 18, 2020. Effective January 14, 2021.

580-5-30.14 Eligibility And Level Of Care Determinations For Medicaid Waiver Programs.

The AMA designates the DMH as the entity authorized to determine individuals' eligibility for participation in the Medicaid HCBS Waivers. Within the DMH, the oversight and monitoring of day to day operations of the Waiver programs are conducted by the DDD through its Central Office and its Regional Community Service Offices. Information for eligibility determinations of individuals with intellectual disabilities for enrollment and continued participation in these programs is gathered by designated 310 Board and submitted to the appropriate DMH Regional Community Service Office as described in the DDD Operation Policy and Procedures.

(1) Definitions:

(a) ICAP (Inventory for Client and Agency Planning) - The standard functional assessment instrument used in the process of determining eligibility for the waiver programs. This commercial product will produce a three-page summary report known as the Compuscore. An eligibility assessment within DMH-DDD's electronic information system summarizes key information from the ICAP Compuscore, from which the Regional Office can determine the individual's level of care.

(b) Level of Care Evaluation (LOC) - The form required by the Waiver Programs to document that the applicant would otherwise be eligible for and require the LOC provided in an Intermediate Care Facility (ICF).

(c) Designated Support Coordination Entity - The entity or Regional Office designated by DMH in each county or group of counties responsible for coordinating waiver services and supports for individuals waiting for services.

(d) Criticality Summary - The assessment tool created by the Department to evaluate the criticality of an individual's need for services.

(e) Intellectual Disability - A preferred term for Mental Retardation. The use of this preferred term in the present context carries exactly the same clinical specifications that have been used to define Mental Retardation in the DMH Standards, programs and regulations of the Department in the past.

(f) Qualifying Psychological Evaluation - A psychological evaluation administered and interpreted by a qualified individual.

(2) Eligibility for the Waiver - Medicaid HCBS Waivers are approved only as cost-effective alternatives to institutional care that would otherwise be reimbursed by the Medicaid Program. The waivers operated by DMH are alternatives to a Medicaid reimbursed ICF. For eligibility requirements for HCBS waivers operated by DMH-DDD, refer to the Long-Term Care Waiver section of the AMA's website.

(a) In Alabama, eligibility for the waiver is determined in three steps. In the first step, preliminary eligibility is determined so an individual's name can be added to a statewide waiting list. The second step occurs when the individual can be reached on the waiting list and it becomes his or her turn to be enrolled in the waiver. The third step occurs when the individual has been receiving services for a period no longer

than one (1) year and his or her eligibility must be re-determined. Re-determination is required annually for as long as the individual receives services under the waiver.

(3) The Waiting List - The DMH maintains a statewide waiting list of individuals applying for services through the Medicaid waiver programs it administers under delegation of authority from the AMA. Applicants initially placed on the waiting list requires a determination of preliminary clinical eligibility as defined in the HCBS waiver. If an applicant is financially ineligible for Medicaid at the time of Waiver eligibility determination, the applicant may still be placed on the waiting list, so long as the intellectual disabilities and adaptive functioning criteria are met. However, the requirement of financial eligibility for Medicaid must be met in order to enter services from the waiting list.

Author: Division of Developmental Disabilities,

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 17, 2011; Effective

February 21, 2012. **Amended:** Filed August 26, 2019; Effective

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580-5-30-.15 Freedom Of Choice; DMH Medicaid Waiver Programs.

The DMH shall assure that each individual and their guardian or legally authorized representative are given a freedom of choice of individuals or entities from which to receive services.

Freedom of choice of provider is an essential right of individuals and their families as required by federal Medicaid for 1915(c)waivers not operated concurrently with any other federal Medicaid authority.

Author: Division of Developmental Disabilities

Statutory Authority: Code of Ala. 1975, §22-50-11. **History: New Rule:** Filed January 17, 2011; Effective February 21, 2012.

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