Rule No. 560-X-47-.02 Eligibility

(1) Financial eligibility is limited to individuals eligible for Medicaid under the Alabama State Plan.

(2) Treatment eligibility is limited to individuals with a diagnosis, assigned by a licensed physician, a licensed psychologist, a licensed physician's assistant, a certified registered nurse practitioner, a licensed professional counselor or associate licensed counselor of mental illness or substance abuse as listed in the most current International Classification of Diseases - Clinical Modification (ICD-CM). The V-Z codes are not covered for adult rehabilitative treatment services; however, the intake evaluation and diagnostic assessment will be covered even if the resulting diagnosis is a V-Z code. For treatment services provided to children under 21 or adults receiving DHR protective services, the only V-Z code covered for reimbursement is V62.9Z65.9, problem related to unspecified psychosocial circumstances.

(3) Providers of rehabilitative services shall meet the following eligibility requirements:

(a) Shall be in full compliance with applicable federal and state laws and regulations including compliance with the requirements expressed in the current version of the Medicaid Provider Manual, Rehabilitative Services, Chapter 105;

(b) Shall submit evidence to Medicaid of full compliance with 560-47-X-.03; and have such compliance approved in advance; and

(c) Shall execute the Medicaid non-institutional provider agreement with appropriate attachments.

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Statutory Authority: 42 CFR Section 440.130 (d); Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Section 4105. State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990. Amended August 14, 1991, March 1, 1994, and June 14, 1994. **Amended:** Filed March 20, 2001; effective June 15, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed July 14, 2015; effective August 18, 2015. **Amended:** Filed November 19, 2018.