

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 580 Department or Agency Alabama Department of Mental Health

Rule No. 580-5-30-.01

Rule Title: Purpose

 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer *Catherine J. Repull*

Date 9/18/20

LEGISLATIVE SVC AGENCY

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Alabama Department of Mental Health

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

RULE NO. & TITLE: 580-5-30-.01 Purpose

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: The Developmental Disabilities Division of the Alabama Department of Mental Health proposes to amend Chapter 580-5-30, Intellectual Disabilities Services, and repeal Chapter 580-5-33, Administrative and Support Requirements for Community Providers of Intellectual Disabilities Services. These proposed changes are intended to streamline and consolidate requirements and replace language deemed outdated and inappropriate current professional standards of practice. All requirements recommended for deletion from the Administrative Code shall be adopted in ADMH Policies and/or in DDD Operational Procedures as appropriate.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Debbie Popwell, Director, Office of Certification Administration, Alabama Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130 by mail or in person or by electronic means to Debbie.popwell@mh.alabama.gov until and including November 4, 2020. Persons wishing to submit data, views, or arguments orally should contact Ms. Popwell by telephone at (334) 353-2069 during this period to arrange for an appointment.

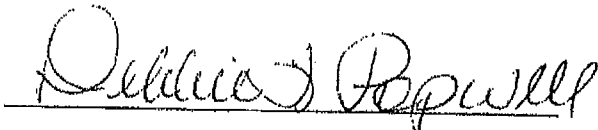
FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: November 4, 2020

CONTACT PERSON AT AGENCY:

Persons wishing a copy of the proposed may contact Debbie Popwell, Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130.

(334) 353-2069

A copy of the proposed change is available on the department's website at <http://mh.alabama.gov>. Click on Provider Portal and then Certification to find code with changes.



(Signature of officer authorized to promulgate and adopt rules or his or her deputy)

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	<u>Purpose.</u>

(1) The purpose of the Alabama Department of Mental Health (DMH) Division of Developmental Disabilities (DDD) ~~is~~ 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, ~~notwithstanding exceptions for services to individuals with recognized disabilities on a case by case basis.~~ All appropriate resources will be utilized to the maximum extent possible by joining with other service agencies, relatives,

(2) The DDD prioritizes the preservation and promotion of ~~recognizes the worth, 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. in that each should be provided with a continuum of services and supports which foster achievement and maintenance of functional skills and abilities to the maximum potential of human functioning.~~

Author: Division of Developmental Disabilities (DDDD)

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.

580-5-30-.02 Method Of Delivery. The ~~DDD Division of Developmental Disabilities~~ provides ~~residential care and treatment through a statewide Regional Service Delivery System~~ divided into geographic regions, all of which includes the office of a Regional Community Services office, Comprehensive Support Teams, and services contracted with public and private organizations.

(1) Regional Community Services is a major component division 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, implementing and monitoring of contracted services. 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.

(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 Alabama DMH Division of Developmental Disabilities (DDD), 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 who meet criteria for services.

(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 Comprehensive Support Services~~ 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.

~~(f) Comprehensive Support Services teams assess the need for and assist with providing an array of supports to individuals who require specialized services. Additionally, these teams assist providers with developing internal capacity related to these and other specialty areas.~~

~~(g) Comprehensive Support Services team will, at a minimum, consist of the following personnel as described by the current personnel classification system: A doctoral level Psychologist who serves as the team leader and is responsible for coordinating the development and maintenance of procedures and protocols (standardized across teams) addressing all activities of the team, including the intake process; Psychological Associate; a Psychological Assistants; a Primary Care Physician; a Psychiatrist; a Dentist; and, a Habilitation Treatment Coordinator/Qualified Intellectual Disabilities Professional (QIDP).~~

~~(h) Individuals Served: Individuals who meet the American Association on Developmental and Intellectual Disabilities (AIDD) definition of having an intellectual disability and present issues which require diagnostic or treatment consultation are eligible for services provided by the Comprehensive Support Services teams.~~

~~(i) Services Provided: 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, Comprehensive Support Services 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, and dental services may require the participation of multiple team specialists.~~

~~(j) Accessing Services: In order to access Comprehensive Support Services, provider agencies and/or families should contact their Regional Community Services Office. The Directors of these offices implement established procedures for processing and prioritizing referrals.~~

Author: Division of Developmental Disabilities (DMH)

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.

580-5-30-.03 Assurances.

(1) All intellectual disability 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, and the Intellectual Disabilities Act. Appropriate certifications will be maintained in accordance with applicable Standards.

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

(3) 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 (DMH)

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.

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), CMS Centers for Medicare and Medicaid Services HCBS Home and Community Based Waiver Services, regulations. Alabama Living at Home Waiver Services, Community Standards for Services for Individuals with Intellectual Disabilities, and the Intellectual Disabilities Act. ~~Case records will be maintained in a confidential manner and will contain accurate and timely documentation of service planning and delivery.~~

Author: Division of Developmental Disabilities (DMH)

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.

580-5-30-.05 Abuse/Neglect/Mistreatment/Exploitation. The ~~DDD Division of Developmental Disabilities~~ preserves the safety, protection, and well-being of all individuals receiving services ~~throughin~~ its certified community agencies, and will take appropriate action on any mistreatment, neglect, abuse or exploitation of those individuals.

~~(1) The DMH prohibits abuse, neglect, mistreatment and exploitation of individuals served. There are procedures for investigating and reporting such incidents, for taking disciplinary and corrective actions, and for filing criminal charges against any DMH employee, providers and its employees or agents that violates DMH Standards related to abuse and neglect of individuals.~~

(2) The DDD maintains a Community Incident Prevention and Management System (IPMS) Plan 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 (DMH)

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.

580-5-30-.06 Service System. The DDD in partnership with through its service delivery system, will provide people of Alabama who have Intellectual Disabilities a systematic method of entry into its service delivery system. ~~This system, with appointed responsibilities for 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. comprehensive needs assessment, case referral, support coordination, eligibility determinations and redeterminations, choice between facility-based or community-based services, assurance of freedom of choice of providers, direct services and supports, and the reassessment of needs of individuals with Intellectual Disabilities for the needs of individuals with Intellectual Disabilities for the review and revision of service and support priorities, plans, etc.~~

Author: Division of Developmental Disabilities (DMH)

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

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October 10, 2019. **Amended:** Filed September 18, 2020.

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

(1) 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. Alternative community residential and day/work-program placements and supports. Placements will be made according to each individual's specific needs, choices and desires, and will progress from less independent to more independent environments. Placements and supports will be compatible with the client's age, abilities, medical and developmental needs and desires, and will be such that the individual functions with the maximum degree of independence and self-determination according to his/her capabilities. The goal of providing services and supports to individual with intellectual disabilities is to promote inclusive community living options, transition outcomes, and employment for individuals to achieve full community integration and inclusion in society in a manner consistent with the strengths, resources, and capabilities for each individual.

(2) 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. Individuals, their families and the Residential and Community Services staff will coordinate all placement and discharge decisions to include all proper notifications and adequate preparations for community placements. Impasses will be resolved by the DMH Associate Commissioner for Developmental Disabilities.

(3) 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 (DMH)

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.

580-5-30-.09 Intellectual Disability Community Programs.

~~(1) Community Services will assist to coordinate the provision of services and supports for each individual qualified for services according to their specific needs and desires. Efforts will be directed toward providing supportive services to families and developing an array of community alternatives to avoid institutional care.~~

~~(2) To promote maximum competency by agency staff in the provision of care, services and supports to individuals, the DDD will work cooperatively with service providers on an on going basis to assess staff training needs and develop resources to meet these needs.~~

Author: Division of Developmental Disabilities (DDH)

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.

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

(1) 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.

(2)(1) Policies and Procedures of Contracted Service Providers, and Evidence of Effective Implementation in Practice. The DDD Division of Developmental Disabilities (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.

~~Services that are contracted through the Department are monitored and evaluated by various departments and offices governing the contract funding source. However, it is the responsibility of the DDD and the Regional Community Services Offices to monitor contracted services to assure that individuals receive appropriate care, supervision and treatment. This monitoring and technical assistance responsibility will be on going, but will include at least annual on-site reviews by qualified professionals.~~

~~(1) (3) The purpose of the certification site visit will be to assure that the provider is practicing sound management, providing quality services to individuals, complying with the DMH contract, DMH Standards and the DMH Administrative Code for Services to individuals with Intellectual Disabilities. Emphasis will be placed on the safety and well-being of the individuals serviced, monitoring the delivery of services and supports 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, personnel files and operational procedures, substantiate a systematic approach to the delivery of quality services and supports to individuals.~~

(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, destruction, 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 (DMH)

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.

580-5-30-.11 Research. Review of Contracted Services. ~~The Division of Developmental Disabilities 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.~~

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 (DMH)

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.

580-5-30-.12 ~~Program Enrollment/DMH Medicaid Waiver Programs~~
Research

~~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 Department of Mental Health (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 Medicaid Home and Community Based Waiver Program for Persons with Intellectual Disabilities (ID Waiver Program) and/or the Medicaid Home and Community Based Living at Home Waiver (LAH Waiver Program) requires the following: The agency/provider must be certified by DMH.~~

~~(1) The agency/provider must contract with DMH or subcontract with a DMH contractor.~~

~~(2) 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.~~

~~(3) 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 known as ADIDIS. 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.~~

~~(4) Individuals enrolled in either of the Waiver programs also receive support coordination from a qualified support coordination agency. The support coordinator services as an advocate and additional resource for the individual.~~

~~(5) All individuals, along with their family or guardian, served under either of the two Waivers must be given freedom of choice among qualified providers as to who is going to provide each waiver service.~~

~~Each individual in either of the two waivers must have a plan of care which specifies the services and the number of units of service which he or she is expected to receive.~~

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 (DMH)

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.

580-5-30-.13 ~~Eligibility And Level of Care Determinations For Medicaid Waiver Programs. Program Enrollment/DMH Medicaid Waiver Programs.~~

~~The Alabama Medicaid Agency designates the DMH as the entity authorized to determine individuals' eligibility for participation in the Medicaid Home and Community-based (HCBS) Waiver for individuals with Intellectual Disabilities (ID Waiver) and for the Alabama Living at Home Waiver (LAH Waiver). Within the DMH, the oversight and monitoring of day to day operations of the Waiver programs are conducted by the Division of Developmental Disabilities 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 either of these two programs must be submitted by the designated support coordination agency to the designated DMH Regional Community Service Office.~~

~~(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 the Alabama Division of Developmental Disabilities information System (ADIDIS) 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 level of care provided in an ICF facility.~~

~~(c) ——— Designated Support Coordination Agency — The agency designated by DMH in each county or group of counties responsible for submitting applications and information regarding 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. The assessment is to be conducted by support coordinators with the Designated Support Coordination Agencies, and then submitted to the Department electronically within the ADIDIS system for scoring.~~

~~(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) ——— ADIDIS — The web based management information~~

system operated by the Division of Developmental Disabilities. The acronym stands for the Alabama Division of Developmental Disabilities Information System.

~~(g) Qualifying Psychological Evaluation A psychological evaluation administered and interpreted by a qualified individual for children less than eighteen (18) years of age, a date of the application.~~

~~(6) (7) Eligibility for the Waiver Medicaid Home and Community Based Waivers are approved only as cost-effective alternatives to institutional care that would otherwise be reimbursed by the Medicaid Program. This means that individuals must be determined to be eligible for that institutional care, and predictably likely to actually need that care in the absence of the service or services under the waiver. The waivers operated by DMH are alternatives to a Medicaid reimbursed Intermediate Care Facility or ICF. For adults age 18 or more, the psychological evaluation is required. For children less than eighteen (18) years of age, a psychological should be completed within three (3) years of the date of the application. In order for the submitted psychological evaluation to qualify the individual for the waivers, it must show significant problems in at least three (3) adaptive functioning subscales, must document a full scale IQ score below seventy (70), and must demonstrate or be accompanied by proof that the individual's intellectual disability had an onset before the age of eighteen (18). In addition, if other developmental evaluations have been administered to the individual, none of them should document a full scale IQ score of seventy (70) or above. The highest score on any developmental evaluation administered will be the score that DMH may consider as valid. Furthermore, the primary cause(s) of the impaired functioning or the full scale IQ score less than seventy (70) shall not be the presence of mental illness or the result of external factors such as heavy medication or stress. All the conditions above are necessary for the submitted evaluation to be considered a qualifying psychological evaluation.~~

~~(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.~~

~~(b) In the first step, clinical evidence must be presented that the individual has a current diagnosis of an~~

~~intellectual disability, that he or she had this diagnosis before the age of eighteen (18) years, and that he or she has significant problems in at least three (3) of six (6) areas of life activities, not including that of learning, as measured on the ICAP. In addition, there must not be any evidence that the individual will not be able to establish Medicaid financial eligibility for the waiver. The documentation required by the Regional Office to make the clinical determination follows:~~

- ~~1. A qualifying psychological evaluation.~~
 - ~~2. The proof that an individual had a diagnosis of intellectual disability prior to age eighteen (18) and had a qualifying psychological evaluation administered before the individual reached that age. In instances where the individual never had an evaluation prior to age eighteen (18) but there is substantial corollary evidence from school or social or developmental history that the individual does meet this requirement, the Department may approve an exception.~~
 - ~~3. An ICAP Compuscore report, completed within ninety (90) days prior to the application to be added to the waiting list.~~
 - ~~4. A criticality assessment completed within ninety (90) days prior to the application.~~
- ~~(c) Submission of required forms for enrollment in the waiver, and determination by the Regional Office that, but for the service(s) of the waiver, the individual would otherwise require the level of care provided in an ICF within the next thirty (30) days is necessary. The individual has or can obtain Medicaid financial eligibility. The forms which are submitted to the Regional Office, either hardcopy or through ADIDIS, are:~~
- ~~1. A Summary of Habilitation form may be completed and submitted electronically through the ADIDIS system.~~
 - ~~2. A Freedom of Choice of Provider form, signed by the individual and/or family member or legal guardian, substantiating the individual's freedom of choice of providers in the county of service. This document can be scanned into a computer and attached to the individual's ADIDIS record as a note.~~
 - ~~3. A Dissatisfaction of Service form (Notification of due process rights), which is signed, then can be scanned into a computer and attached to the individual's ADIDIS record as a note.~~
 - ~~4. The Plan of Care, which can be completed within ADIDIS, signed, then scanned into a computer and attached to the~~

~~individual's ADIDIS record as a note.~~

~~(d) Re-determination requires the submission of:~~

- ~~1. A review of eligibility, including updating any new information that may come from an ICAP, qualifying psychological evaluation, social summary, and medical report.~~
- ~~2. A Summary of Habilitation form specific to the new period of eligibility being requested.~~
- ~~3. The Plan of Care, specific to the new period of eligibility being requested.~~
- ~~4. A Freedom Choice of Provider form, signed by the individual, and/or family member or legal guardian, substantiating the individual's freedom choice of providers in the county of service, or the choice of different providers.~~

~~(3) The Waiting List - The DMH maintains a statewide waiting list of individuals applying for services through either of the Medicaid waiver programs it administers under delegation of authority from the Alabama Medicaid Agency. Application to be placed on the waiting list requires a determination of preliminary eligibility. The DMH will not, knowingly, add an individual to the waiting list if there is any indication that the individual, once enrollment in a waiver program becomes available, will not be eligible. To the extent possible, information submitted to qualify an individual for the waiting list is not required to be re-submitted when the individual is reached on the waiting list and the waiver application needs to be submitted. The following process is required to be placed on the waiting list:~~

~~(a) Initial Contact: Individuals call the DMH using a toll-free number to begin the application process. Information is taken during this telephone interview and a referral is made either that same day or the next business day following to the designated support coordination agency responsible for the county in which the individual resides.~~

~~(b) Referral Processing: Upon receipt of the referral from the DMH, the designated support coordination agency assigns a support coordinator or intake worker to make contact with the individual and/or individual's family. The support coordinators/intake coordinators administer an ICAP and a Criticality Summary and gather and/or prepare additional information needed to document the individual's eligibility for the waiver program.~~

~~(c) Submission of Referral: The support coordination agency submits the following information to the Regional Community Service Office, which reviews the information and if approved, enters the individual on the waiting list.~~

~~1. A qualifying psychological evaluation as defined in paragraph (1)(g);~~

~~2. Proof that the individual had a diagnosis of Developmental disability prior to age eighteen (18);~~

~~3. A developmental summary, to assist in determining eligibility, including assuring the onset of a developmental disability before the age of eighteen (18), completed within ninety (90) days prior to the application;~~

~~4. An eligibility assessment within the ADIDIS system, summarizing key information from the ICAP Compuscore, from which the Regional Office can determine the individual's level of care. The ICAP which produced the Compuscore is completed within ninety (90) days preceding the application to be added to the waiting list and meets the definition in paragraph (1)(a); and~~

~~5. A criticality assessment completed within ninety (90) days preceding the application.~~

~~(d) The date of application is the date a complete packet is received at the Regional Community Service Office, or the date a complete electronic application appears on either the NEW or UPDATE work queue in the ADIDIS system. The Regional Community Service Office pends the application and informs the support coordination agency of any additional information needed. The date of application then becomes the date that information is supplied, and the application is approved.~~

~~(e) All eligible individuals for the waiver programs are added to the statewide waiting list.~~

~~(f) The waiting list is sorted by criticality summary score and by length of time waiting, and a rank is established for each individual waiting, with number one being the rank with the most need.~~

~~(g) Rank is reestablished whenever a criticality summary is added or changed to accommodate new applicants and individuals with changing conditions, as determined by criticality scores.~~

~~(h) New state funding for the waiting list is allocated to the highest priority needs statewide.~~

~~(4) Initial Enrollment in a Waiver Program When an individual from the waiting list can be admitted to either of the two Waiver Programs, all forms required by the DMH and the Alabama Medicaid Agency are completed accurately and in a timely manner by the support coordination agency. The designated~~

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~~support coordination agency submits the required forms and in addition, the following required diagnostic and evaluation reports or summaries, unless previously submitted to qualify the individual for the waiting list, as noted in the paragraphs below:~~

~~(a) — A copy of a qualifying psychological assessment. If the applicant is currently less than eighteen (18) years of age, a previously submitted psychological is adequate only if it was administered within three (3) years prior to the current application date.~~

~~(b) — Information from an ICAP administered within ninety (90) days prior to the date of waiver application. The ICAP Compuscore report is required. Other assessments such as the Vineland or Adaptive Behavior Scale (ABS) may be used to supplement the information provided by the ICAP.~~

~~(c) — A copy of a physical examination performed and signed by a licensed physician, licensed physician assistant or a certified registered nurse practitioner, or a medical summary or physical assessment performed by a registered nurse, where the examination or assessment was conducted within three hundred sixty five (365) days prior to entry to the waiver and describes the medical status of the individual.~~

~~(d) — A social development summary completed within ninety (90) days prior to waiver application.~~

~~(e) — Other professional evaluations as necessary to support the individual's application for an ICF level of care.~~

~~(5) — Annual Eligibility Re-determinations — The support coordination agency submits the following required reports, assessments or summary statements:~~

~~(a) — The support coordinator completes a new eligibility assessment, a new Plan of Care, and Summary of Habilitation covering the new period of eligibility.~~

~~(b) — For an adult, the qualifying psychological evaluation from which the eligibility criterion of developmental disability was established is valid until the original evaluation is challenged, a condition changes, and/or a new evaluation is completed. The support coordinator submits a copy of the psychological assessment only if it is new or is requested by the Regional Community Services Office.~~

~~(c) — For a child, the Eligibility Assessment must reflect the most recent qualifying psychological evaluation results. That evaluation must be no more than three (3) years~~

~~prior to the redetermination application date. Exception: If the most recent IQ test was performed more than three (3) years prior to the redetermination date and the current school IEP team has determined and documented that the resulting IQ test score remains accurate, the date of the IEP meeting at which this determination was made will be acceptable in the Eligibility Assessment. The support coordinator documents through a note and copy of the IEP that the child's test scores were reviewed and continue to be an accurate reflection of the child's developmental functioning.~~

~~(d) A copy of an ICAP administered within the previous twenty-four (24) months (2 years) including a notation that the assessment has been reviewed and that all information remains the same. If information has changed, a new ICAP must be administered.~~

~~(e) A statement summarizing any changes that may have occurred in the individual's health status since the previous level of care determination.~~

~~(f) A statement summarizing any social or financial changes that have occurred with the individual, family or caregivers since the previous level of care determination.~~

~~(g) Freedom choice of provider form if the individual will be changing provider(s) or receiving new services from any provider.~~

~~(6) Applications for supported employment under the waiver require the individual to obtain a letter from the Alabama Department of Rehabilitation Services (ADRS) certifying that the individual is either not eligible for employment services through that agency or that ADRS has provided services to the individual and since closed their case. Individuals who are eligible for service through ADRS are not eligible for employment related services through the HCB Waiver until they have exhausted their ADRS benefits.~~

~~(7) The designated support coordination agency for each county/area serves as the point of entry for waiver applications. The designated support coordination agency collects necessary documentation and files the application with the Regional Community Service Office. The Regional Community Service Office processes all complete waiver applications to either determine an individual ineligible for the waiver or eligible but placed on a waiting list. Subsequent enrollment in one of the waivers depends on criticality of need, availability of resources, and space within the waiver caps on the number who can be served.~~

~~(8) The LAH Waiver Program has the following~~

~~requirements in addition to the necessity of meeting the DD Waiver Program requirements.~~

~~(a) The Living at Home Waiver serves individuals who already have a place to live but need supports to maintain that living arrangement.~~

~~(b) The Living at Home Waiver has expenditure limits, not inclusive of crisis intervention costs. Individuals who are expected to need more funding than the current limit are not admitted to the Living at Home Waiver.~~

~~Eligibility determination requires the same information as required for the DD Waiver Program. 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 Department of Mental Health (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.~~

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, DMH

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.

580-5-30.14 Freedom of Choice; DMH Medicaid Waiver**Eligibility And Level Of Care Determinations For Medicaid Waiver Programs.**

~~The Division of Developmental Disabilities 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 regulations and is upheld by the support coordination agency.~~

~~(1) The designated support coordination agency serving each county shall ensure that individuals and their family are provided with adequate information about all services, settings and providers of services from which to base their choice(s), and that their choice is unhindered by coercion or manipulation arising from conflict of interest.~~

~~(2) A Freedom of Choice of Provider form, signed by the individual and/or his family/guardian after being provided with information about all potential services, settings and providers of services/supports, is required to be completed for each initial application submitted by the support coordination service agency.~~

~~(3) Regional Community Service Offices shall monitor the freedom of choice of provider provisions, shall accept appeals, and shall investigate complaints regarding freedom of choice.~~

~~(4) Changing services, settings and providers requires a meeting of the individual's interdisciplinary team. If the individual and the team do not agree, the individual or the individual's family/guardian may appeal in writing to the Regional Community Service Office for a change of services, settings and providers. Exceptions may be granted in limited situations as approved by DMH Standards.~~

~~(5) If an individual and/or his family/guardian opt to change services, settings and/or providers, an orderly transition of the contractual arrangements must be made. State funding shall follow the individual to his/her new service provider unless there is evidence that individuals and/or families have been or are being solicited or pressured to change services, settings and/or providers. In this instance, DMH reserves the right to not transfer the funds to the receiving provider.~~

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, DMH--

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.

580-5-30-.14-580-5-30-.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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