

# **How to Apply: Medicaid Waivers**

<u>Intellectual Disability (ID) Waiver</u> (all counties except Baldwin, Elmore, Houston, Jefferson, Limestone, Madison, Mobile, Montgomery, Morgan, Tuscaloosa, and Walker)

- 1. Collect documentation including:
  - a. An IQ test from before the age of 22 and, if older than 22, an IQ test from after the age of 22 with scores of 72 or lower.
  - b. Documentation of a diagnosis of intellectual disability, for example, a letter from the applicant's physician stating that the individual has an intellectual disability.
  - c. Supporting documentation like IEPs/504 Plans, Behavior Intervention Plans (BIPs), Functional Behavioral Assessments (FBAs), law enforcement reports, hospitalization records, and Vocational Rehab assessments.
  - d. The applicant's Medicaid card (if they have one), Social Security number, and birth certificate. If applicable, immigration documentation should also be gathered.
  - e. If the applicant does not have Medicaid, it is a good idea to complete a form called a 204-205 with the applicant's financial information. This form can be found on the Alabama Medicaid website.
- 2. Call the Alabama Department of Mental Health (ADMH) Developmental Disabilities Call Center at 1-800-361-4491.
  - a. Tell them that you are applying for the Intellectual Disability Waiver for an applicant and give them the applicant's county of residence.
  - b. The intake officer will get your contact information, some basic information about the applicant like their diagnoses, school history, and services they may have received in the past. Be sure to specifically mention that the applicant has an intellectual disability.
- 3. The intake officer will refer your information to your local 310 Board. From there, a staff member at the 310 Board will reach out to you. At that time, provide all your supporting documentation and the 204-205 form, if the applicant doesn't have Medicaid already.

- 4. The 310 Board will schedule a time to meet with you to complete an assessment tool called an ICAP and a Family History Form. These forms allow the 310 Board to understand what the applicant's service needs are.
- 5. Once that documentation is complete, the 310 Board sends the application to the Regional Community Services office for your area. There, they will decide whether the application will be approved, denied, or if more information is needed.
- 6. If the applicant is found eligible, they will likely be placed on the Statewide Waiting List. If the applicant is found ineligible, they have the right to appeal that decision. Appeal information should be provided in the form of a written notice. If you do not get a written notice, ask for one.
- 7. Once put on the Waiting List, be sure to update your 310 Board every 6-12 months. Any changes in care available at home, including whether the primary caregiver has been injured or a caregiver is no longer available, or at school, for example graduation or shortened school days are important updates. Increases in aggressive behavior or outbursts, hospitalizations, or police involvement are also important updates.

<u>Living at Home (LAH) Waiver</u> (all counties except Baldwin, Elmore, Houston, Jefferson, Limestone, Madison, Mobile, Montgomery, Morgan, Tuscaloosa, and Walker)

Once on the Statewide Waiting List, you can ask your 310 Board staff about Living at Home Waiver. This Waiver is appropriate for individuals with intellectual disabilities who do not require institutional care or group homes. Service amounts are capped at \$58,000 under this Waiver.

<u>Community Waiver Program (CWP)</u> (Baldwin, Elmore, Houston, Jefferson, Limestone, Madison, Mobile, Montgomery, Morgan, Tuscaloosa, and Walker)

- 1. Collect documentation including:
  - a. An IQ test from before the age of 18 and, if older than 18, an IQ test from after the age of 18 with scores of 69 or lower.
  - Documentation of a diagnosis of intellectual disability, for example, a letter from the applicant's physician stating that the individual has an intellectual disability.
  - c. Supporting documentation like IEPs/504 Plans, Behavior Intervention Plans (BIPs), Functional Behavioral Assessments (FBAs), law enforcement reports, hospitalization records, and Vocational Rehab assessments.

- d. The applicant's Medicaid card (if they have one), Social Security number, and birth certificate. If applicable, immigration documentation should also be gathered.
- e. If the applicant does not have Medicaid, it is a good idea to complete a form called a 204-205 with the applicant's financial information. This form can be found on the Alabama Medicaid website.
- 2. Call the Alabama Department of Mental Health (ADMH) Developmental Disabilities Call Center at 1-800-361-4491.
  - a. Tell them that you are applying for the Community Waiver Program for an applicant and give them the applicant's county of residence.
  - b. The intake officer will get your contact information, some basic information about the applicant like their diagnoses, school history, and services they may have received in the past. Be sure to specifically mention that the applicant has an intellectual disability.
- 3. The intake officer will refer your information to your Regional Community Services Office for your area. From there, a staff member at the Regional Community Services Office will reach out to you. At that time, provide all your supporting documentation and the 204-205 form, if the applicant doesn't have Medicaid already.
- 4. The Regional Community Services staff will schedule a time to meet with you to complete an assessment tool called an ICAP and a Family History Form. These forms allow the Regional Community Services Office to understand what the applicant's service needs are.
- 5. Once that documentation is complete, the Regional Community Services Office sends the application to the correct office to determine eligibility. There, they will decide whether the application will be approved, denied, or if more information is needed.
- 6. If the applicant is found eligible, they will likely be placed on the Statewide Waiting List. If the applicant is found ineligible, they have the right to appeal that decision. Appeal information should be provided in the form of a written notice. If you do not get a written notice, ask for one.
- 7. Once put on the Waiting List, be sure to update your Regional Community Services Office every 6-12 months. Any changes in care available at home, including whether the primary caregiver has been injured or a caregiver is no longer available, or at school, for example graduation or shortened school days are important updates.

Increases in aggressive behavior or outbursts, hospitalizations, or police involvement are also important updates.

#### **Elderly and Disabled (E&D) Waiver**

- 1. Collect documentation including:
  - a. Supporting documentation showing the applicant's disabilities and their need for nursing facility level of care. Documentation may include medical progress notes from the last year and letters from physicians regarding the applicant's diagnoses and support needs.
  - b. The applicant's Medicaid card (if they have one), Social Security number, and birth certificate. If applicable, immigration documentation should also be gathered.
  - c. If the applicant does not have Medicaid, it is a good idea to complete a form called a 204-205 with the applicant's financial information. This form can be found on the Alabama Medicaid website.
- 2. Call the Alabama Department of Senior Services (ADSS) Hotline at 1-800-243-4491.
  - a. Tell them that you are applying for the Elderly and Disabled Waiver for an applicant and give them the applicant's county of residence. The call center will then transfer your call to your local Area Agency on Aging (AAA), who are responsible for the day-to-day running of the waiver.
  - b. The intake staff at the AAA will get your contact information, some basic information about the applicant, like their diagnoses and care needs. Be sure to focus on and emphasize the applicant's nursing/medical needs. List *all* the applicant's medical diagnoses and how those diagnoses impact them and require care.
    - i. Every AAA handles the application process a little differently. You may be required to leave a message or make an appointment. If you leave a message and do not hear back within a few days, call again to keep the process moving.
  - c. At the end of the phone call, ask for the email address and name of the person who will be handling the application. If you get that information, you can send additional documentation and check the status of the application by email.
  - d. Even if the intake staff try to discourage you from applying, continue with the application. The intake staff do not determine eligibility. If the intake staff say

the applicant will not be found eligible, ask if they are denying the application and that the denial be provided to you in writing.

- 3. Send the information you collected and the 204-205 form, if applicable, to the contact provided by the AAA. Keep track of how much time goes by after submitting this initial piece of the application. Once you complete this initial piece, your application is placed on a waiting list of sorts. Follow up with the AAA every month to check where the application is in the process.
- 4. The AAA will schedule a time to meet with you to determine what the applicant's needs are and collect the information needed to determine whether they will be found eligible.
- 5. Once that documentation is complete, the AAA sends the application to a nurse reviewer with ADSS. The nurse reviewer will decide whether the application will be approved, denied, or if more information is needed. If more than 90 days go by after your meeting with the AAA without an eligibility decision, reach out to your contact at the AAA, moving up the chain of command if there is no response.
- 6. If the applicant is found eligible, they will be placed on a list to begin receiving services. If the applicant is found ineligible, they have the right to appeal that decision. Appeal information should be provided in the form of a written notice. If you do not get a written notice, ask for one.

### **Alabama Community Transition (ACT) Waiver**

- 1. Collect documentation including:
  - a. Supporting documentation showing the applicant's disabilities and their need for nursing facility level of care. Documentation may include medical progress notes from the last year and letters from physicians regarding the applicant's diagnoses and support needs. If the applicant is currently in a nursing home, collect documentation showing that.
  - b. The applicant's Medicaid card (if they have one), Social Security number, and birth certificate. If applicable, immigration documentation should also be gathered.
  - c. If the applicant does not have Medicaid, it is a good idea to complete a form called a 204-205 with the applicant's financial information. This form can be found on the Alabama Medicaid website.

- 2. A nursing facility can refer an individual in their care to this waiver if they wish to transition back to the community. You can also start the application by calling the Alabama Department of Senior Services (ADSS) Hotline at 1-800-243-4491.
  - a. Tell them that you are applying for the Alabama Community Transition
    Waiver for an applicant and give them the applicant's county of residence.
    The call center will then transfer your call to your local Area Agency on Aging
    (AAA), who are responsible for the day-to-day running of the waiver.
  - b. The intake staff at the AAA will get your contact information, some basic information about the applicant, like their diagnoses and care needs. Be sure to focus on and emphasize the applicant's nursing/medical needs and, if they are already in a nursing home, emphasize that. List *all* the applicant's medical diagnoses and how those diagnoses impact them and require care.
    - i. Every AAA handles the application process a little differently. You may be required to leave a message or make an appointment. If you leave a message and do not hear back within a few days, call again to keep the process moving.
  - c. At the end of the phone call, ask for the email address and name of the person who will be handling the application. If you get that information, you can send additional documentation and check the status of the application by email.
  - d. Even if the intake staff try to discourage you from applying, continue with the application. The intake staff *do not* determine eligibility. If the intake staff say the applicant will not be found eligible, ask if they are denying the application and that the denial be provided to you in writing.
- 3. Send the information you collected and the 204-205 form, if applicable, to the contact provided by the AAA. Keep track of how much time goes by after submitting this initial piece of the application. Once you complete this initial piece, your application is placed on a waiting list of sorts. Follow up with the AAA on a monthly basis to check where the application is in the process.
- 4. If the applicant is in a nursing home, an initial evaluation will be done while the applicant is still living in the nursing facility.
- 5. Once that evaluation is complete, the AAA sends the application to a nurse reviewer with ADSS. The nurse reviewer will decide whether the applicant meets the level of care required for the waiver. Additional assessments to determine the applicant's support systems in the community, their functional limitations and

- diagnoses, and other factors that would increase the risk for the applicant to be placed in a nursing facility again after they return to the community.
- 6. If more than 90 days go by after the evaluation without an eligibility decision, reach out to your contact at the AAA, moving up the chain of command if there is no response.
- 7. If the applicant is found eligible, they will be placed on a list to begin receiving services. If the applicant is found ineligible, they have the right to appeal that decision. Appeal information should be provided in the form of a written notice. If you do not get a written notice, ask for one.

#### **Technology Assisted (TA) Waiver**

- 1. Collect documentation including:
  - a. Supporting documentation showing the applicant's disabilities and their need for nursing facility level of care. Documentation may include medical progress notes from the last year and letters from physicians regarding the applicant's diagnoses and support needs. If the applicant is currently in a nursing home, collect documentation showing that.
  - b. The applicant's Medicaid card (if they have one), Social Security number, and birth certificate. If applicable, immigration documentation should also be gathered.
  - c. If the applicant does not have Medicaid, it is a good idea to complete a form called a 204-205 with the applicant's financial information. This form can be found on the Alabama Medicaid website.
- 2. Call the Alabama Department of Senior Services (ADSS) Hotline at 1-800-243-4491.
  - a. Tell them that you are applying for the Technology Assisted Waiver for an applicant and give them the applicant's county of residence. The call center will then transfer your call to your local Area Agency on Aging (AAA), who are responsible for the day-to-day running of the waiver.
  - b. The intake staff at the AAA will get your contact information, some basic information about the applicant, like their diagnoses and care needs. Be sure to focus on and emphasize the applicant's nursing/medical needs. List *all* the applicant's medical diagnoses and how those diagnoses impact them and require care.
    - i. Every AAA handles the application process a little differently. You may be required to leave a message or make an appointment. If you leave a

message and do not hear back within a few days, call again to keep the process moving.

- c. At the end of the phone call, ask for the email address and name of the person who will be handling the application. If you get that information, you can send additional documentation and check the status of the application by email.
- d. Even if the intake staff try to discourage you from applying, continue with the application. The intake staff *do not* determine eligibility. If the intake staff say the applicant will not be found eligible, ask if they are denying the application and that the denial be provided to you in writing.
- 3. Send the information you collected and the 204-205 form, if applicable, to the contact provided by the AAA. Keep track of how much time goes by after submitting this initial piece of the application. Once you complete this initial piece, your application is placed on a waiting list of sorts. Follow up with the AAA on a monthly basis to check where the application is in the process.
- 4. A case manager with the AAA will schedule a time to meet with you. They will complete a Referral Form, which gathers personal information, current diagnoses, current benefit status, functional ability to perform activities of daily living, additional resources, and any other services provided to the applicant in the home. They will also complete a form to gather medical information that will be used to determine whether the applicant meets the nursing facility level of care.
- 5. Once those forms are completed, a review team with a social worker, nurse, and physician will review the information provided to determine whether the applicant meets the nursing facility level of care and confirm that the applicant has a history of being ventilator-dependent or having a tracheostomy.
- 6. If more than 90 days go by after the evaluation without an eligibility decision, reach out to your contact at the AAA, moving up the chain of command if there is no response.
- 7. If the applicant is found eligible, they will be placed on a list to begin receiving services. If the applicant is found ineligible, they have the right to appeal that decision. Appeal information should be provided in the form of a written notice. If you do not get a written notice, ask for one.

## State of Alabama Independent Living (SAIL) Waiver

1. Collect documentation including:

- a. Supporting documentation showing the applicant's disabilities and their need for nursing facility level of care. Documentation may include medical progress notes from the last year and letters from physicians regarding the applicant's diagnoses and support needs.
- b. The applicant's Medicaid card (if they have one), Social Security number, and birth certificate. If applicable, immigration documentation should also be gathered.
- c. If the applicant does not have Medicaid, it is a good idea to complete a form called a 204-205 with the applicant's financial information. This form can be found on the Alabama Medicaid website.
- 2. Call the SAIL Waiver Hotline at 1-844-602-7245.
  - a. Tell them that you are applying for the SAIL Waiver for an applicant and give them the applicant's county of residence. The call center will then transfer your call to your local Alabama Department of Rehabilitation Services (ADRS) office, which is the agency that runs the SAIL Waiver.
  - b. An ADRS case manager will complete a SAIL Referral form. If a waiver slot is available at that time, the case manager will also complete a form to gather medical information that will be used to determine whether the applicant meets the nursing facility level of care.
- 3. Send the information you collected and the 204-205 form, if applicable, to the case manager with ADRS.
- 4. The case manager will send the information you provided to a nurse reviewer with ADRS who will determine whether the applicant meets the nursing facility level of care.
- 5. If more than 90 days go by after providing information to your case manager without an eligibility decision, reach out to the case manager to check on the status of your application, moving up the chain of command if there is no response.
- 6. If the applicant is found eligible, they will be placed on a list to begin receiving services. If there are no open slots on the waiver at that time, they will be placed on a waiting list that is sorted by how long each applicant has been waiting for a slot. If the applicant is found ineligible, they have the right to appeal that decision. Appeal information should be provided in the form of a written notice. If you do not get a written notice, ask for one.