ALABAMA HOME AND COMMUNITY-BASED WAIVER SERVICES

Medicaid is a health care program for low income Alabamians. Applicants must meet eligibility criteria for one of the Medicaid Program categories in order to qualify for benefits. Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria. This chart summarizes those benefits and criteria, and tells you how to apply for Medicaid under a waiver. For some people, a waiver is the only way to qualify for Medicaid. Additional information can be found at the Alabama Medicaid Agency’s website: www.medicaid.alabama.gov

Clients must meet financial, medical, and program criteria to access waiver services. The applicant must also be at risk of nursing institutionalization (nursing facility, hospital, ICF/MFR). Clients in a waiver program must be willing to receive services in their homes or communities. A client who receives services through a waiver program also is eligible for all basic Medicaid covered services. When a client chooses to receive waiver services, the services must be provided by certified Medicaid providers. The cost of waiver services cannot be more than the cost of the level of care the waiver is based upon.

Each waiver program has an enrollment limit. There may be a waiting period for any particular waiver. Applicants may apply for more than one waiver, but may only receive services through one waiver at a time. Anyone who is denied Medicaid eligibility for any reason has a right to appeal. Talk to your county or regional certifying agency if you wish to exercise your right to appeal.

**Specific medical diagnoses include, but are not limited to:** Quadriplegia, Traumatic Brain Injury, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, Spinal Muscular Atrophy, Muscular Dystrophy, Severe Cerebral Palsy, Stroke, and other substantial neurological impairments, severely debilitating diseases, or rare genetic diseases (such as Lesch-Nyhan disease).

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**What is the purpose?**

To provide services that would allow elderly and/or disabled individuals to live in the community who would otherwise require nursing facility level of care.

To provide services to individuals who would otherwise require the level of care available in an intermediate care facility for the mentally retarded.

To provide services to individuals who would otherwise require the level of care available in an ICF-MR.

To provide services to disabled adults with specific medical diagnoses who meet the nursing facility level of care criteria.

To provide services to adults with complex skilled medical conditions who would otherwise require nursing facility level of care.

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**What is the target population?**

Individuals meeting the Nursing Facility Level of Care.

Individuals meeting the Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Individuals meeting the Medicaid, A.K.A. 530 Waiver.

**What are the services provided?**

- Case Management
- HomeMaker Services
- Personal Care
- Adult Day Health
- Respite Care (Skilled and Unskilled)
- Adult Companion Services
- Home Delivered Meals

- Residential Habilitation
- Residential Habilitation - Other Living Arrangement
- Day Habilitation - Level 1-4
- Day Habilitation with Transportation - Level 1-4
- Previsional Services
- Supported Employment
- Individual Job Coach
- Individual Job Developer
- Occupational Therapy
- Speech and Language Therapy
- Physical Therapy
- Behavior Therapy - Level 1-3
- In-Home Respite Care
- Out-Of-Home Respite Care
- Institutional Respite Care
- Personal Care
- Personal Care on Worksite
- Personal Care Transportation
- Environmental Accessibility Adaptations
- Specialized Medical Equipment
- Medical Supplies
- Skilled Nursing
- Adult Companion Services
- Crisis Intervention
- Community Specialist

- Residential Habilitation
- Day Habilitation - Level 1-4
- Day Habilitation with Transportation - Level 1-4
- Previsional Services
- Supported Employment
- Individual Job Coach
- Individual Job Developer
- Occupational Therapy Services
- Speech and Language Therapy
- Physical Therapy
- Behavior Therapy - Level 1-3
- In-Home Respite
- Out-Of-Home Respite
- Personal Care on Worksite
- Personal Care Transportation
- Environmental Accessibility Adaptations
- Specialized Medical Equipment
- Medical Supplies
- Skilled Nursing
- Community Specialist
- Crisis Intervention

- Case Management
- Personal Care
- Personal Assistance Service
- Environmental Accessibility Adaptations
- Personal Emergency Response System (Initial Setup)
- Personal Emergency Response System (Monthly Fee)
- Medical Supplies
- Minor Assistive Technology
- Assistive Technology
- Assistive Technology Repairs

**What are the source references?**

- Code of Federal Regulations: 42 CFR 440.180 and 441.300
- Policy provision for providers: Medicaid Admin Code Ch. 36

- Code of Federal Regulations: 42 CFR 441.180 and 441.300
- Policy provision for providers: Medicaid Admin Code Ch. 35

- Code of Federal Regulations: 42 CFR 441.180 and 441.300
- Policy provision for providers: Medicaid Admin Code Ch. 37

- Code of Federal Regulations: 42 CFR 441.180 and 441.300
- Policy provision for providers: Medicaid Admin Code Ch. 59