Understanding Medicaid Waivers: A Guide to Home- and Community-Based Services in Alabama

AD AP
The Alabama Disabilities Advocacy Program

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This manual provides information about various areas of the law. However, legal information is not the same as legal advice – the application of the law to an individual's specific circumstances. ADAP recommends that you consult a lawyer to ensure that this information, and your interpretation of it, is appropriate to your particular situation. This manual is not intended to and does not replace an attorney's advice based on your individual situation.

Transmission or receipt of this manual will not form an attorney-client relationship.

ADAP strives to update its materials on an annual basis. This manual is based on the law at the time the manual was written. The law changes frequently and is subject to various interpretations by different courts. Future changes in the law may make some information in this handout inaccurate.

Alabama Disabilities Advocacy Program

Web: http://www.adap.net

Email: adap@adap.ua.edu

Toll-free number: 1-800-826-1675

V/TDD: 1-205-348-4928

The Alabama Disabilities Advocacy Program (ADAP) is part of the nationwide federally funded protection and advocacy (P&A) system. ADAP provides legal advocacy services to Alabamians with disabilities to protect, promote, and expand their rights. ADAP's vision is one of a society where persons with disabilities are valued, exercise self-determination through meaningful choices, and have equality of opportunity. ADAP's advocacy efforts are governed by these values:

- Persons with disabilities should have the same opportunity to participate in the community as persons without disabilities.
- Persons with disabilities have the right to reasonable accommodations needed for full participation in their communities.
- Persons with disabilities have the right to be afforded meaningful choices and to make informed decisions.

ADAP provides information and referral services, public education programs, and individual case advocacy services.

Information and Referral

Anyone may call ADAP for information and referral services related to disability legal issues.

Education and Training

Individuals or groups may request disability rights and advocacy training. Requests are considered in light of ADAP's annual priorities and its resources for public education programming.

Individual Case Advocacy

ADAP provides individual case advocacy services according to the agency's priorities and case selection criteria.

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What is a Medicaid Waiver?

Medicaid waivers (also referred to as "home- and community-based services," or HCBS) are a form of long-term services and supports, or LTSS. These programs are designed to offer people with disabilities the kind of long-term care that they would normally have to access in institutional settings. Medicaid waivers are programs that exist as "alternatives to institutionalization." This means that people with disabilities no longer have to leave their homes and enter institutions like nursing facilities to receive care. Instead, they can receive that same level of care in their homes and communities.

The Origin of HCBS

"Recognition that unjustified institutional isolation of persons with disabilities is a form of discrimination reflects two evident judgments. First, institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life. Second, confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."

***Olmstead v. L.C.*, 527 U.S. 581 (1999).**

All people with disabilities have the right to live and receive services in the most integrated setting appropriate to their needs. This entitlement is rooted in the ADA's "integration mandate," which requires states to "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

Because people with disabilities are **entitled** to live and to receive services in integrated settings, they are **entitled** to be free from institutionalization. This means they are therefore **entitled** to receive all services necessary to enable them to remain in their homes and communities, rather than having to be institutionalized to receive services. States are not providing HCBS as a favor or a kindness—they are legally required to provide HCBS to people with disabilities to avoid institutionalizing them. That is where Medicaid waiver programs come in.

Why Are These Programs Called Waivers?

Waiver programs allow states to "waive," or not follow, certain Medicaid program requirements in order to provide expanded services to certain populations of people who would be at risk of institutionalization without those services. This allows states to provide long-term services and supports (LTSS) to people who might not otherwise be eligible for Medicaid.

It also means that states can tailor their waiver programs to provide specific services to targeted populations to keep those individuals out of institutions, even though those services may not be available under standard Medicaid.

Typically, waiver programs waive requirements pertaining to **statewideness**, **comparability**, and **income and resource rules applicable in the community.**

Waiving: Statewideness

In general, Medicaid services must be administered equally on a statewide basis. This means that standard Medicaid must be equally available to everyone who lives in the state and is otherwise eligible for services. HCBS waiver programs allow states to waive this requirement, and to create waiver programs that target geographical areas of highest need within a state, or geographical areas where there are specific providers available.

As of January 1, 2024, the only waiver in Alabama that waives the statewideness requirement is the Community Waiver Program (CWP). This allows the Alabama Department of Mental Health (ADMH) to offer the CWP in only 11 counties while they continue to develop and build out the waiver.

Waiving: Comparability of Services

Typically, Medicaid services must be equally available to and comparable between all recipients in a state. This means that all individuals who are eligible for a state's standard Medicaid program must have access to the same services in the same amount, quantity, scope, and duration. So, for example, every Medicaid recipient in a state is entitled to the same number of doctor's visits, the same number of prescriptions, and access to the same providers as every other Medicaid recipient in that state.

HCBS waiver programs allow states to make waiver services available only to certain groups of people who are at risk of institutionalization, such as individuals with intellectual

disabilities who would otherwise only be able to receive services living in an ICF/IID. Some waivers are specific to certain illnesses and/or conditions. For example, the State of Alabama Independent Living (SAIL) waiver is available only to individuals who have been diagnosed with certain rare genetic diseases.

This means that, in addition to being able to receive all basic Medicaid services once you are on a waiver, you also have access to additional services that are only available through your waiver, and which individuals receiving only standard Medicaid services cannot access.

Waiving: Income and Resource Rules Applicable in the Community

Usually, there are strict resource and income limits for individuals to be financially eligible for Medicaid. Those limits generally apply to any Medicaid applicant. HCBS waiver programs allow states to relax those financial requirements in order to provide Medicaid services to people who would otherwise be eligible only in an institutional setting. Financial eligibility for waiver programs is discussed in each of the sections of this manual pertaining to individual waivers.

Types of HCBS Programs

Waiver programs and programs offering HCBS are operated under one of several sections of the Social Security Act. In Alabama, all our waiver programs are governed by Section 1915(c) of the Social Security Act. The CWP is also separately governed by Section 1115 of the Social Security Act.

Section 1915(c)

- The first and primary waiver program
- Originated in 1981 when Congress added Section 1915(c) to the Social Security Act
- Allows states to waive certain Medicaid rules to provide expanded services to certain groups of people, as described above

Section 1115

- Allows states to pilot new waiver programs as "experimental" or "demonstration" projects
- Goal is to provide states with the flexibility to develop new ways of delivering HCBS
- Initially approved for a five-year period, but can be extended beyond that for periods of three or five years

Home- and Community-Based Waiver for Persons with Intellectual Disabilities (ID Waiver)

ID Waiver Overview

The ID Waiver is administered by ADMH and is Alabama's oldest HCBS waiver, created in 1981. It currently is able to serve 5,260 people. The ID Waiver offers a broad menu of services aimed at providing both medical care and training services to individuals over the age of three with intellectual disabilities who would have to be institutionalized in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) without waiver services. The ID Waiver does not place a cost limit on the services an individual waiver recipient can access in a year.

The ID Waiver is available to participants in all counties that have **not** moved to the CWP. New admissions to the ID Waiver in non-CWP counties will continue, and individuals who are already on the ID Waiver but live in CWP counties are permitted to remain on the ID Waiver. A list of counties that have moved to the CWP is included below, and an illustrated map of CWP counties is included as an appendix to this manual. Additionally, at the present time, ADMH has not made public any immediate plans to phase out the ID Waiver for individuals already on it. ID Waiver enrollees are also still entitled to all of the services available under the ID Waiver.

Eligibility for the ID Waiver

Financial Eligibility

You may know that "standard Medicaid" has very strict financial eligibility requirements. One of the things that makes Medicaid waiver programs so special is that they have more lax financial eligibility requirements than regular state-plan Medicaid. Most importantly:

Consider this example: A young man has a part-time job at a local restaurant, where he makes $1,000/month. But the income limit for standard Medicaid in Alabama in 2024 is $963/month. This young man would therefore not be eligible for standard Medicaid. However, his income is less than the $2,829/month limit for a waiver. So, although he would make too much money to be eligible for standard Medicaid, he can be financially eligible for a waiver. And, because he is eligible for a waiver, he can also receive all basic Medicaid services.

- Individuals receiving SSI benefits are considered automatically financially eligible for a Medicaid waiver.

- Individuals with income up to 300% of the Federal Benefit Rate (FBR) can also be eligible for a Medicaid waiver. As of January 1, 2024, the FBR is $943/month for an individual. This means that you can have income of up to $2,829/month and still be financially eligible for a Medicaid waiver.

Although Medicaid waiver programs are more permissive than standard Medicaid when it comes to income limits, these programs do impose a "resource limit" on applicants and beneficiaries, just like standard Medicaid does. This means that you cannot have any more than $2,000 in resources in your name on the first of each month, or you may lose your Medicaid eligibility.

If you have questions about how to manage your finances and resources in a way that will not negatively impact your waiver eligibility, we encourage you to reach out to an attorney. Everybody's situation is different, and there is no one-size-fits-all answer to these complicated financial questions.

Remember: It is the *applicant's* income and resources that count for determining their Medicaid eligibility. This applies equally to children and adults. When applying for a Medicaid waiver on behalf of a child under the age of 18, it is **still the child's "income" that counts for eligibility—not the parents'.** Usually, the child will not have any income. So, their income will be $0, and they will be financially eligible for the waiver. If the child receives SSI, then they are presumptively financially eligible for the waiver, just like an adult receiving SSI.

Medical and Program Eligibility

The ID Waiver requires that individuals be at risk of institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) in order to be determined eligible for ID Waiver services. This means that the applicant must be in a position where they will require institutionalization in an ICF if they do not get waiver services. If the

applicant meets the admission criteria for an ICF, then they have fulfilled the medical eligibility criteria for the waiver.

Each state has different eligibility criteria for ICF/IID services. Alabama regulations provide that ICF/IID services are intended for individuals who, because of their intellectual disability, have substantial functional limitations in at least three of the following areas of life activity:

- Self-care
- Receptive and expressive language
- Learning
- Self-direction
- Capacity for independent living
- Mobility

In addition to the three functional limitations, applicants to the ID Waiver must have at least one pre-18 and one post-18 (where applicable) IQ score of under 70, as well as a formal diagnosis of intellectual disability, to be considered for admission to the waiver.

Applying for the ID Waiver

The ID Waiver is administered by ADMH. ADMH divides its administrative responsibilities into the following regions, which administer ID Waiver services in the indicated counties:

Region I	Cherokee, Colbert, Cullman, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan
Region II	Bibb, Choctaw, Fayette, Greene, Hale, Lamar, Marengo, Marion, Pickens, Sumter, Tuscaloosa, Walker, Winston
Region III	Baldwin, Clarke, Conecuh, Dallas, Escambia, Mobile, Monroe, Perry, Washington, Wilcox
Region IV	Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa
Region V	Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Randolph, Shelby, St. Clair, Talladega

ADMH assigns case management and support coordination duties to each area 310 Board. 310 Boards are the local agencies that manage ID Waiver services for clients on a day-to-day

basis. Some counties have more than one 310 Board. A list of 310 Boards and the counties they cover is included as an appendix to this manual. The 310 Boards will be important in the application process, as the intake will be referred to the governing 310 Board for document collection and initial intake assessment. The support coordinator will also be the primary contact for updates to the application process once it has been initiated.

Before you begin the application process:

- Obtain IQ tests and diagnosis letters from your physician. You will need the following information to establish the applicant's eligibility for the ID Waiver and the CWP:
    - An IQ test from before the age of 18 showing an IQ score of 69 or below.
    - An IQ test from after the age of 18 showing an IQ score of 69 or below (if applying on behalf of someone older than 18).
    - Documentation of a diagnosis of intellectual disability.
        - If you do not have current documentation explicitly saying that the applicant has an intellectual disability, you should talk to their physician about writing a letter stating that the applicant does have ID. Even if the applicant has IQ scores of below 70, they still also need to have documentation stating that they have an intellectual disability.
- Obtain supporting documentation. This can include, but is not limited to, documents like IEPs, 504 plans, BIPs, FBAs, law enforcement reports, hospitalization documents, and Vocational Rehab assessments.
- Make sure you have other documentation such as the applicant's Medicaid card (if they have one), SSN, and birth certificate ready. If the applicant is an immigrant to the United States, you will also need to have their immigration documentation available.
- If you feel comfortable doing so, you can complete the 204/205 form before initiating your waiver application to ensure that you have it ready to go once it comes time to process your application. A blank 204/205 form is included in Appendix II to this manual. However, there is no requirement that you pre-complete the 204/205 form.

A note about IQ tests…

You need to have **at least one** IQ test showing a score of under 70 (69 or below) to have a chance of being determined eligible for the ID Waiver or the CWP. If you do not have any IQ scores of 69 or below to show, your application for the ID Waiver/CWP **will not be approved**, and it is very unlikely that you will be able to successfully appeal the denial. If you are looking to apply for the ID Waiver or the CWP but you do not have any tests showing an IQ score of 69 or below, we recommend that you obtain a new IQ test before moving forward with an application. If that IQ test shows a score of 69 or below, then you have a better chance of being approved (although it is still not guaranteed).

If you need a new IQ test, there are a few ways you can obtain one:

- If the applicant is 21 or under, you can contact the SPED coordinator for the school district covering the city or county where the applicant lives to facilitate a test.
- If the applicant is currently in or planning to access Vocational Rehab services, an IQ test will be done as part of their initial VR assessment.
- You can visit a psychologist of your choosing to have testing done. If you have health insurance, your insurance may cover some or all of the cost of testing.
- You can request that ADMH arrange to administer an IQ test to the applicant at the time you initiate their application.

In certain cases, ADMH will accept what is called "corollary evidence" of an individual's intellectual disability in lieu of an IQ score. Typically, this must be a letter from the applicant's physician formally diagnosing them with an ID. You will likely need to communicate with the Regional Community Services director for the Regional Office covering the applicant's home county to determine how to submit corollary evidence, if it is needed. A list of RCS offices with contact information for their directors is included in Appendix III to this manual.

Once you have your documentation together:

- Initiate the application by calling the ADMH Developmental Disabilities Call Center at 800-361-4491. You will have a brief interview with an intake officer, who will ask you for some biographical information about the applicant, such as their diagnoses, school history, and services they may have received in the past, such as special education or behavioral health services. When the intake officer asks you about the

applicants' diagnoses, **make sure to specifically mention their intellectual disability.**

- After this brief phone call, the intake officer will get your contact information. They will then send a letter confirming the application has been initiated, and then they will refer the case to the 310 Board to complete the next steps in the application process.

- Once the application is referred, a 310 Board staff member will reach out to you. At this point, they will want the documentation you compiled before you called ADMH to start your application. Send them those documents as quickly as you can to ensure that the application continues to move along.

- The 310 Board will then schedule a time to meet with you to complete the applicant's ICAP and Family History form. This is a simple interview process for the Support Coordinator to get a sense of your service needs.

- Once the ICAP is complete and the documents are received, the 310 Board will send the application to the appropriate Regional Community Services office for approval. Once your application is approved, you will likely be placed on the Statewide Waiting List.

Keep in mind that you can apply for as many waivers as you think you may be eligible for, and you can stay on multiple waitlists at the same time. You can even stay on the waitlist for one waiver while receiving services from another waiver. However, you cannot receive services from more than one waiver at the same time.

Remember important timeframes!

Federal law entitles Medicaid applicants who are applying for Medicaid on the basis of a disability (which all waiver applicants are) to a determination on their eligibility for services **within 90 days**. This means that, within three months of your waiver application being submitted, you should either be told that you are eligible for waiver services, or you should be informed that your application has been denied and advised of your due process rights in connection with the denial.

The Statewide Waiting List and Criticality Assessments

The Statewide Waiting List

At the time your ID Waiver application is finished and you are determined eligible for waiver services, if there are no available openings on the waiver, you will be placed onto the Statewide Waiting List. You will likely be told what your number on the waitlist is at that time.

However, that number does not tell you much, because admissions to the ID Waiver are not chronological. They are prioritized, instead, by each individual's criticality score, as described more fully below.

Criticality Assessments

There are five criticality categories for ID Waiver admission. Category 1 covers people who are considered "high risk" without waiver services and is the highest priority for admission to the waiver. The categories are organized as follows:

Criticality Category 1: High Risk

Individuals falling into this category have either already suffered or are at imminent risk of abuse, injury, or serious harm without waiver services, or they are causing others or putting others at imminent risk of abuse, injury, or serious harm. This category usually ends up covering individuals who need immediate placement in a group home for their own health and safety.

For an individual to be placed in Criticality Category 1, one of the following must be true:

- Individual's **only** caretaker has passed away or become incapacitated and no other caretaker is available, or
- Individual's family or caretaker is no longer able to provide care or has abandoned the individual, placing the individual's health and safety at risk, or
- Individual is currently homeless, or
- Individual is at immediate clear risk of abuse or neglect, or
- Individual is at immediate clear risk of seriously harming themselves or others.

For individuals in Criticality Category 1, a High-Risk Assessment with supporting documentation must be completed. Appropriate supporting documentation is different based on the situation that is causing the individual to be in Criticality Category 1:

- Where the individual's **only** caretaker has passed away or become incapacitated and no other caretaker is available, appropriate supporting documentation can be:
    - A physician's statement, or
    - An obituary, or

- A note from a Support Coordinator indicating previous evidence in either ADMH's central case management system or in the person's Social History.

- Where the individual's family or caretaker is no longer able to provide care or has abandoned the individual, placing the individual's health and safety at risk, appropriate supporting documentation can be:
  - A physician's statement, or
  - A statement from the caregiver detailing the reason they are unable to continue providing care, or
  - A statement from the Support Coordinator or other service providers detailing the reasons care cannot be provided.

- Where the individual is currently homeless, appropriate supporting documentation can be:
  - An eviction notice, or
  - A foreclosure notice, or
  - A DHR report of Adult Protective Services (APS) intervention, or
  - Detailed statements from persons close to the individual who can provide supporting evidence.

- Where the individual is at immediate clear risk of abuse or neglect, supporting documentation can be:
  - Police reports, or
  - A physician's statement of injuries, or
  - Hospital reports, or
  - DHR reports, or
  - Special incident reports to the Regional Community Services Office.

- Where the individual is at immediate clear risk of seriously harming themselves or others, supporting documentation can be:
  - Police reports, or

- Incident reports, or
- Progress reports, or
- Reports from a hospital or CMHC, or
- Reports of observations by verifiable sources, such as a social worker, program staff, or Support Coordinator.

A Medical and Behavioral Support Checklist must also be completed for individuals in Criticality Category 1. Unless otherwise stated, any of the symptoms or behaviors in the checklist must have occurred within the last year. The checklist that ADMH utilizes includes the following needs:

Medical

- Chronic pain
- Significant weight loss or gain (5% of body weight within last 30 days or 10% within last six months)
- Frequent illnesses that interfere with the person and family's daily routines
- Frequent injuries and/or falls that require medical attention
- Frequent and uncontrolled seizures **and/or** seizures that required emergency hospitalization within the last year
- Suctioning, tracheotomy, oxygen therapy, and/or ventilator-dependent
- Choking/choking precautions
- Tube feeding and/or spoon feeding by caregiver
- Incontinence, daily catheterization, and/or bowel care
- Person requires lifting for transfer that is difficult for caregiver(s)
- Orthopedic conditions (e.g., scoliosis)
- Skin breakdown

Behavioral

- Made verbal and/or physical threats that gave reason to fear physical harm
- Destroyed property
- Ran away
- Sleeplessness (has slept less than four hours per night, five days a week, for a month)
- Abused alcohol or substances
- Two or more medications used to treat mental illness and/or for behavioral control
- Self-harm
- Harming others (including animals)
- Ingested toxic and/or non-food substances **or** dangerous quantities of food
- Made a suicide threat or a suicide attempt
- Set fires
- Was sexually aggressive
- Required physical restraint within the last six months

Day programs are not an available service at the time of admission to the waiver for individuals in Criticality Category 1.

Criticality Category 2: Family Support

This category covers situations where waiver services are necessary to help the individual's family care for them in the home, or where services are necessary to support their individual in their home because the family's support is not available. For individuals falling into Criticality Category 2, the goal is to *prevent* the need to enter a residential setting like a group home.

For an individual to be placed in Criticality Category 2, one of the following must be true:

- Individual's primary (but not only) caretaker has passed away or has a terminal diagnosis, or
- Individual's primary caretaker has a chronic health condition that significantly limits their ability to care for the individual, or
- Individual's primary caregiver is over the age of 75, or
- Individual's primary caregiver is between age 60 and age 75, or
- Individual's primary caregiver has gotten divorced or has separated from their spouse within the last six months or another immediate family member has suffered a serious illness, or
- More than one immediate family member is eligible for services from ADMH's Division of Developmental Disabilities, or
- Individual's primary caregiver has experienced an unplanned loss of employment within the last six months, or
- Individual's primary caregiver is the only available caregiver and sole source of income for the home, and providing the individual's care has caused or will cause the primary caregiver to lose their job.

A Medical and Behavioral Support Checklist (included above) must also be completed for individuals in Criticality Category 2.

Residential placement is not an available service at the time of admission to the waiver for individuals in Criticality Category 2.

Criticality Category 3: Individual Daily Living Supports

Individuals falling into Criticality Category 3 are people who need waiver services to help them perform their ADLs or to help them live independently or to develop the skills needed to live independently.

For an individual to be placed in Criticality Category 3, one of the following must be true:

- The individual is at risk of moving to a more restrictive setting, such as a group home, without waiver services, and the risk is either immediate (within 30 days), or likely (within one year), or

- The individual will finish school within one year and needs a day program or employment.

A Medical and Behavioral Support Checklist (included above) must also be completed for individuals in Criticality Category 3.

Criticality Category 4: Inclusion Supports

Individuals falling into Criticality Category 4 are people who need waiver services to address barriers that might keep the person from participating in meaningful community activities.

Criticality Category 5: Long-Term Planning

Individuals falling into Criticality Category 5 are people whose families have long term planning needs, such as knowing that they will want residential placement sometime in the future (longer than one year, but no longer than five years). These are also people who will be finishing school in between one and five years from the date of application and will need employment or a day program upon their exit from school.

Children cannot be considered for Criticality Category 5 until they are 14 years old.

How to Handle the Wait

It is, unfortunately, a difficult truth across the United States that there are more people in need of waiver services than there are resources to provide those services. The best thing you can do while you are waiting for your services to begin is to stay in touch with your 310 Board and let them know immediately if your situation changes in a way that would increase your criticality score, or if you end up in an emergency situation where immediate waiver admission is required. Don't be afraid to reach out

regularly! As the saying goes, the squeaky wheel gets the grease. You are your own best advocate, so don't be shy.

ID Waiver Services

Services that can be self-directed are highlighted in yellow.

- Residential Habilitation Training Services
- Day Habilitation Services
- Day Habilitation Services with Transportation
- Prevocational Services
- Supported Employment Services
- Individual Assessment/
- Discovery
- Individual Job Coach
- Individual Job Developer
- Supported Employment Transportation Services
- Employment Small Group 1:2-3, 1:4
- Occupational Therapy Services
- Speech and Language Therapy Services
- Physical Therapy Services
- Positive Behavior Support Services
- In-Home Respite Care
- Out-of-Home Respite Care
- Personal Care Services
- Personal Care on Worksite Services
- Personal Care Transportation Services
- Environmental Accessibility Adaptations Services
- Assistive Technology
- Specialized Medical Supplies Services
- Skilled Nursing Services
- Companion Services
- Crisis Intervention Services
- Benefits Counseling Services
- Benefits Reporting Assistance Services
- Community Experience Services
- Housing Stabilization Services
- Individual Directed Goods and Services
- Personal Emergency Response System Services
- Remote Supports

Community Waiver Program (CWP)

CWP Overview

The CWP is administered by ADMH and is Alabama's newest waiver, having been created in 2021. The CWP is designed to serve individuals over the age of three with intellectual disabilities in the most integrated possible settings. It therefore focuses less on providing services in group homes and day programs than the ID Waiver does.

The CWP is an 1115 "demonstration" waiver, meaning that the federal government has given Alabama permission to run it a bit differently than other, established waivers like the ID and LAH Waivers. The CWP therefore differs from the ID Waiver in a few significant ways:

- Until at least November 2026 (the pilot period for the CWP), the CWP will *only* admit individuals residing in the counties of Baldwin, Elmore, Houston, Jefferson, Limestone, Madison, Mobile, Montgomery, Morgan, Tuscaloosa, and Walker. An illustrated map of CWP counties is included as an appendix to this manual.

- Individuals receiving CWP services are placed into an enrollment group at the time they are admitted to the waiver. That enrollment group dictates the services the enrollee may receive, as well as the yearly cap on their budget for services.

- During the pilot period, ADMH will be handling Support Coordination duties for CWP recipients, rather than delegating Support Coordination to 310 Boards. However, 310 Boards will continue to provide Support Coordination to ID Waiver recipients.

Group 1: Children with ID ages 3 through 13, who live with their families or other natural supports.

Group 2: Transition-age youth with ID ages 14 through 21, who live with their families or other natural supports. This group also includes youth ages 18 through 21 who are living independently.

Group 3: Adults aged 22 and older who have ID and who are either living with family or other natural supports; living independently; or able to live in a non-intensive supported living arrangement.

Group 4: Individuals 3 and older with ID who require residential placement in a group home.

- During the pilot period, provider selection will be limited. This means that not all ID/LAH Waiver providers will also be CWP providers.

The CWP also differs from the ID Waiver in that it does not use criticality to prioritize waiver admissions. Instead, individuals are prioritized for admission to the CWP based on the "Priority Category" they fall into:

Priority Category #1 covers individuals who:	(a) Were already on the Statewide Waiting List at the time the CWP came online, and (b) Live in a pilot county, and (c) Are older than 22, and (d) Already live independently or with family and seek to continue living independently or with family, and (e) Seek to get or keep a job (if under 65).
Priority Category #2 covers individuals who:	(a) Were already on the Statewide Waiting List at the time the CWP came online, and (b) Live in a pilot county, and (c) Are older than 22, and (d) Already live independently or with family and seek to continue living independently or with family.

Priority Category #3 covers individuals who:	(a) Were not on the Statewide Waiting List at the time the CWP came online, but who have since applied for the CWP, and (b) Live in a pilot county, and (c) Are older than 22, and (d) Already live independently or with family and seek to continue living independently or with family, and (e) Seek to get or keep a job (if under 65).
Priority Category #4 covers individuals who:	(a) Were not on the Statewide Waiting List at the time the CWP came online, but who have since applied for the CWP, and (b) Live in a pilot county, and (c) Are older than 22, and (d) Already live independently or with family and seek to continue living independently or with family.
Priority Category #5 covers individuals who:	(a) Were already on the Statewide Waiting List at the time the CWP came online, and (b) Live in a pilot county, and (c) Are aged 16 to 21, and (d) Already live independently or with family and seek to continue living independently or with family.

Priority Category #6 covers individuals who:	(a) Were not on the Statewide Waiting List at the time the CWP came online, but who have since applied for the CWP, and (b) Live in a pilot county, and (c) Are aged 16 to 21, and (d) Already live independently or with family and seek to continue living independently or with family, and (e) Seek to get or keep a job upon exiting high school.
Reserve Capacity	ADMH also maintains "reserve capacity" slots for individuals in the following categories: (a) Children in state care/custody (e.g., children in DHR custody); (b) Individuals in need of emergency waiver placement due to a risk of homelessness, abuse, neglect, or other harm; (c) Individuals transitioning from the LAH Waiver to the CWP; (d) Individuals who have been discharged from nursing facilities or other institutions; or Individuals already on the CWP who are transitioning from Enrollment Groups #1, #2, or #3 to Enrollment Group #4 (i.e., individuals who were not originally approved for group home services but who now need them and need to transition into a different enrollment group to receive them).

Eligibility for the CWP

Financial Eligibility

You may know that "standard Medicaid" has very strict financial eligibility requirements. One of the things that makes Medicaid waiver programs so special is that they have more lax financial eligibility requirements than regular state-plan Medicaid. Most importantly:

Consider this example: A young man has a part-time job at a local restaurant, where he makes $1,000/month. But the income limit for standard Medicaid in Alabama in 2024 is $963/month. This young man would therefore not be eligible for standard Medicaid. However, his income is less than the $2,829/month limit for a waiver. So, although he would make too much money to be eligible for standard Medicaid, he can be financially eligible for a waiver. And, because he is eligible for a waiver, he can also receive all basic Medicaid services.

- Individuals receiving SSI benefits are considered automatically financially eligible for a Medicaid waiver.

- Individuals with income up to 300% of the Federal Benefit Rate (FBR) can also be eligible for a Medicaid waiver. As of January 1, 2024, the FBR is $943/month for an individual. This means that you can have income of up to $2,829/month and still be financially eligible for a Medicaid waiver.

Although Medicaid waiver programs are more permissive than standard Medicaid when it comes to income limits, these programs do impose a "resource limit" on applicants and beneficiaries, just like standard Medicaid does. This means that you cannot have any more than $2,000 in resources in your name on the first of each month, or you may lose your Medicaid eligibility.

If you have questions about how to manage your finances and resources in a way that will not negatively impact your waiver eligibility, we encourage you to reach out to an attorney. Everybody's situation is different, and there is no one-size-fits-all answer to these complicated financial questions.

Remember: It is the *applicant's* income and resources that count for determining their Medicaid eligibility. This applies equally to children and adults. When applying for a Medicaid waiver on behalf of a child under the age of 18, it is **still the child's "income" that counts for eligibility—not the parents'.** Usually, the child will not have any income. So, their income will be $0, and they will be financially eligible for the waiver. If the child receives SSI, then they are presumptively financially eligible for the waiver, just like an adult receiving SSI.

Medical and Program Eligibility

The CWP requires that individuals be at risk of institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) in order to be determined eligible for CWP services. This means that the applicant must be in a position where they will require

institutionalization an ICF if they do not get waiver services. If the applicant meets the admission criteria for an ICF, then they have fulfilled the medical eligibility criteria for the waiver.

Each state has different eligibility criteria for ICF/IID services. Alabama regulations provide that ICF/IID services are intended for individuals who, because of their intellectual disability, have substantial functional limitations in at least three of the following areas of life activity:

- Self-care
- Receptive and expressive language
- Learning
- Self-direction
- Capacity for independent living
- Mobility

In addition to the three functional limitations, applicants to the CWP must have at least one pre-18 and one post-18 (where applicable) IQ score of under 70, as well as a formal diagnosis of intellectual disability, to be considered for admission to the waiver.

Applying for the CWP

Before you begin the application process:

- Obtain IQ tests and diagnosis letters from your physician. You will need the following information to establish the applicant's eligibility for the ID Waiver and the CWP:
    - An IQ test from before the age of 18 showing an IQ score of 69 or below.
    - An IQ test from after the age of 18 showing an IQ score of 69 or below (if applying on behalf of someone older than 18).
    - Documentation of a diagnosis of intellectual disability.
        - If you do not have current documentation explicitly saying that the applicant has an intellectual disability, you should talk to their physician about writing a letter stating that the applicant does have ID. Even if the applicant has IQ scores of below 70, they still also need to have documentation stating that they have an intellectual disability.
- Obtain supporting documentation. This can include, but is not limited to, documents like IEPs, 504 plans, BIPs, FBAs, law enforcement reports, hospitalization documents, and Vocational Rehab assessments.

- Make sure you have other documentation such as the applicant's Medicaid card (if they have one), SSN, and birth certificate ready. If the applicant is an immigrant to the United States, you will also need to have their immigration documentation available.

- If you feel comfortable doing so, you can complete the 204/205 form before initiating your waiver application to ensure that you have it ready to go once it comes time to process your application. A blank 204/205 form is included in Appendix II to this manual. However, there is no requirement that you pre-complete the 204/205 form.

A note about IQ tests…

You need to have **at least one** IQ test showing a score of under 70 (69 or below) to have a chance of being determined eligible for the ID Waiver or the CWP. If you do not have any IQ scores of 69 or below to show, your application for the ID Waiver/CWP **will not be approved**, and it is very unlikely that you will be able to successfully appeal the denial. If you are looking to apply for the ID Waiver or the CWP but you do not have any tests showing an IQ score of 69 or below, we recommend that you obtain a new IQ test before moving forward with an application. If that IQ test shows a score of 69 or below, then you have a better chance of being approved (although it is still not guaranteed).

If you need a new IQ test, there are a few ways you can obtain one:

- If the applicant is 21 or under, you can contact the SPED coordinator for the school district covering the city or county where the applicant lives to facilitate a test.

- If the applicant is currently in or planning to access Vocational Rehab services, an IQ test will be done as part of their initial VR assessment.

- You can visit a psychologist of your choosing to have testing done. If you have health insurance, your insurance may cover some or all of the cost of testing.

- You can request that ADMH arrange to administer an IQ test to the applicant at the time you initiate their application.

In certain cases, ADMH will accept what is called "corollary evidence" of an individual's intellectual disability in lieu of an IQ score. Typically, this must be a letter from the applicant's physician formally diagnosing them with an ID. You will likely need to communicate with the Regional Community Services director for the Regional Office covering the applicant's home county to determine how to submit corollary evidence, if it is needed. A list of RCS offices with contact information for their directors is included in Appendix III to this manual.

Once you have your documentation together:

- Initiate the application by calling the ADMH Developmental Disabilities Call Center at 800-361-4491. You will have a brief interview with an intake officer, who will ask you for some biographical information about the applicant, such as their diagnoses, school history, and services they may have received in the past. When the intake officer asks you about the applicants' diagnoses, **make sure to specifically mention their intellectual disability.**

- After this brief phone call, the intake officer will get your contact information. They will then send a letter confirming the application has been initiated, and then they will refer the case to the Regional Community Services Office covering your county to complete the application process.

- Once the application is referred, an RCS staff member will reach out to you. At this point, they will want the documentation you compiled before you called ADMH to start your application. Send them those documents as quickly as you can to ensure that the application continues to move along.

- The RCS staff will then schedule a time to meet with you to complete the applicant's ICAP and Family History form. This is a simple interview process for the Support Coordinator to get a sense of your service needs.

- Once the ICAP is complete and the documents are received, the RCS Office will send the application to the appropriate Regional Community Services office for approval. Once your application is approved, you will likely be placed on the Statewide Waiting List.

Keep in mind that you can apply for as many waivers as you think you may be eligible for, and you can stay on multiple waitlists at the same time. You can even stay on the waitlist for one waiver while receiving services from another waiver. However, you cannot receive services from more than one waiver at the same time.

Remember important timeframes!

Federal law entitles Medicaid applicants who are applying for Medicaid on the basis of a disability (which all waiver applicants are) to a determination on their eligibility for services **within 90 days**. This means that, within three months of your waiver application being submitted, you should either be told that you are eligible for waiver services, or you should be informed that your application has been denied and advised of your due process rights in connection with the denial.

The Statewide Waiting List (CWP Version)

At the time your CWP application is finished and you are determined eligible for waiver services, if there are no open slots on the waiver, you will be placed onto the Statewide Waiting List. You will likely be told what your number on the waitlist is at that time. However, that number does not tell you much, because admissions to the CWP are not chronological. Instead, admissions to the CWP are prioritized based on which of the CWP Priority Categories (discussed on pages 21-23 of this manual) the applicant falls into.

As with the ID Waiver, the best thing you can do while you are waiting for your services to begin is to stay in touch with your Regional Community Services Office and let them know immediately if your situation changes in a way that would move you into a different Priority Category, or if you end up in an emergency situation where immediate waiver admission is required. Don't be afraid to reach out regularly! As the saying goes, the squeaky wheel gets the grease. You are your own best advocate, so don't be shy.

CWP Services

Services that can be self-directed are highlighted in yellow.

- Support Coordination
- Employment Services
- Co-Worker Supports
- Personal Assistance – Home
- Personal Assistance – Community
- Independent Living Skills Training
- Community Integration Connections & Skills Training
- Community Transportation (Non-Medical)
- Positive Behavior Supports
- Breaks and Opportunities (Respite)
- Family Empowerment/Systems Navigation Counseling Services
- Natural Support or Caregiver Education and Training
- Peer Specialist Services
- Financial Literacy and Work Incentive Benefits Counseling Services
- Assistive Technology and Adaptive Aids
- Remote Supports
- Supported Living Non-Intensive Services
- Housing Counseling Services
- Housing Start-Up Assistance
- Skilled Nursing
- Therapies – Occupational, Physical, Speech, and Language
- Individual Directed Goods and Services
- Minor Home Modifications
- Community-Based Residential Services

HCBS Living at Home Waiver for Persons with Intellectual Disabilities (LAH Waiver)

LAH Waiver Overview

The LAH Waiver is administered by ADMH and was created in 2002. The LAH Waiver, like the ID Waiver and the CWP, serves individuals with intellectual disabilities who would have to be institutionalized without waiver services. A list of services available under the LAH Waiver is included as an appendix to this manual.

The LAH Waiver was designed as a "support waiver," and was intended for individuals who did not need the same level of intensive services provided under the ID Waiver, but who still needed some supports to be able to live safely and healthily in their communities. For this reason, the LAH Waiver offers more limited services than the ID Waiver. It also has a cost cap on services, meaning that LAH Waiver enrollees are only allotted a certain amount of money per service year, and must fund their services within that budget. As of January 1, 2024, that cost cap is $50,000 per year.

The LAH Waiver is permanently closed to new admissions. However, at the present time, ADMH has not made public any immediate plans to phase out the LAH Waiver for individuals already on it. This means that individuals who are already on the LAH Waiver will be permitted to remain on the LAH Waiver, and that LAH Waiver enrollees are still entitled to all of the services available under the LAH Waiver. But no new applications for the LAH Waiver will be taken or processed.

LAH Waiver Services

Services that can be self-directed are highlighted in yellow. The service definitions below are adapted from Chapter 107 of the Alabama Medicaid Provider Billing Manual.

- Day Habilitation Services
- Day Habilitation Services with Transportation
- Prevocational Services
- Supported Employment Services
- Individual Assessment/Discovery
- Individual Job Coach
- Individual Job Developer
- Supported Employment Transportation Services
- Employment Small Group
- Occupational Therapy Services
- Speech and Language Therapy Services
- Physical Therapy Services
- Positive Behavior Support Services

- In-Home Respite Care
- Out-of-Home Respite Care
- Personal Care Services
- Personal Care on Worksite Services
- Personal Care Transportation Services
- Environmental Accessibility Adaptations Services
- Assistive Technology
- Specialized Medical Supplies Services
- Skilled Nursing Services
- Companion Services
- Crisis Intervention Services
- Individual Directed Goods and Services
- Benefits Counseling Services
- Benefits Reporting Assistance Services
- Community Experience Services
- Housing Stabilization Services
- Assistance in Community Integration Services
- Personal Emergency Response System Services
- Remote Supports

Elderly and Disabled (E&D) Waiver

E&D Waiver Overview

The E&D Waiver is Alabama's largest waiver, with 15,000 slots as of January 1, 2024. It is administered by the Alabama Department of Senior Services (ADSS) and was created in 1983. The E&D Waiver serves individuals who require the level of care that would ordinarily have to be provided in an institution like a nursing facility (NF LOC). There is no age requirement for the E&D Waiver. The E&D Waiver also has no cost cap, so there is no cost limit on the services an individual can access in a year.

Eligibility for the E&D Waiver

Financial Eligibility

You may know that "standard Medicaid" has very strict financial eligibility requirements. One of the things that makes Medicaid waiver programs so special is that they have more lax financial eligibility requirements than regular state-plan Medicaid. Most importantly:

Consider this example: A young man has a part-time job at a local restaurant, where he makes $1,000/month. But the income limit for standard Medicaid in Alabama in 2024 is $963/month. This young man would therefore not be eligible for standard Medicaid. However, his income is less than the $2,829/month limit for a waiver. So, although he would make too much money to be eligible for standard Medicaid, he can be financially eligible for a waiver. And, because he is eligible for a waiver, he can also receive all basic Medicaid services.

- Individuals receiving SSI benefits are considered automatically financially eligible for a Medicaid waiver.

- Individuals with income up to 300% of the Federal Benefit Rate (FBR) can also be eligible for a Medicaid waiver. As of January 1, 2024, the FBR is $943/month for an individual. This means that you can have income of up to $2,829/month and still be financially eligible for a Medicaid waiver.

Although Medicaid waiver programs are more permissive than standard Medicaid when it comes to income limits, these programs do impose a "resource limit" on applicants and beneficiaries, just like standard Medicaid does. This means that you cannot have any more than $2,000 in resources in your name on the first of each month, or you may lose your Medicaid eligibility.

If you have questions about how to manage your finances and resources in a way that will not negatively impact your waiver eligibility, we encourage you to reach out to an attorney. Everybody's situation is different, and there is no one-size-fits-all answer to these complicated financial questions.

Remember: It is the *applicant's* income and resources that count for determining their Medicaid eligibility. This applies equally to children and adults. When applying for a Medicaid waiver on behalf of a child under the age of 18, it is **still the child's "income" that counts for eligibility—not the parents'.** Usually, the child will not have any income. So, their income will be $0, and they will be financially eligible for the waiver. If the child receives SSI, then they are presumptively financially eligible for the waiver, just like an adult receiving SSI.

Medical and Program Eligibility

The E&D Waiver requires that individuals be at risk of institutionalization in a nursing facility in order to be determined for E&D Waiver services. Generally, this means that the individual is unable to care for themselves for a sustained period of time and needs the kind of full-time, intensive care and supervision that would ordinarily be provided in a nursing facility. Alabama has very specific requirements for determining who meets the NF LOC criteria. A checklist to help you determine whether you or your loved one meet those criteria is included as Appendix VII of this manual.

Unlike other Alabama waivers, the E&D Waiver does not impose additional program eligibility criteria.

Applying for the E&D Waiver

ADSS delegates the responsibility for taking and processing waiver applications to Area Agencies on Aging (AAAs), detailed in the map on the next page. A list of the AAAs and their contact information is included in Appendix III to this manual.

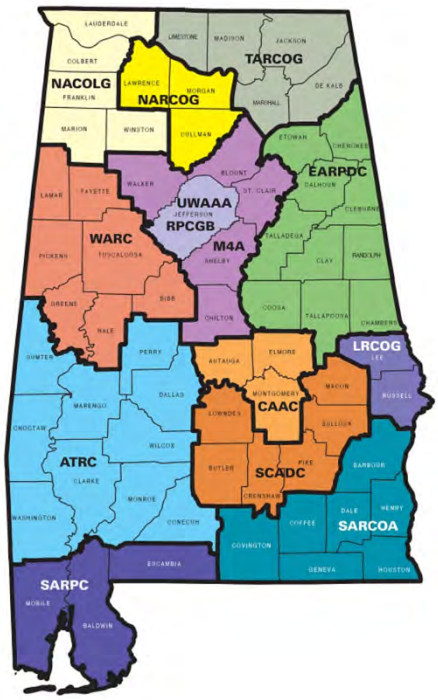
ADSS maintains very few agency-wide guidelines for intake, case management, and communication, so waiver applicants dealing with different AAAs may go through different application processes. For example, some AAAs require only that you call and give them some basic information about the applicant. Others may send you a form to fill out as part of the application.

Before you begin the application process:

- Collect the applicant's Medicaid card (if they already have one), SSN, and birth certificate. If the applicant is an immigrant to the United States, you will also need to have their immigration documentation available.

- Obtain documentation reflecting the applicant's disabilities and their need for NF LOC. Appropriate documentation may be things like medical progress notes or letters from physicians regarding the applicant's diagnoses and support needs.

- If you feel comfortable doing so, you can complete the 204/205 form before initiating your waiver application to ensure that you have it ready to go once it comes time to process your application. A blank 204/205 form is included in Appendix II to this manual. However, there is no requirement that you pre-complete the 204/205 form.



Once you have your documentation together:

- Call the AAA for your county to initiate the application. Some AAAs may require you to make an appointment or leave an intake message. Make sure you do this and leave your contact info for them to follow up. If you leave a message but do not hear anything back within a few business days, make sure you call again to keep the process moving.

- When you speak with someone at the AAA to start the application process, be cautious about how you communicate with them regarding the applicant's diagnoses and needs. Make sure that you stick to discussing why the applicant needs nursing facility LOC as much as possible. The AAAs will sometimes ask loaded questions in a way intended to discourage applicants from continuing their application further. If they tell you that the applicant would not qualify for the waiver based on the information you gave them, make sure you **ask if they are denying the application, and ask that the denial be provided to you in writing**. At that point, the AAA will typically relent and move the process along.

- Some (although not all) AAAs will obtain records from the applicant's physician(s) after the initial intake conversation. When the AAAs obtain these records, they will typically focus on the last six or 12 months of progress notes. You may need to keep on the AAA during this process. Keep track of how much time goes by while you are waiting for an eligibility determination, and do not be afraid to follow up with the AAA often.

After the Application

A unique characteristic of the E&D Waiver is that the eligibility determination should occur after the individual has been placed on the referral list for services (this list functions similarly to the waiting list for the ID Waiver and CWP, but the eligibility check differs since it is performed afterwards). In other words, when you apply for the E&D Waiver, there should not be an immediate eligibility decision made—unless the applicant has been placed on the referral list and is now being considered for services.

Keep in mind that you can apply for as many waivers as you think you may be eligible for, and you can stay on multiple waitlists at the same time. You can even stay on the waitlist for one waiver while receiving services from another waiver. However, you cannot receive services from more than one waiver at the same time.

Remember important timeframes!

Federal law entitles Medicaid applicants who are applying for Medicaid on the basis of a disability (which all waiver applicants are) to a determination on their eligibility for services **within 90 days**. This means that, within three months of your waiver application being submitted, you should either be told that you are eligible for waiver services, or you should be informed that your application has been denied and advised of your due process rights in connection with the denial.

E&D Waiver Services

Services that can be self-directed through the Personal Choices program are highlighted in yellow.

- Case Management
- Homemaker Services
- Personal Care
- Adult Day Health (with or without transportation)
- Unskilled Respite
- Skilled Respite
- Adult Companion Services
- Home Delivered Meals
- Pest Control
- Skilled Nursing
- Home Modifications

- Assistive Technology and Durable Medical Equipment
- Personal Emergency Response Systems (PERS) (Installation and Monthly Monitoring)
- Medical Supplies
- Supervisory Visits

Alabama Community Transition (ACT) Waiver

ACT Waiver Overview

The ACT Waiver is administered by the Alabama Department of Senior Services (ADSS) and was created in 2011. It currently has 675 slots. The ACT Waiver is similar to the E&D Waiver in terms of services offered, and in that it also requires that applicants meet the NF LOC criteria to be admitted to the waiver. Like the E&D Waiver, the ACT Waiver also does not have an age requirement.

The ACT Waiver is different from the E&D Waiver in that its target population is individuals who are already in nursing facilities or other institutions, and who seek to return to the community. This is the inverse of how HCBS programs typically work—they are generally designed to prevent institutionalization altogether. In keeping with the general purpose of HCBS programs, a secondary target population for the ACT Waiver are individuals who are in the community and on another HCBS waiver, but whose service needs are not being adequately met by their current waiver.

The ACT Waiver is also different than the E&D Waiver in that it has a cost limit. The ACT Waiver's cost cap is the "Institutional Cost Limit," or ICL. This means that an ACT Waiver recipient's community-based services cannot cost more in a year than it would cost to serve them in an institution like a nursing facility.

Eligibility for the ACT Waiver

Financial Eligibility

You may know that "standard Medicaid" has very strict financial eligibility requirements. One of the things that makes Medicaid waiver programs so special is that they have more lax financial eligibility requirements than regular state-plan Medicaid. Most importantly:

Consider this example: A young man has a part-time job at a local restaurant, where he makes $1,000/month. But the income limit for standard Medicaid in Alabama in 2024 is $963/month. This young man would therefore not be eligible for standard Medicaid. However, his income is less than the $2,829/month limit for a waiver. So, although he would make too much money to be eligible for standard Medicaid, he can be financially eligible for a waiver. And, because he is eligible for a waiver, he can also receive all basic Medicaid services.

- Individuals receiving SSI benefits are considered automatically financially eligible for a Medicaid waiver.

- Individuals with income up to 300% of the Federal Benefit Rate (FBR) can also be eligible for a Medicaid waiver. As of January 1, 2024, the FBR is $943/month for an individual. This means that you can have income of up to $2,829/month and still be financially eligible for a Medicaid waiver.

Although Medicaid waiver programs are more permissive than standard Medicaid when it comes to income limits, these programs do impose a "resource limit" on applicants and beneficiaries, just like standard Medicaid does. This means that you cannot have any more than $2,000 in resources in your name on the first of each month, or you may lose your Medicaid eligibility.

If you have questions about how to manage your finances and resources in a way that will not negatively impact your waiver eligibility, we encourage you to reach out to an attorney. Everybody's situation is different, and there is no one-size-fits-all answer to these complicated financial questions.

Remember: It is the *applicant's* income and resources that count for determining their Medicaid eligibility. This applies equally to children and adults. When applying for a Medicaid waiver on behalf of a child under the age of 18, it is **still the child's "income" that counts for eligibility—not the parents'.** Usually, the child will not have any income. So, their income will be $0, and they will be financially eligible for the waiver. If the child receives SSI, then they are presumptively financially eligible for the waiver, just like an adult receiving SSI.

Medical and Program Eligibility

The ACT Waiver requires that individuals be at risk in a nursing facility in order to be determined for ACT Waiver services. Generally, this means that the individual is unable to care for themselves for a sustained period of time and needs the kind of full-time, intensive care and supervision that would ordinarily be provided in a nursing facility. Alabama has very

specific requirements for determining who meets the NF LOC criteria. A checklist to help you determine whether you or your loved one meet those criteria is included as Appendix VII of this manual.

The ACT Waiver does impose limited program eligibility criteria, in that it is generally only open to individuals currently in institutions who seek to return to the community. However, the ACT Waiver is also open to a secondary target population of individuals who are currently on another waiver, but whose condition is such that their current waiver is not meeting their needs and they would have to be institutionalized if they could not access ACT Waiver services.

Applying for the ACT Waiver

Referrals from Nursing Facilities

Because ACT Waiver recipients are typically individuals who are currently in nursing facilities and seek to transition to the community, it is usually nursing facility staff who make the referral to ADSS to initiate the individual's waiver application.

As part of the application process, an initial LOC evaluation will be performed while the individual is residing in the nursing facility. A case manager for the ACT Waiver will then submit a waiver application to an ADSS Nurse Reviewer, who will evaluate the application and make the LOC determination.

In addition to the LOC determination, the eligibility determination for the ACT Waiver also entails an assessment of the applicant's support systems within the community, the applicant's functional limitations, their diagnosis, and any other factors that would place the recipient at risk of being re-institutionalized once they have returned to the community.

Applying for the Public

ADSS delegates the responsibility for taking and processing waiver applications to Area Agencies on Aging (AAAs), detailed in the map on the next page. A list of the AAAs and their contact information is included in Appendix III to this manual.

ADSS maintains very few agency-wide guidelines for intake, case management, and communication, so waiver applicants dealing with different AAAs may go through different application processes. For example, some AAAs require only that you call and give them some basic information about the applicant. Others may send you a form to fill out as part of the application.

Before you begin the application process:

- Collect the applicant's Medicaid card (if they already have one), SSN, and birth certificate. If the applicant is an immigrant to the United States, you will also need to have their immigration documentation available.

- Obtain documentation reflecting the applicant's disabilities and their need for NF LOC. Appropriate documentation may be things like medical progress notes or letters from physicians regarding the applicant's diagnoses and support needs. If the applicant is presently in a nursing home, make sure to obtain documentation reflecting that.

- If you feel comfortable doing so, you can complete the 204/205 form before initiating your waiver application to ensure that you have it ready to go once it comes time to process your application. A blank 204/205 form is included in Appendix II to this manual. However, there is no requirement that you pre-complete the 204/205 form.

Once you have your documentation together:

- Call the AAA for your county to initiate the application. Some AAAs may require you to make an appointment or leave an intake message. Make sure you do this and leave your contact info for them to follow up. If you leave a message but do not hear anything back within a few business days, make sure you call again to keep the process moving.

- When you speak with someone at the AAA to start the application process, be cautious about how you communicate with them regarding the applicant's diagnoses and needs. Make sure that you stick to discussing why the applicant needs nursing facility LOC as much as possible. If the applicant is already residing in a nursing facility, make sure to emphasize that. The AAAs will sometimes ask loaded questions in a way intended to discourage applicants from continuing their application further. If they tell you that the applicant would not qualify for the waiver based on the information you gave them, make sure you **ask if they are denying the application, and ask that the denial be provided to you in writing**. At that point, the AAA will typically relent and move the process along.

- Some (although not all) AAAs will obtain records from the applicant's physician(s) after the initial intake conversation. When the AAAs obtain these records, they will typically focus on the last six or 12 months of progress notes. You may need to keep on the AAA during this process. Keep track of how much time goes by while you are waiting for an eligibility determination, and do not be afraid to follow up with the AAA often.

After the Application

Individuals are prioritized for admission to the ACT Waiver by both the date of their application and the results of their LOC evaluation. As with the E&D Waiver, you may need to keep on the AAA during the application and eligibility determination process. Keep track of how much time goes by while you are waiting for an eligibility determination, and do not be afraid to follow up with the AAA often. If you are currently in a nursing facility and awaiting an eligibility determination, you should also plan to regularly follow up with nursing facility staff, such as your social worker.

Keep in mind that you can apply for as many waivers as you think you may be eligible for, and you can stay on multiple waitlists at the same time. You can even stay on the waitlist for one waiver while receiving services from another waiver. However, you cannot receive services from more than one waiver at the same time.

Remember important timeframes!

Federal law entitles Medicaid applicants who are applying for Medicaid on the basis of a disability (which all waiver applicants are) to a determination on their eligibility for services **within 90 days**. This means that, within three months of your waiver application being submitted, you should either be told that you are eligible for waiver services, or you should be informed that your application has been denied and advised of your due process rights in connection with the denial.

ACT Waiver Services

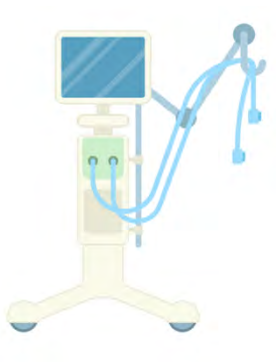
Services that can be self-directed through the Personal Choices program are highlighted in yellow.

- Case Management
- Transitional Assistance
- Personal Care
- Homemaker Services
- Adult Day Health
- Home Delivered Meals
- Unskilled Respite
- Skilled Respite

- Skilled Nursing
- Adult Companion Services
- Home Modifications
- Assistive Technology
- Personal Emergency Response Systems (PERS) Installation/Monthly Monitoring
- Medical Equipment Supplies and Appliances
- Personal Assistant Services (PAS)
- Pest Control

Technology Assisted (TA) Waiver

TA Waiver Overview



The TA Waiver is Alabama's smallest waiver, with only 80 slots. It is administered jointly by the Alabama Medicaid Agency and the Alabama Department of Senior Services (ADSS) and was created in 2003.

The target population for the TA Waiver is specifically individuals over the age of 21 who meet the NF LOC and who have a tracheostomy and/or are dependent on mechanical ventilation. The TA Waiver's cost cap is based on the annual cost of nursing home care for ventilator-dependent individuals, which is generally much higher than for individuals who are not ventilator-dependent.

Eligibility for the TA Waiver

Financial Eligibility

You may know that "standard Medicaid" has very strict financial eligibility requirements. One of the things that makes Medicaid waiver programs so special is that they have more lax financial eligibility requirements than regular state-plan Medicaid. Most importantly:

Consider this example: A young man has a part-time job at a local restaurant, where he makes $1,000/month. But the income limit for standard Medicaid in Alabama in 2024 is $963/month. This young man would therefore not be eligible for standard Medicaid. However, his income is less than the $2,829/month limit for a waiver. So, although he would make too much money to be eligible for standard Medicaid, he can be financially eligible for a waiver. And, because he is eligible for a waiver, he can also receive all basic Medicaid services.

- Individuals receiving SSI benefits are considered automatically financially eligible for a Medicaid waiver.

- Individuals with income up to 300% of the Federal Benefit Rate (FBR) can also be eligible for a Medicaid waiver. As of January 1, 2024, the FBR is $943/month for an individual. This means that you can have income of up to $2,829/month and still be financially eligible for a Medicaid waiver.

Although Medicaid waiver programs are more permissive than standard Medicaid when it comes to income limits, these programs do impose a "resource limit" on applicants and beneficiaries, just like standard Medicaid does. This means that you cannot have any more than $2,000 in resources in your name on the first of each month, or you may lose your Medicaid eligibility.

If you have questions about how to manage your finances and resources in a way that will not negatively impact your waiver eligibility, we encourage you to reach out to an attorney. Everybody's situation is different, and there is no one-size-fits-all answer to these complicated financial questions.

Remember: It is the *applicant's* income and resources that count for determining their Medicaid eligibility. This applies equally to children and adults. When applying for a Medicaid waiver on behalf of a child under the age of 18, it is **still the child's "income" that counts for eligibility—not the parents'.** Usually, the child will not have any income. So, their income will be $0, and they will be financially eligible for the waiver. If the child receives SSI, then they are presumptively financially eligible for the waiver, just like an adult receiving SSI.

Medical and Program Eligibility

The TA Waiver requires that individuals be at risk in a nursing facility in order to be determined for TA Waiver services. Generally, this means that the individual is unable to care for themselves for a sustained period of time and needs the kind of full-time, intensive care and supervision that would ordinarily be provided in a nursing facility. Alabama has very specific

requirements for determining who meets the NF LOC criteria. A checklist to help you determine whether you or your loved one meet those criteria is included as Appendix VII of this manual.

In addition to requiring that applicants meet the NF LOC criteria, the TA Waiver also requires that applicants have a complex skilled medical condition and are either A) ventilator-dependent, or B) have a tracheostomy.

Applying for the TA Waiver

Before you begin the application process:

- Collect the applicant's Medicaid card (if they have one), SSN, and birth certificate. If the applicant is an immigrant to the United States, you will also need to have their immigration documentation available.

- Obtain documentation reflecting the applicant's disabilities and their need for NF LOC. Appropriate documentation may be things like medical progress notes or letters from physicians regarding the applicant's diagnoses and support needs.

- If you feel comfortable doing so, you can complete the 204/205 form before initiating your waiver application to ensure that you have it ready to go once it comes time to process your application. A blank 204/205 form is included in Appendix II to this manual. However, there is no requirement that you pre-complete the 204/205 form.

Once you have your documentation together:

- Call the AAA for your county to initiate the application. Some AAAs may require you to make an appointment or leave an intake message. Make sure you do this and leave your contact info for them to follow up. If you leave a message but do not hear anything back within a few business days, make sure you call again to keep the process moving.

- When you speak with someone at the AAA to start the application process, be cautious about how you communicate with them regarding the applicant's diagnoses and needs. Make sure that you stick to discussing why the applicant needs nursing facility LOC as much as possible. If the applicant is already residing in a nursing facility, make sure to emphasize that. The AAAs will sometimes ask loaded questions in a way intended to discourage applicants from continuing their application further. If they tell you that the applicant would not qualify for the waiver based on the information you gave them, make sure you **ask if they are denying the application, and ask that the denial be provided to you in writing**. At that point, the AAA will typically relent and move the process along.

- Some (although not all) AAAs will obtain records from the applicant's physician(s) after the initial intake conversation. When the AAAs obtain these records, they will typically focus on the last six or 12 months of progress notes. You may need to keep on the AAA during this process. Keep track of how much time goes by while you are waiting for an eligibility determination, and do not be afraid to follow up with the AAA often.

- A Case Manager will then complete a Referral Form. The Referral Form collects personal information, current diagnoses, current benefit status, functional ability to perform ADLs, additional resources, and any other services provided to the individual in the home. The HCBS-1 form is also completed at the initial home visit to determine whether the individual meets the NF LOC.

- A review team consisting of a social worker, a nurse, and a physician will then review the HCBS-1 form and any supporting documentation reflecting the applicant's need for NF LOC, as well as their history of being ventilator-dependent or having a tracheostomy. This supporting documentation may include materials like physician progress notes and hospital records.

After the Application

Individuals are prioritized for admission to the TA Waiver based on their level of assessed need. Keep track of how much time goes by while you are waiting for an eligibility determination, and do not be afraid to follow up with the person who completed your application often.

Keep in mind that you can apply for as many waivers as you think you may be eligible for, and you can stay on multiple waitlists at the same time. You can even stay on the waitlist for one waiver while receiving services from another waiver. However, you cannot receive services from more than one waiver at the same time.

Remember important timeframes!

Federal law entitles Medicaid applicants who are applying for Medicaid on the basis of a disability (which all waiver applicants are) to a determination on their eligibility for services **within 90 days**. This means that, within three months of your waiver application being submitted, you should either be told that you are eligible for waiver services, or you should be informed that your application has been denied and advised of your due process rights in connection with the denial.

TA Waiver Services

Services that can be self-directed through the Personal Choices program are highlighted in yellow.

- Private Duty Nursing
- Personal Care/Attendant Services
- Medical Supplies
- Assistive Technology
- Pest Control
- Targeted Case Management

State of Alabama Independent Living (SAIL) Waiver

SAIL Waiver Overview

The SAIL Waiver is administered by the Alabama Department of Rehabilitation Services (ADRS) and was created in 1992. It currently has 800 slots and serves individuals over the age of 18 who meet the NF LOC and who have certain specific medical diagnoses. A list of services available under the SAIL Waiver is included as an appendix to this manual. The SAIL Waiver has no cost cap, meaning that there is no monetary limit on the services an individual waiver recipient can access in a year.

Eligibility for the SAIL Waiver

Financial Eligibility

You may know that "standard Medicaid" has very strict financial eligibility requirements. One of the things that makes Medicaid waiver programs so special is that they have more lax financial eligibility requirements than regular state-plan Medicaid. Most importantly:

Consider this example: A young man has a part-time job at a local restaurant, where he makes $1,000/month. But the income limit for standard Medicaid in Alabama in 2024 is $963/month. This young man would therefore not be eligible for standard Medicaid. However, his income is less than the $2,829/month limit for a waiver. So, although he would make too much money to be eligible for standard Medicaid, he can be financially eligible for a waiver. And, because he is eligible for a waiver, he can also receive all basic Medicaid services.

- Individuals receiving SSI benefits are considered automatically financially eligible for a Medicaid waiver.

- Individuals with income up to 300% of the Federal Benefit Rate (FBR) can also be eligible for a Medicaid waiver. As of January 1, 2024, the FBR is $943/month for an individual. This means that you can have income of up to $2,829/month and still be financially eligible for a Medicaid waiver.

Although Medicaid waiver programs are more permissive than standard Medicaid when it comes to income limits, these programs do impose a "resource limit" on applicants and beneficiaries, just like standard Medicaid does. This means that you cannot have any more than $2,000 in resources in your name on the first of each month, or you may lose your Medicaid eligibility.

If you have questions about how to manage your finances and resources in a way that will not negatively impact your waiver eligibility, we encourage you to reach out to an attorney. Everybody's situation is different, and there is no one-size-fits-all answer to these complicated financial questions.

Remember: It is the *applicant's* income and resources that count for determining their Medicaid eligibility. This applies equally to children and adults. When applying for a Medicaid waiver on behalf of a child under the age of 18, it is **still the child's "income" that counts for eligibility—not the parents'.** Usually, the child will not have any income. So, their income will be $0, and they will be financially eligible for the waiver. If the child receives SSI, then they are presumptively financially eligible for the waiver, just like an adult receiving SSI.

Medical and Program Eligibility

The SAIL Waiver requires that individuals be at risk in a nursing facility in order to be determined for SAIL Waiver services. Generally, this means that the individual is unable to care for themselves for a sustained period of time and needs the kind of full-time, intensive care and supervision that would ordinarily be provided in a nursing facility. Alabama has very specific requirements for determining who meets the NF LOC criteria. A checklist to help you determine whether you or your loved one meet those criteria is included as Appendix VII of this manual.

In addition to requiring that applicants meet the NF LOC criteria, the SAIL Waiver is also only open to individuals with specific medical diagnoses. These diagnoses include, but are not limited to: Quadriplegia; Traumatic Brain Injury (TBI); Amyotrophic Lateral Sclerosis (ALS or "Lou Gehrig's disease"); Multiple Sclerosis (MS); Spinal Muscular Atrophy; Muscular Dystrophy (MD); Severe Cerebral Palsy; History of stroke; or other substantial neurological impairments, severely debilitating diseases, or rare genetic diseases.

Individuals who meet the NF LOC and who have a history of Traumatic Brain Injury (TBI) can also be eligible for the SAIL Waiver.

To be eligible for the SAIL Waiver, the individual must have received their qualifying diagnosis **before the age of 63**. Individuals receiving diagnoses after the age of 63—even if their diagnosis is one that would otherwise qualify them for SAIL Waiver admission—will not be eligible for the SAIL Waiver.

Applying for the SAIL Waiver

Before you begin the application process:

- Collect the applicant's Medicaid card (if they have one), SSN, and birth certificate. If the applicant is an immigrant to the United States, you will also need to have their immigration documentation available.

- Obtain documentation reflecting the applicant's disabilities and their need for NF LOC. Appropriate documentation may be things like medical progress notes or letters from physicians regarding the applicant's diagnoses and support needs.

- If you feel comfortable doing so, you can complete the 204/205 form before initiating your waiver application to ensure that you have it ready to go once it comes time to process your application. A blank 204/205 form is included in Appendix II to this manual. However, there is no requirement that you pre-complete the 204/205 form.

Once you have your documentation together:

- To initiate an application for the SAIL Waiver, you can call either the SAIL Waiver hotline or your local ADRS District Office. Those phone numbers are included in Appendix III to this manual.

- An ADRS Case Manager will then complete a SAIL Referral Form. If a waiver slot is available at the time the Referral Form is completed, then the Case Manager will also complete the HCBS-1 form to determine whether the individual meets the NF LOC.

- An ADRS Nurse Reviewer will then review the HCBS-1 form, as well as supporting documentation to make the final LOC determination. This supporting documentation may include materials like physician progress notes and hospital records.

- If no waiver slot is available at the time the individual is determined eligible for the SAIL Waiver, then they will be placed on the referral list in order of the date of their referral.

After the Application

The SAIL Waiver generally has open slots, so you may not end up waiting for any significant period of time to be admitted to the waiver. However, you still may need to keep on your ADRS District Office during the application and eligibility determination process. Keep track of how much time goes by while you are waiting for an eligibility determination, and do not be afraid to follow up with the ADRS District Office often.

Remember important timeframes!

Federal law entitles Medicaid applicants who are applying for Medicaid on the basis of a disability (which all waiver applicants are) to a determination on their eligibility for services **within 90 days**. This means that, within three months of your waiver application being submitted, you should either be told that you are eligible for waiver services, or you should be informed that your application has been denied and advised of your due process rights in connection with the denial.

Keep in mind that you can apply for as many waivers as you think you may be eligible for, and you can stay on multiple waitlists at the same time. You can even stay on the waitlist for one waiver while receiving services from another waiver. However, you cannot receive services from more than one waiver at the same time.

SAIL Waiver Services

Services that can be self-directed are highlighted in yellow.

- Case Management
- Personal Care
- Personal Assistance Service
- Environmental Accessibility Adaptations
- Personal Emergency Response System (Initial Setup) and Personal Emergency Response System (Monthly Fee)
- Medical Supplies
- Minor Assistive Technology
- Assistive Technology
- Evaluation for Assistive Technology
- Assistive Technology Repairs
- Unskilled Respite Care
- Pest Control

Person-Centered Planning and The Person-Centered Plan

All right, you have completed the difficult application process, waited patiently, and now you have made it onto a waiver! Your next question is probably, "What happens now?" The answer is that it is time to develop your person-centered plan (PCP) and get you started in services.

Your PCP is one of the most important documents related to your waiver services. The main reason that the PCP is so important is because all of your services must be listed in the plan before Medicaid will pay for them. **Medicaid will not pay for services that are not in the person-centered plan.**

The PCP is also important as a tool to ensure that your services are tailored to your needs and designed to help you live your best life in the community. Additionally, for waiver holders who live in group homes or other provider-owned settings, the PCP acts as a safeguard for the rights they are guaranteed under the HCBS Settings Rule.

Obtaining Services Under the Person-Centered Plan

Once you have been determined eligible for a waiver, you are generally entitled to all of the services available under that waiver. You are also entitled to all of the basic services available under standard Medicaid, such as primary care visits. However, there are a few exceptions to this general rule:

- Where a certain service has different eligibility criteria than the general criteria to be admitted to the waiver, you must also meet that criteria to get the service. For example, the E&D Waiver offers a "Home-Delivered Meals" service, but it is only available to people over the age of 21. This means that individuals who are under the age of 21 and on the E&D Waiver will not be able to access the Home-Delivered Meals service.

- For children and youth under the age of 21, EPSDT services must be exhausted before waiver services can kick in. If you attempt to access a service for your child under the age of 21 and are told that you must access that service through EPSDT, you should immediately contact your child's physician about obtaining a prescription or a Letter of Medical Necessity (LMN) for the service. **This does not mean you cannot access the service.** It just means Medicaid will pay for it in a different way.

- Sometimes there is an overlap in available waiver services. Where services overlap, you may not be able to access both services. For example, an ID Waiver holder who lives in a group home cannot also access that waiver's Companion service.

Because Medicaid will not cover services that are not in the person-centered plan, the most important advocate you have at your planning meetings is yourself. You cannot assume that your case manager or other members of your care team will know the waiver well enough to get you what you need. Your person-centered plan should include the appropriate services you need to live the life you want to live. Don't be afraid to push for the services you want!

The best thing you can do for yourself at your person-centered planning meeting is prepare yourself with the knowledge of which services are available to you under the waiver, and which of those services you want.

How Do I Get the Waiver Services I Need?

Upon Admission to a Waiver

Your assessment should be completed in a face-to-face meeting, and it should use an objective rubric to judge your support needs. It should also be reflected in writing. You are entitled to receive a copy of it.

At the time you are admitted to a waiver, you will have an assessment of your needs. This assessment will be used to determine what services are most appropriate for you. Different agencies use different tools to complete the assessment. For example, for the ID Waiver and the CWP, ADMH uses a tool called the "Inventory for Client and Agency Planning," or ICAP, to assess the individual's support needs. A sample ICAP is included as an appendix to this manual to give you an idea of what an assessment should look like.

The ICAP is an "objective rubric," meaning that *everyone* on the ID Waiver and the CWP is assessed using the same criteria to determine the services they need. This is a good example of how the assessment process should work for any person on any Medicaid waiver. All needs assessments should be completed using objective criteria, rather than relying on individual agency staff members' observations or personal judgments. Using objective criteria safeguards against arbitrary determinations and ensures that the playing field is level for all waiver holders.

Once the assessment has been completed, your care team will use it to help determine what services are appropriate to meet your needs. Of course, the assessment is only one part of getting you appropriate waiver services. You will have the chance at your first person-centered planning meeting to discuss your needs and the services and supports you would like to have.

At Other Times

You can make a request for new, different, or additional waiver services at any time. You do not have to wait until a certain date, like your monthly case management meeting or your yearly redetermination meeting. Remember, the waiver is designed to meet your needs at all stages of your life. As your needs change, your waiver services should change with them as necessary.

In general, a change in services will need to be based on either a change in your medical condition, or a change in your life circumstances. This could include all kinds of life changes: Perhaps you moved, or you started school or a job, or you have a new family member providing your care. When you make the request for new, different, or additional waiver services, a new needs assessment should be completed.

As long as you are eligible for the service you are requesting, it must be added to your person-centered plan so that you can begin receiving it. If your case manager does not add the service to your person-centered plan at the time you request it, then they must provide you with a written denial that includes the following information:

- A clear statement of the specific reasons that they will not grant you the service;
- The specific laws or regulations that support that decision; and
- Information about your appeal rights, including how to file for an appeal.

Remember: A denial is not just a flat "no." A denial can also be an award of services less in amount, duration, or scope than what you requested. For example, if you request that 15 hours per week of Personal Care be added to your person-centered plan and you are only granted 10, that is a denial. You have the right to appeal it.

Some waivers require a case manager to escalate the request for services to their supervisor or another authority for a determination. If that person denies your request, they must provide you with the same information listed above. More information about the appeals process is included later in this manual.

Your Person-Centered Planning Rights

As a Medicaid waiver recipient, you have rights associated with your person-centered plan, and with the process used to create it. Some agencies refer to their person-centered plans by different names. For example, under some waivers, the person-centered plan is called a "Person-Centered Care Plan," or PCCP. **But no matter what name an agency uses for the person-centered plan, your rights remain the same.**

The Person-Centered Planning Process

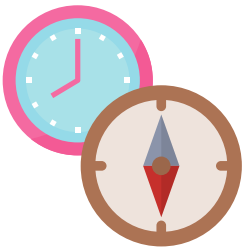
Federal law creates clear requirements governing the process by which the person-centered plan is created. The HCBS Settings Rule (explained in more detail below) requires that the waiver enrollee's service plan be developed through a person-centered planning process that **addresses the recipient's health and LTSS needs** in a manner that reflects their **individual preferences and goals**.

The person-centered planning process should also be **led by the individual**, where possible, and if the individual has a **representative**, then that person should also be able to participate to the extent that the waiver recipient wants them to.

The person-centered planning meeting is all about you!

You have the right to choose who is at your meeting.

You have the right to meet at a convenient time and place.

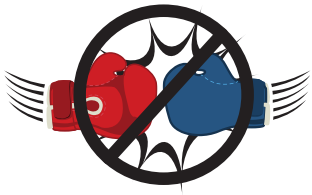


You have the right to lead the meeting.

You have the right to information that is easy to understand.

You have the right to make informed choices, and to be provided the necessary information to do so.

You have the right to be free from conflicts in the planning process.



Most importantly, your person-centered plan must be reviewed, and revised upon a reassessment of functional need at least every 12 months, when your circumstances or needs change significantly, **or at any time you request a review**.

The Person-Centered Plan

All person-centered plans, no matter what format the care team uses to create them, should focus on your wants, needs, and goals for the future. The plan should also discuss the ways that your care team will help you fulfill your wants needs and goals, and how they can help you achieve the maximum possible degree of independence. Specific and fulfilling goals are the foundation of an excellent person-centered plan that will help you receive the services you need and live your best life in the community.

Person-centered plans should focus not just on what is important *for* you, but what is important *to* you.

A good person-centered plan should include, at minimum, individualized goals and preferences relating to the following:

- Community participation
- Employment
- Income and savings
- Healthcare and education

The plan should also reflect what services and supports you are receiving.

Self-Direction of Services

Your person-centered plan should also reflect whether you choose to self-direct your services. When you self-direct your waiver services, you decide how and when your services and supports will be delivered, as well as who will provide them.

All of Alabama's waivers offer self-direction options. If you choose to self-direct your services, you will receive a monthly financial allowance which you will use to manage the your care and related services, rather than having the case management agency completely oversee managing your services.

The monthly financial allowance will be based on the units of services authorized in the plan of care. When you are utilizing self-directed services, you may choose to use that money to hire aides, to buy durable medical equipment, or you may put the money toward other services as detailed in the beneficiary's person-centered plan. Some waivers also allow you to place leftover money from your budget (for example, if you choose to pay your workers

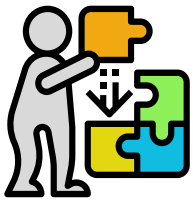
less than the waiver's reimbursement rate and therefore have remaining money in your budget) into a savings account, which you can then use toward larger purchases as detailed in your person-centered plan.

If you choose to self-direct your services, the state must provide you with the appropriate support to ensure that you are able to successfully self-direct your services.

HCBS Settings Rule Protections

A person-centered plan also must include protections required by the HCBS Settings Rule. The HCBS Settings Rule guarantees the following rights to individuals living in residential settings like group homes:

- A lease or other legally enforceable agreement that provides similar protections
- Privacy in the unit, including lockable doors
- Choice of roommates or to live alone
- Freedom to furnish and decorate the unit as they wish
- Control over their own schedule
- Access to food at any time
- Having visitors at any time
- A setting that is physically accessible



The HCBS Settings Rule is a set of federal regulations requiring that settings like group homes and day programs provide residents with independence, self-determination, freedom to choose, and privacy. The Settings Rule guarantees waiver recipients the right to be fully integrated into their communities, the right to independently make choices about their lives, and the right to privacy and self-determination in their homes.

If a provider limits any of these rights, they must write the reason for the restriction down in the individual's person-centered plan. Any restriction on any of the above rights must pertain to the individual waiver recipient. Providers cannot impose blanket rights restrictions on all recipients they serve.

When a provider limits any of the above rights, they must include certain information in the recipient's person-centered plan as a protection against unjustified rights limitations. The person-centered plan must document the following information:

- A clear description of the restriction, which is directly related to the specific assessed need;
- The recipient's informed consent to the restriction;
- A set end point for the restriction;
- A schedule for periodic review of the restriction;
- Less restrictive options that were tried to address the need; and
- Positive interventions and supports that were used prior to implementing the restriction.

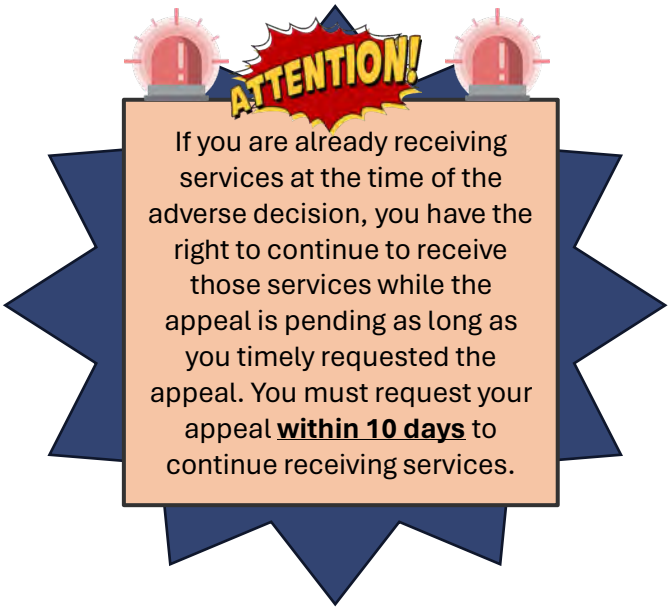
The person-centered plan must also promise that no harm will come to the individual from the restrictions, and it must include regular collection and review of data to determine the effectiveness of the change.

A good person-centered plan therefore does the following things:

- It enhances opportunities for community integration.
- It improves a beneficiary's self-determination and independence
- It protects and enhances the waiver recipient's rights in a variety of ways.

Handling Adverse Medicaid Decisions

You may find yourself in a situation at some point where Medicaid makes a decision regarding your waiver services that you do not agree with. At the moment that decision is made, a wide variety of due process rights are triggered. You have the right to challenge any Medicaid decision that affects you adversely, unless the decision comes from a change in state or federal law that adversely affects many recipients. This means you have the right to challenge reductions in services, termination of services, initial and/or subsequent denials of eligibility, failures to act upon a claim with reasonable promptness, or any other action that you believe that Medicaid has taken incorrectly or unjustly.



Notice Requirements

Your due process rights are triggered at the moment that Medicaid takes any kind of adverse action against you. You are entitled to a **written notice** of the action that Medicaid plans to take. That notice must contain a clear statement of the reasons that Medicaid is taking the action, and a citation to the specific law or regulation that supports the action.

If you are losing services (reduction or termination), you must be notified at least **10 days** before the services are actually stopped.

Securing Your Rights

As soon as you receive **written notice** of the adverse decision against you, send a letter to the agency that runs your waiver requesting an appeal. A sample letter is included in Appendix II of this manual. If you can, send your letter via Certified Mail and keep a copy of the receipt with the tracking number on it so that you can prove the letter was delivered.

If you are appealing a **termination, reduction, or suspension** of services (i.e., you have had something taken away from you), make sure to explicitly note in your appeal request that you wish to continue your services throughout the appeals process.

The Informal Conference

Every Alabama waiver requires that you attend an Informal Conference as the first step in an appeal. This means that aggrieved recipients or applicants must attend an Informal Conference before asking for a Fair Hearing before the Alabama Medicaid Agency.

The Informal Conference is just that—an informal conference where you will meet with representatives from the Operating Agency (ADMH, ADSS, or ADRS) and Alabama Medicaid to discuss their determination and why you feel it is wrong. You may attend the Informal Conference in-person in Montgomery at the OA's office if you want, but you are not required to do so. Informal Conferences can also be conducted over the phone or via Zoom.

The Informal Conferences are significantly less intense than Fair Hearings. They are not subject to any rules of evidence or procedure. They are an opportunity for you to tell your story and to submit any additional evidence or documentation you would like Medicaid and the OA to consider in reviewing their decision.

Because Informal Conferences are not administered under the same rules as administrative proceedings like Fair Hearings, they present an excellent opportunity for you to tell your story and submit additional evidence without being bound by the strict rules that govern administrative and court proceedings. In turn, you will be able to use the Informal Conference to help you build a strong appeal record if you decide to go to a Fair Hearing or eventually seek judicial review in an Alabama Circuit Court.

The Fair Hearing

If you are not satisfied with the outcome of the Informal Conference, you have the option to request a Fair Hearing. The Fair Hearing is your chance to tell your side of the story about why the Medicaid decision was improper or unjust. The Fair Hearing will be at the Alabama Medicaid Agency offices in Montgomery, and will be in front of an Administrative Law Judge, who does not work for Medicaid and who should be impartial.

At the Fair Hearing, you may choose to represent yourself. You may also obtain a lawyer at your own expense, or have someone like a friend or family member represent you.

Whether or not you have a lawyer representing you, you will be held to the same standards that lawyers must observe in court proceedings. This means that you will be expected to adhere to the Alabama Rules of Civil Procedure and the Alabama Rules of Evidence at the Fair Hearing.

Alabama Medicaid generally will not allow Fair Hearings to be conducted virtually. This means you will be expected to travel to Montgomery to attend the hearing. If you are not able to travel to Montgomery for the hearing, you should reach out to the agency as soon as possible after you are given a hearing date. Depending on the situation, Alabama Medicaid may be willing to make arrangements for you to attend the hearing virtually from the Medicaid District Office nearest to where you live.

You have a variety of due process rights at the Fair Hearing, intended to level the playing field as much as possible and enable you to make a meaningful case. Remember that these rights are protected by federal law. You have the right to tell your story and make your case without undue interference by Medicaid.

Some of the information in the sections below is adapted from the document "MDCP Medicaid Fair Hearing Guide" by Disability Rights Texas, the Texas Protection and Advocacy Office.

Gathering Evidence

Before the Fair Hearing, you should prepare a list of all of the documentation you want to submit on your behalf at the Fair Hearing. You have the right to submit any documentation at the Fair Hearing that you believe will support your case. You should consider presenting the following information:

- Medical records
- Letters from medical providers
- Photos
- Records of communication between you and the Operating Agency or Medicaid

Once you have gathered all of the evidence you want the ALJ to consider, you should make copies of it for the ALJ and for Medicaid, and be prepared to bring those documents to the hearing. Remember that you have the right to examine your entire case file and any documentation that Medicaid intends to use to support their side at the Fair Hearing.

Try to neatly organize your materials. If you can put them together into a packet and give each document a number, that will help the ALJ review your evidence more easily. Consider using a cover letter and a table of contents.

Soliciting Testimony

You have the right to call your own witnesses, so you should ask your doctor or nurse, caregivers, family members, or anyone else who can support your argument to attend and testify on your behalf at the hearing.

You will have the chance to ask your witnesses questions that support your side of the case. If the people that you want as witnesses cannot attend, ask them to write a letter explaining why you should be receiving the services you are seeking. Get the letter notarized if possible. If Medicaid objects to you presenting those letters at the Fair Hearing, ask the ALJ to take them into evidence anyway and take judicial notice of them.

You should also find out who Medicaid intends to call as witnesses at the Fair Hearing, because you will have the right to ask their witnesses questions, as well. If you choose to question the Medicaid witnesses, try to ask "yes" and "no" questions only. If you have prepared questions, consider rephrasing them so they are essentially a statement of fact followed by, "isn't that right?" or "correct?"

You do not have to ask the Medicaid witnesses any questions if you do not want to. You may choose not to let the Medicaid representative talk further and just get to your side of the case.

Do **not** let Medicaid raise new reasons at the Fair Hearing for the adverse decision. If you catch this happening, make sure to tell the ALJ that it is against the law for an agency to bring up new reasons for a denial during the Fair Hearing or to reference documentation not presented before the Fair Hearing, and point out that Medicaid is well aware of this rule.

Telling Your Story

Finally, you have the right to give an opening statement and a closing statement at the Fair Hearing, which means you will get to make brief remarks before and after the testimony is done. The opening and closing statements are your opportunity to tell your story and show your side of the case.

If you choose to make an opening statement, try to explain the waiver program as you understand it, and plan to preview what evidence you are going to present (medical records, other documents you have in your packet that you want to talk about, your testimony, etc.).

When presenting your case, make sure to focus on what will happen if you do not receive the services at issue in the hearing (for example, if you are not found eligible for a waiver program, or if you do not get back a service that has been terminated). Make sure to note how, without the waiver services, it will be difficult or impossible for the waiver recipient to live in the community, and how placement in a nursing home would be a real and difficult possibility.

If you choose to make a closing statement, you may want to include the following:

- Medicaid has not proven their case as required by law—they just referred to documents in the records and did not explain the reason for the adverse action.
- Summarize why the Medicaid decision was wrong and why the waiver recipient qualifies for the services at issue.
- Ask the ALJ to rule in the waiver recipient's favor because they clearly need the services at issue.

What Happens Next?

After the Fair Hearing, the Administrative Law Judge has 30 days to issue their recommendation. The ALJ's recommendation is **not binding**, meaning that whatever they recommend to Medicaid may not be what ultimately happens. Once the ALJ issues their recommendation, Medicaid has another 30 days to decide whether or not to accept it. Whatever Medicaid decides is the final binding decision, even if Medicaid does not agree with the ALJ.

If you wish to appeal Medicaid's decision, we strongly suggest seeking legal counsel. Judicial review of Medicaid decisions takes place in Alabama state courts before circuit judges and can be a difficult and complex process.

Appendix I: Glossary of Terms

Term	Definition
310 Board	**310 Boards** are the county-level entities that contract with ADMH to handle the day-to-day operation of the ID and LAH Waivers.
AAA	AAA stands for **Area Agency on Aging**. An AAA is an agency designated by the state to address the needs and concerns of all older persons at the regional and local levels. In Alabama, the AAAs also address the needs of certain populations of people with disabilities through their administration of the E&D and ACT Waivers.
ADL	ADL stands for **Activities of Daily Living**. ADLs are activities related to personal care, which include bathing, dressing, getting in and out of bed or a chair, walking or using a wheelchair, using the toilet, and eating.
ADMH	ADMH stands for the **Alabama Department of Mental Health**. ADMH is the state agency responsible for serving Alabama citizens with mental illness, intellectual disabilities, and Substance Use Disorder (SUD). ADMH maintains a broad network of services and placements for people with mental illness, intellectual disabilities, and SUD.
ADRS	ADRS stands for the **Alabama Department of Rehabilitation Services**. ADRS provides a variety of services to people with disabilities through its Early Intervention (EI), Children's Rehabilitation (CRS), Vocational Rehabilitation, and SAIL programs.
ADSS	ADSS stands for the **Alabama Department of Senior Services**. ADSS is the state agency that administers programs for senior citizens, people with disabilities, and their caregivers. ADSS administers statewide programs on aging that cover all 67 Alabama counties through the Regional Planning Commissions and the local Area Agencies on Aging.
CMHC	CMHC stands for **Community Mental Health Center**. CMHCs provide preventative, treatment, and rehabilitative mental health services as an alternative to institutionalization.
DD	DD stands for **developmental disability**. Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime. Developmental disabilities can include conditions like cerebral

	palsy, autism, Tourette's syndrome, ADHD, and many others. Intellectual disabilities are a kind of developmental disability.
HCBS	HCBS stands for **home- and community-based services**. HCBS are Medicaid-funded services that allow people with significant physical and cognitive limitations to live in their home or a home-like setting and remain integrated with the community, rather than having to be institutionalized to receive care.
ICF/IID	ICF/IID stands for **Intermediate Care Facilities for Individuals with Intellectual Disabilities**. ICF/IIDs are defined by federal law as institutions for individuals with ID whose primary purpose is to provide health or rehabilitative services to people with ID.
ID	ID stands for **intellectual disability**. An intellectual disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22. One way to measure deficits in intellectual functioning is by an IQ test. A score of 75 or below usually indicates that the individual has an intellectual disability.
LOC	LOC stands for **Level of Care**. The Level of Care a person needs is informed by their diagnoses, disabilities, service and support needs, and general ability to safely care for themselves.
LTSS	LTSS stands for **Long-Term Services and Supports**. LTSS is designed to support individuals with disabilities and chronic diseases to have choice, control, and access to services that will provide them with independence.
NF/NH	NF and NH stand for **Nursing Facility** and **Nursing Home**, respectively. Both terms refer to the same type of long-term care institution, but the term "nursing facility" is generally preferred by disability advocates.
NF LOC	NF LOC stands for **Nursing Facility Level of Care**. The term generally refers to a formal designation that an individual is unable to care for themselves for a sustained period of time and needs the kind of full-time, intensive care and supervision that would ordinarily be provided in a nursing facility.
Operating Agency/OA	**Operating Agencies** are state agencies that administer waiver services on behalf of the Alabama Medicaid Agency. Alabama Medicaid maintains ultimate responsibility for the appropriate management of all waiver services, but the OAs are responsible for the day-to-day operation of their waiver programs.

QIDP	QIDP stands for **Qualified Intellectual Disabilities Professional**. A QIDP is defined in 42 C.F.R. § 483.430(a) as a person who has at least one year of experience working directly with persons who have ID or DD, and who is either a physician, a registered nurse, or a person with a bachelor's degree in one of the following fields: (a) Physical therapy (b) Occupational therapy (c) Psychology (d) Social work (e) Speech-language pathology (f) Audiology (g) Recreation (including art, dance, music, or physical education) (h) Dietetics (i) Sociology (j) Special education (k) Rehabilitation counseling
TBI	TBI stands for **Traumatic Brain Injury**. TBI is defined as an alteration in brain function, or other evidence of brain pathology, caused by external force. A TBI can happen when an external force causes severe damage to the brain. Common causes of TBI include falls, automobile accidents, and sports injuries.

Appendix II: Forms

Forms included in this section:

- Sample Request for Informal Conference Letter
- ADMH-DDD Appeals Request Form
- Sample Request for Fair Hearing Letter
- 204/205 Form
- Sample ICAP
- Sample Family History Form (for CWP/ID Waiver)
- Medicaid Appointment of Representative Form

Sample Request for Informal Conference Letter

[DATE]

IF APPEALING FOR ID/LAH/CWP:
Alabama Department of Mental Health
Office of Waiver Appeals
P.O. Box 301410
Montgomery, AL 36130-1410
ddoca.dmh@mh.alabama.gov

NOTE: ADMH also has a form you may fill out and submit to request an appeal if you prefer to do that. A copy of that form is included on the next page.

IF APPEALING FOR E&D/ACT/TA:
Medicaid Waiver Appeals Coordinator
Alabama Department of Senior Services
P.O. Box 301851
Montgomery, Alabama 36130

IF APPEALING FOR SAIL:
Lisa Alford, Director
Alabama Department of Rehabilitation Services
Independent Living Program
602 South Lawrence Street
Montgomery, Alabama 36104

RE: Request for Appeal

Dear Coordinator:

I am writing **[if applicable: on behalf of]** to request an appeal of the **[Alabama Department of Mental Health/Senior Services/Rehabilitation Services]**' decision to **[explain what you are appealing and why you are appealing it]. [If you are including any documentation with this letter, list it here]**.

[If you are appealing a termination, reduction, or suspension of services and you are sending this letter within 10 days of the notice, state that you want to continue services.]

Please contact me at **[phone]** or **[email]** regarding this appeal request. **[If the waiver recipient's contact information is different than yours, include it here.]**

Sincerely,
[Your Name Here]

ADMH-DDD Appeals Request Form

Alabama Department of Mental Health

Division of Developmental Disabilities

APPEALS REQUEST FORM

Participant' Name:
Participant's Address:
Medicaid #:

If someone other than the participant is submitting this request, please fill out the information below:

Requestor Name:
Phone number:
Address (if different from participant's):
Email address:
Role/relationship to the participant: ☐ parent/guardian ☐ legal representative

☐ DHR representative ☐ other (specify) _____

Effective Date of Adverse Action: Click or tap to enter a date.

I hereby appeal the _____
(Adverse action)
_____

_____

My reason for requesting the appeal is:
_____

_____

_____

I understand that if currently receiving services, I may continue to receive my current level of service pending my appeal decision. Therefore, I request an Informal Conference to ADMH-DD for review of this matter.

This form must be received by the Office of Waiver Appeals within 15 calendar days of the effective date on the Notice of Adverse Action. Please may submit this form via email to ddoca.dmh@mh.alabama.gov or by mail to:

Alabama Department of Mental Health
Office of Waiver Appeals
P.O. Box 301410
Montgomery, AL 36130-1410

A.2.1 Appeals Process

Responsible Office: Office of Waiver Appeals; Support Coordination; Community Programs
Reference: 42-CFR 431.210 (Subpart E); ID and LAH Waivers and Community Waiver Program (CWP); Rule No. 560-X-35-.17; Rule No. 560-X-43-.16; Rule No. 560-X-52.15
Effective: Historical Practice
Revised: August 7, 2023
Purpose/Intent: Appeals function both as a process for error correction as well as a process of clarifying and interpreting the criteria and standards by which the original decision was rendered. The procedures below clearly outline the steps in the appeals process which include: notification of adverse action, requesting an appeal for an Informal Conference or Fair Hearing, and decision making and resolution for individuals: (a) who are denied service(s), choice of provider(s), or whose services are(b) suspended, reduced, terminated or delayed.
HCBS Waivers: ID, LAH, CWP
Definitions: Adverse Action – a decision that negatively impacts the applicant; Notice of Action (NOA) – a formal notice that explains the reason for the adverse action (denial, termination, suspension or reduction in services) and rights available to the applicant; Appeal – a formal request to review a determination of adverse action; Informal Conference – is the process for review of an adverse action, conducted by waiver appeals panel, to obtain further understanding of the action taken and determine whether the action should be upheld or reversed; Fair Hearing – a hearing conducted by AMA to review the decision rendered in the Informal Conference and determine whether the decision should be upheld or reversed; CWP (Community Waiver Program), SRC (Special Review Committee), AMA (Alabama Medicaid Agency); CSD (Community Services Director); OWA (Office of Waiver Appeals); ARF (Appeal Request Form); Review Panel (combination of ADMH-DD staff who did not have a role in the original denial and an AMA Waiver Program Manager); Appeal Packet (NOA, ARF or written request, all information related to the decision rendered, and an Initial Review of Denial form)
Procedures:
The appeals process begins with a NOA. This notice will specify the reason for the adverse action and provide instruction for requesting an appeal of the decision. If the decision relates to services that are denied, suspended, reduced or terminated, ADMH must issue a written notice at least 10 days prior to the action to the individual, and/or representative.

1. When an adverse action is determined, the determining office will send a NOA along with the Appeal Request Form (ARF) to the applicant.
2. If the applicant feels the decision was made in error, they may appeal the decision by submitting the ARF or a written request (i.e. handwritten or typed statement, letter and/or email requesting an appeal)for an Informal Conference via email to ddoaca.dmh@mh.alabama.gov or by mail to:

   Alabama Department of Mental Health
   Office of Waiver Appeals
   P.O. Box 301410
   Montgomery, AL 36130-1410

3. The request must be received by the OWA within 15 calendar days of the effective date printed on the NOA. **NOTE:** If the applicant chooses to submit a written request instead of the ARF form, the

following information must be included:

a. the full name of the applicant,
b. contact information of applicant (mailing address and/or email),
c. the full name of requestor of the appeal (if applicable),
d. contact information of requester, if different from the applicant (mailing address and/or email),
e. adverse action taken (denial, termination, suspension or reduction in services), and
f. reason for requesting an appeal.

4. Upon receiving the NOA or written request of appeal, the Appeals Coordinator will:
    a. send a letter of receipt to the requestor of the appeal, or
    b. if received after 15 calendar days, send a letter to the requestor of the appeal noting that the appeal for an Informal Conference to ADMH is unable to be reviewed due to being received beyond the 15 calendar day time limit.
5. Following the timely receipt of the request of appeal, the Appeals Coordinator will:
    a. assemble a review panel, and
    b. provide each member of the review panel with an appeal packet.
6. The members of the review panel will individually review the appeal packet and submit to the Appeals Coordinator an Initial Review of Denial form.
7. Appeals Coordinator will compile panel member's responses on the Initial Review of Denial form and send the official form to all panel members prior to the informal conference.
8. The applicant will be entitled to a review, which may involve an in-person interview, a teleconference, or simply a review of documents, depending on the nature of the appeal and the information that needs to be considered.

INFORMAL CONFERENCE:

The applicant is entitled to a review which may involve an in-person interview, a teleconference, or simply a review of documents, depending on the nature of the appeal and the information to be considered.

1. Review:
    a. A review will be scheduled with the 1) individual and as appropriate, the individual's representative (ex., family, guardian, authorized representative), 2) selected panel members, which will consist of a combination of staff from another Regional office, staff within the DD Division employed at the Central Office who did not have a role in the original denial, and an AMA Waiver Program Manager, 3) Staff (CSD or CWP Director or designee) responsible for denying the RFA, 4) Individual's Support coordinator.
    b. The review will provide the individual and their representative the opportunity to offer additional supporting information. The panel will also utilize the time to ask any specific questions to the staff, individual and/or their representative.
2. Decision Making and Notification:
    a. Immediately following the review, the Waiver Appeals Coordinator and selected panel members will meet to discuss and reach a decision to either reverse, uphold, or pend the decision. If the appeal is pending the review of additional information, the below steps should be followed:
        i. The individual/family/representative will be notified via email and/or mail of the panel members request for additional information, along with the individual's support coordinator.

ii. The individual/family/representative will have 10 calendar days to provide the additional informational that was requested to the Office of Waiver Appeals.
iii. Once the additional information has been received, the Waiver Appeals Coordinator will distribute the additional information to the appeals review panel members to review individually.
iv. After the additional information has been distributed, the Waiver Appeals Coordinator will set a time and date for the appeals review panel to meet again within 7 calendar days to discuss and decide on whether to uphold or reverse the original decision.

b. Once a decision has been reached, the panel will complete the Review of Denial Form indicating reasons for their decision.
c. The panel will select a panel participant to submit in writing the final informal conference decision made by the panel and all supporting information to the Waiver Appeals Coordinator.
d. The Waiver Appeals Coordinator will submit a letter to the Associate Commissioner for review and approval that includes the following:
    i. Description of initial request that warranted a denial.
    ii. Action(s) taken to review the appeal.
    iii. Final informal conference decision (denial upheld or reversed) and supporting reason (resource or other information to support decision)
    iv. Effective date of decision (if appropriate)
    v. Process for the option to request an AMA Fair Hearing should the denial be upheld by the Associate commissioner and the individual and/or their representative remain in disagreement with the decision.
e. Upon obtaining the Associate Commissioner's review and decision, the Waiver Appeals Coordinator will notify the individual and if applicable, the individual's representative (person requesting the appeal) in writing.
    i. If the Associate Commissioner upholds the decision of denial, the Waiver Appeals Coordinator will include in the notification to the individual the process for requesting a Fair Hearing with AMA.
f. The Appeals Coordinator will upload the letter into ADIDIS, adding as a note to the recipient's record, and tag the individual's Support Coordinator, Director of Community Programs, CSD, the ID/LAH/CWP Waiver Director, the Regional Office Fiscal Manager and others as appropriate. The Appeals Coordinator will send a copy of the letter to AMA program manager via email.

FAIR HEARING:

If the individual/guardian disagrees with the DMH Associate Commissioner's decision, they can submit a request for a Fair Hearing to the Alabama Medicaid Agency (Medicaid). A written hearing request must be received by Medicaid no later than 15 calendar days from the date of the DMH Associate Commissioner's response letter.

Alabama Medicaid Agency
LTC Healthcare Reform Division
P.O. Box 5624, 501 Dexter Avenue Montgomery, AL 36103-5624

Sample Request for Fair Hearing Letter

[DATE]

Long Term Care Division
Request for Hearing
Alabama Medicaid Agency
P.O. Box 5624
501 Dexter Avenue
Montgomery, Alabama 36130-5624

RE: Request for an Appeal

To Whom It May Concern:

I write today **[on behalf of (if applicable)]** to request a Fair Hearing before the Alabama Medicaid Agency.

[Explain the decision you are challenging and give a brief timeline. For instance, you may say something like: On March 1, 2018, John Smith made a request for (a service). On April 1, 2018, that request was denied. An Informal Conference was held on May 1, 2018, and the denial was upheld on May 15, 2018.]

[If you are filing on behalf of someone else, indicate here that you are filing as their Medicaid authorized representative.] I am hereby requesting a Fair Hearing regarding the **[denial/termination/reduction]** of **[service]**. **[If you are including any documentation, such as copies of denials, indicate that here.]**

[If you are filing on behalf of someone else, indicate here that you are enclosing a completed Appointment of Representative form. This form can be found on the next page.]

Please contact me at **[phone]** or **[email]** regarding this Fair Hearing request. **[If the waiver recipient's contact information is different than yours, include it here.]**

Sincerely,
[Your Name Here]

204/205 Form

Alabama Medicaid Agency

Application/Redetermination for Elderly and Disabled Programs

Instructions: Read this application carefully and follow all instructions given throughout the form. Answer each question completely and accurately.

You may have someone help you complete the application.

1. Send verification of the gross (before taxes) amount of your monthly income.
2. Send a copy of your Social Security card.
3. If you have Medicare, Send a copy of your Medicare card.
4. Sign the application.
5. Mail the application to the District Office serving your county. (See attachment for the address of the District Offices.)

Anyone who makes or causes to be made a false statement, misrepresentation or omission of a material fact in an application or for use in determining eligibility for Medicaid, commits a crime punishable under federal or state law or both.

Notice to Applicants and Sponsors

Federal and state laws provide both criminal and civil penalties for false statements or material omissions in an application for Medicaid benefits or payments. Also, any application found to contain material misstatements or omissions will be denied.

The following statutes are excerpts from the Code of Alabama pertaining to the Medicaid program:

S 22-1-11. Making false statement or representation of material fact in claim or application for payments on medical benefits from medicaid agency generally; kickbacks, bribes, etc.; exceptions; multiple offenses.

(a) Any person who, with intent to defraud or deceive, makes, or causes to be made or assists in the preparation of any false statement representation or omission of a material fact in any claim or application for any payment, regardless of amount, from the medicaid agency, knowing the same to be false; or with intent to defraud or deceive, makes, or causes to be made, or assists in the preparation of any false statement, representation or omission of a material fact in any claim or application for medical benefit from the medicaid agency, knowing the same to be false; shall be guilty of a felony and upon conviction thereof shall be fined not more than $10,000.00 or imprisoned for not less than one nor more than five years, or both.

* * *

(e) Any two or more offenses in violation of this section may be charged in the same indictment in separate counts for each offense and such offense shall be tried together, with separate sentences being imposed for each offense of which defendant is found guilty. (Acts 1980, No. 80-539, p. 837, Sections 1-5.)

S 22-6-8, Revocation of eligibility of recipient upon determination of abuse, fraud, or misuse of benefits; when eligibility may be restored.

(a) Upon determination by a utilization review committee of the designated state medicaid agency that a medicaid recipient has abused, defrauded, or misused the benefits of the program said recipient shall immediately become ineligible for medicaid benefits.

(b) Medicaid recipients whose eligibility has been revoked due to abuse, fraud or other deliberate misuse of the program shall not be deemed eligible for future medicaid services for a period of not less than one year and until full restitution has been made to the designated state medicaid agency.

(c) The provisions of this section shall not be effective if they are found by a court of competent jurisdiction to contravene federal laws or federal regulations applicable to the medicaid program.

(Acts 1980, No. 80-127, p.190.)

Medicaid Eligibility Policies and Procedures are in compliance with Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Federal Age Discrimination Act of 1975 and the Americans with Disabilities Act of 1990.

Form 204/205 **Application/Redetermination for Elderly and Disabled Programs** 01/2021

Please print using dark ink.

1 Apply for Medicaid

I want to apply for Medicaid in the: (Check one)

☐ **Hospital** Name of Hospital _____ _____
(Date of Admission)

Address: _____

☐ **Nursing Facility** Name of Nursing Facility _____ _____
(Date of Admission)

Address: _____

☐ **Home and Community Based Waiver Program (Application must be submitted to the Waiver Agency.)**

☐ **SSI Related Programs (Retroactive, DAC, Widow/Widower, Continuous and Grandfathered Children)**

2 Applicant

Name: _____
First Middle/Maiden Last Suffix (Jr., Sr., II, etc.)

Mailing Address: _____

_____
City State Zip Code

Home Address: _____
(Street or 911 Address. If you are now in a nursing home, your home address before you went into the nursing home.)

_____
City State Zip Code

County of Residence: _____ Medicare #: _____

Date of Birth: _____ Social Security #: _____ Medicaid #: _____

Phone: _____ Fax: _____

Other Phone: (_____) _____ Whose? _____

E-Mail: _____

3 Marital Status (Marriage Information)

☐ I am Married _____ (Date Married)

☐ I am Divorced _____ (Date Divorced)

☐ I am Single (Never Married)

☐ I am Separated _____ (Date Separated)

☐ I am Widowed _____ (Date Widowed)

District Office Use Only

District Office Stamp

Applicant's Name: _____ SSN: _____

4 Race ☐ White ☐ Black ☐ American Indian ☐ Hispanic ☐ Asian
☐ Other _____

5 Sex ☐ Female ☐ Male

6 Living Arrangement

Check the item which describes your current living arrangement.

☐ In your own home with husband or wife (A)
☐ In your own home alone (A)
☐ In your parent's household (C)
☐ In a rented house, apartment, or room (A) Amount of Rent $ _____
☐ With someone else, not in your own home
Do you pay any utilities or buy your own food? ☐ Yes (A) ☐ No (B)
☐ In a Nursing Home (D)
☐ In a Hospital (E)
☐ Intermediate Care Facility for the Intellectually Disabled (F)
☐ Other: Please describe: _____

7 Residency Information

Are you a United States Citizen? ☐ Yes ☐ No If not, when did you enter the United States? _____
How long have you lived in Alabama? _____ Do you plan to remain in Alabama? ☐ Yes ☐ No
Before you lived in Alabama, where did you live? _____
City County State
What language do you usually speak? ☐ English ☐ Spanish ☐ Other _____

8 Supplemental Security Income (SSI) :

Have you ever applied for or received SSI? ☐ Yes ☐ No If yes, when? _____ (month/ year)

9 Sponsor

(If the applicant is unable to complete the application or provide additional information, the Medicaid sponsor should be the person <u>most familiar</u> with the financial situation of the applicant and should complete page 13.)

Relationship to Applicant: _____
Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
_____ F AX : _____
City State Zip

E-Mail: _____

10 Legal S tatus

Has the applicant appointed a power of attorney or has a guardian or conservator been appointed? ☐ Yes ☐ No

<u>If yes, provide a copy.</u>

Applicant's Name:_____ SSN:_____

11 Spouse Identification

(Must be completed if you are married or separated.)

Name:_____ Phone #:(_____)_____
First Middle Last Suf fix (Jr., Sr.)

Address:_____ Date of Birth:_____
(Street or Box Number)

_____ SSN:_____
City State Zip Code County

Email:_____ Spouse's Medicaid #:_____

12 Former Spouse Identification

(Must be completed if you are widowed or divorced.)
(For all previous marriages, list most recent first.)

1. Former Spouse's Name:_____ SS#:_____

   Date Marriage Began:_____ Ended:_____ Reason: ☐ Death ☐ Divorce ☐ Other

2. Former Spouse's Name:_____ SS#:_____

   Date Marriage Began:_____ Ended:_____ Reason: ☐ Death ☐ Divorce ☐ Other

13 Veteran's Status

Are you a Veteran? ☐ Yes ☐ No
Are you a dependent of a veteran? ☐ Yes ☐ No

If yes to either of the questions above, complete the following:

Veteran's Name:_____
First Middle Last Suffix (Jr., Sr.)

SSN:_____ VA Claim #:_____

Relationship to Veteran _____

Have you applied for Veteran's benefits under the new Veterans & Survivor's Improvement Act? ☐ Yes ☐ No
If yes, in which county did you apply? _____ If no, you must apply .

14 Household Members

List names of anyone under the age of 19, living in your household.

Name	Age	Relationship	Income Source	Monthly Amount
				$
				$
				$
				$
				$

Applicant's Name:_____ SSN:_____

15 Income

Gross Income (This means "money coming in" before anything is taken out.)

Do you or your spouse have "money coming in" from any of the sources listed below? ☐ Yes ☐ No
If yes, fill in the claim number and gross amount
NOTE: If you are applying on behalf of a child, each parent must also answer these questions.
NOTE: If you are applying on behalf of an adult, the spouse must also answer these questions.

Type of Income (Copy of most recent check stub or other form of verification required.)	**Claim Number**	**Applicant Gross Amount**	**Spouse (or Parent) Gross Amount**	**Other (or Parent) Gross Amount**	**How Often Received? (Quarterly, Annually, etc.)**
1. Social Security (include Medicare Premiums)					
2. SSI (Gold Check)					
3. Public Assistance (Welfare)					
4. Railroad Retirement					
5. Veterans Benefits, Pensions, Compensation or Insurance					
6. Federal Civil Service Annuity					
7. State Retirement/Pension					
8. Private Pension					
9. Miner's Benefits					
10. Black Lung Benefits					
11. Cash Contributions (from relatives, friends, others)					
12. Rental (land, buildings, or from roomer)					
13. Personal loans (relatives, friends, others)					
14. Unemployment Compensation					
15. Insurance Annuity or Proceeds					
16. Government Payments on land					
17. Coal, Oil, Gravel Rights and Timber Leases					
18. Royalties					
19. Court Ordered Support					
20. Interest on Savings					
21. Other: Specify _____					
22. Other: Specify _____					
23. Legal Settlements					
24. Sheltered Workshop Earnings					
25. Work Income					
(A copy of most recent check stub or some other form of verification must be provided.)					
26. Self Employment					
(A copy of last year's federal tax return must be provided (including Schedule "C" and/or "F").					
27. Dividends					

Applicant's Name:_____ SSN:_____

16 Property

Please complete all of the information concerning property you or your spouse own, or have owned in the past 5 years, or in which you or your spouse have had an interest.
If additional space is needed, please report on the last page of this application or attach a separate sheet of paper

Do you or your spouse now own or are you buying any property or do you have any interest (including life estate, heir pr operty, joint ownership, etc.) in land, buildings or other pr operty, including your home?

☐ **Yes** ☐ **No**

If yes, who owns the property? _____

If yes, where is the property located? (List the full address of the propertyinclude city, county and state:

Parcel 1:_____

Parcel 2:_____

Parcel 3:_____

Parcel 4:_____

Parcel 5:_____

Does anyone live there now? ☐ **Yes** ☐ **No** **Which Parcel?**_____

If yes, what is the persons name and relationship to the applicant? _____

If you are temporarily away from your home, do you intend to return home and live on this property in the future? ☐ **Yes** ☐ **No**

Do you owe money on the property? ☐ **Yes** ☐ **No**

If yes, send amortization schedule showing payment schedule and amount owed.

Do you have a r everse mortgage? ☐ **Yes** ☐ **No**

If yes, send verification of the payments you have received and the remaining balance.

Have you or your spouse owned or had any interest in any other property (including life estate, heir property, joint ownership, etc.) within 5 years of the month in which you filed a Medicaid application? ☐ Yes ☐ No

If yes, where was the property located? County:_____ State:_____

When did you sign a deed disposing of this property? _____

If you answered yes to owning property now or in the past 5 years, send copies of the deed(s) showing you pur chased the pr operty. If sold, copies of the deed(s) showing you transferr ed the property and a copy of the settment statement.

Do you or your spouse own a mobile home? ☐ Yes ☐ No If yes, send ownership (title) verification.

If yes, who owns the land where the mobile home or trailer is located? _____

Applicant's Name:_____ SSN:_____

17 Resources

Accounts (including checking, savings, certificate of deposit, IRAs)

Does applicant, spouse or parent's name now appear on an account of any kind? ☐ Yes ☐ No
Has applicant, spouse or parent's name appeared on a bank account of any kind in the last 5 years?
☐ Yes ☐ No
Does applicant, spouse or parent's name now appear on a safe deposit box? ☐ Yes ☐ No
Has applicant, spouse or parent's name appeared on a safe deposit box of any kind in the last 5 years?
☐ Yes ☐ No
If yes to any of the above questions, complete the following:

1. Name and address of Bank, Credit Union or Brokerage Firm: _____

Names on account: _____
Account Number:_____ Type of account: _____
If closed, what was date closed?_____ If open, what is current balance?_____

2. Name and address of Bank, Credit Union or Brokerage Firm: _____

Names on account: _____
Account Number:_____ Type of account: _____
If closed, what was date closed?_____ If open, what is current balance?_____

3. Name and address of Bank, Credit Union or Brokerage Firm: _____

Names on account: _____
Account Number:_____ Type of account: _____
If closed, what was date closed?_____ If open, what is current balance?_____

4. Name and address of Bank, Credit Union or Brokerage Firm: _____

Names on account: _____
Account Number:_____ Type of account: _____
If closed, what was date closed?_____ If open, what is current balance?_____

Bank statements and/or cancelled or imaged checks may be requested.

Do you (either alone, with your spouse, or with any other person) now have or have had in the past 5 years:

	Applicant	Spouse
1. An annuity or similar financial instrument: (Please describe separately under "Remarks" and provide current market value.)	$_____	$_____
Remarks:_____		
2. Stocks and bonds (Please list separately under "Remarks" and provide current market value for each. Copies required). Enter total value here:	$_____	$_____
Remarks:_____		
3. Cash not in bank	$_____	$_____

Applicant's Name:_____ SSN:_____

17 Resources (continued)

	Applicant	Spouse
4. Trust or special funds	$_____	$_____
5. Money owed to you (including mortgages and notes in which you have an interest). List persons and amounts in "Remarks."	$_____	$_____

Remarks:_____

_____

6. U.S. Government Savings Bonds (Copies required) $_____

$_____

7. Ownership interest in leases, mineral rights, timber rights or other rights to real business property . (For mineral rights, provide copy of Lease Agreement and verify income received.) (Please list separately under "Remarks" below.)

Enter total value here: $_____ $_____

Remarks:_____

_____

8. Other (Give details under "Remarks") $_____ $_____

Remarks:_____

_____

If you have additional resources, please report on the last page of the application or on a separate sheet of paper and attach to application.

18 Transfer of Resour ces

Has the applicant or spouse sold or given as a gift, any cash, property, vehicle, boat or other resource to any person within the past 5 years? ☐ Yes ☐ No

Item Sold or Given Away	Person to Whom it was Sold or Given	Date Given or Sold	Amount Received or Given

Applicant's Name: _____ SSN: _____

19 Life Insurance

Do you or your spouse have any life insurance policies? ☐ **Yes** ☐ **No**
(If yes, copy of face value page is required.)

1. **Name of Company** _____
   Address (if known) _____
   Policy Number _____
   Person insured ☐ Applicant ☐ Spouse Death Benefit/Face Value of Policy $_____

2. **Name of Company** _____
   Address (if known) _____
   Policy Number _____
   Person insured ☐ Applicant ☐ Spouse Death Benefit/Face Value of Policy $_____

3. **Name of Company** _____
   Address (if known) _____
   Policy Number _____
   Person insured ☐ Applicant ☐ Spouse Death Benefit/Face Value of Policy $_____

4. **Name of Company** _____
   Address (if known) _____
   Policy Number _____
   Person insured ☐ Applicant ☐ Spouse Death Benefit/Face Value of Policy $_____

5. **Name of Company** _____
   Address (if known) _____
   Policy Number _____
   Person insured ☐ Applicant ☐ Spouse Death Benefit/Face Value of Policy $_____

6. **Name of Company** _____
   Address (if known) _____
   Policy Number _____
   Person insured ☐ Applicant ☐ Spouse Death Benefit/Face Value of Policy $_____

Applicant's Name:_____ SSN:_____

20 Burial or Vault Insurance

Do you or your spouse have any burial or vault insurance policies? ☐ **Yes** ☐ **No** (If yes, copy of face value page is required.)

1. Name of Company _____

Address (if known) _____

Policy Number _____

Person insured ☐ Applicant ☐ Spouse Death Benefit/Face V alue of Policy $_____

2. Name of Company _____

Address (if known) _____

Policy Number _____

Person insured ☐ Applicant ☐ Spouse Death Benefit/Face V alue of Policy $_____

3. Name of Company _____

Address (if known) _____

Policy Number _____

Person insured ☐ Applicant ☐ Spouse Death Benefit/Face V alue of Policy $_____

21 Other Burial Fund

Do you or your spouse have a Pre-need contract with a funeral home? ☐ **Yes** ☐ **No** (If yes, copy of contract(s) is required.)

Name of Funeral Home _____

Address _____

Amount $_____

Do you or your spouse have anything else to pay burial expenses? (For example, savings account, cash, CD, etc.) ☐ **Yes** ☐ **No**

If yes, What? _____

Applicant's Name:_____ SSN:_____

22 Personal Property

Personal property consists of things you own that are not real property or liquid assets: cars, boats, tools, and equipment, furniture, antiques, and collections, ar e examples of personal pr operty.

Please complete the following sections and include your estimate of how much you would get if you sold it now

Do you or your spouse have:

1. An Automobile? ☐ Yes ☐ No

	Make	Model	Value	How is it used?	How much do you owe?
a.			$		
b.			$		
c.			$		
d.			$		
e.			$		
f.			$		
g.			$		
h.			$		

2. Tractor, Farm Machinery, Other Machinery and Equipment? ☐ Yes ☐ No

	Type of Equipment	Year Purchased	Value	How much do you owe?
a.			$	$
b.			$	$

3. Antiques, Hobby collections, etc. ☐ Yes ☐ No

a._____ Estimated value $_____

b._____ Estimated value $_____

Professional appraisal(s) may be required.

Applicant's Name:_____ SSN:_____

23 Medical Insurance

1. **Do you have any other health/accident/disability/hospital insurance?** ☐ **Yes** ☐ **No**

   Name of Company _____

   Address (if known)_____

   Type of Policy_____

   Who pays the health insurance premium? ☐ Yourself ☐ Other

   How much is the premium?_____

   How often do you pay?_____

   Name of Company _____

   Address (if known)_____

   Type of Policy_____

   Who pays the health insurance premium? ☐ Yourself ☐ Other

   How much is the premium?_____

   How often do you pay?_____

2. **Are you enrolled in a Medicare Part D drug plan to cover the costs of your medicines?**
   ☐ **Yes** ☐ **No**

   Name of Company_____

   Policy #_____ Premium Amount _____

Provide copies of all health insurance cards, including Part D.

To keep money to pay yourhealth insurance premiums, you must provide proof of the premium amount and that you paid it with youmoney.

3. **Do you have Long Term Care Insurance?** ☐ **Yes** ☐ **No**
   If yes, provide a copy of the policy and verification from the company of the total amount of benefits that have been paid.

   Plan Name_____

   Contract #_____

Applicant's Name:_____ SSN:_____

RELEASE OF INFORMATION

* I hereby authorize and give my consent for the Alabama Medicaid Agency to obtain information from any source for the purpose of determining my eligibility for Medicaid benefits. I authorize this release form to be in effect for as long as I am on Medicaid regardless of the date that it is signed. I further authorize copies of this document to be used in place of the original. I give my consent for the release of information for those purposes directly related to the administration of the Medicaid program. These purposes include, but are not limited to, establishing eligibility for benefits, determination of the amount of medical assistance received, the provision of services, and investigation of program violations.

AFFIRMATION AND AGREEMENT

* I understand that as a condition of receiving state medical assistance I shall disclose a description of any interest I or my spouse have in an annuity (or similar financial instrument), regardless of whether the annuity is irrevocable or is treated as an asset.
* I understand that as a condition of receiving state medical assistance the Alabama Medicaid Agency will become a remainder beneficiary on any annuity that I or my spouse purchased or on which we performed certain transactions on or after February 8, 2006.
* I certify under penalty of perjury that I am a citizen or national of the United States, or in satisfactory immigration status .
* I give permission to the Alabama Medicaid Agency to use my social security number to get information about my resources and income from banks, financial institutions, employers, and other county, state and federal agencies, and/or to see if I qualify for assistance or to see if I have insurance.
* I understand that if this application or other information shows that I may be eligible for payments or benefits from other sources, I am required to apply for them.
* I understand that if I am awarded nursing home benefits that part or all of my income must be applied to the nursing home bill as directed by the Alabama Medicaid Agency.
* I understand that my case is subject to review by State and Federal Quality Control and that I must cooperate in completing the application process or in any subsequent reviews of my eligibility, including reviews resulting from reported changes, recertification, or as a part of a State or Federal Quality Control Review.
* If I am approved for Medicaid, I assign all insurance and medical support benefits to Medicaid. If Medicaid pays my bills, then my insurance or other benefits (such as lawsuit settlements) must be used to pay Medicaid back. I agree to help and cooperate with Medicaid in identifying and collecting this money, or I may lose my Medicaid benefits. I give permission for my insurance company, employer, and others to give needed information to Medicaid in order to administer the Medicaid program.
* I understand that resources that have been sold, transferred, disposed of, or given away within the past 5 years from the month of application, may affect eligibility for Medicaid in a medical institution or a Home and Community Based Waiver Program.

RESPONSIBILITIES

* I agree to notify the Medicaid District Office within ten (10) days, if there is a change in my address, living arrangements, family size, income or resources. I agree to notify the district office if I return to work, am discharged from the nursing home, hospital or move from one to the other. I also agree to report any improvement in my medical condition if I am receiving Medicaid benefits because I am blind or disabled and I am not yet 65 years of age.

ESTATE RECOVERY

* **I understand that my estate may be subject to recovery of any funds expended by Medicaid pursuant to this application and/or redetermination. My sponsor, relative, or other person who files my estate MUST notify Alabama Medicaid at ATTN: Estate Administration, P.O. Box 5624, Montgomery, Alabama 36103-5624.**

FALSE STATEMENTS

* I know that anyone who makes or causes to be made a false statement, misrepresentation or omission of a material fact in an application or for use in determining eligibility for Medicaid commits a crime punishable under Federal or State law or both. I affirm under penalty of perjury that all information I give in this document or in support of it is true.

Does the applicant and/or sponsor/representative accept the terms of the Release of Information, Affirmation and Agreement, Responsibilities, Estate Recovery, and False Statements listed above and agree to notify the Medicaid District Office of any changes?

☐ **Yes** ☐ **No**

_____ _____

Signature of Applicant Date Signature of Spouse Date

_____

Signature of Parent or Sponsor Date

_____ _____

Witness' Signature Date Witness' Signature Date

APPOINTMENT OF REPRESENTATIVE

RE: Medicaid #: DO: Worker:

I hereby appoint: _____ (Sponsor's Name)
as my legal representative to act in my stead and on my behalf to apply, reapply and make claim for Medicaid benefits under Title XIX of the Social Security Act from the Alabama Medicaid Agency, hereby ratifying and confirming the acts of my said representative on my behalf. This appointment authorizes my said representative to fully act in my stead in connection with all Medicaid matters involving me, including, but not limited to, making applications, reapplications and claims of all kinds, accepting and giving notice in connection with eligibility determinations and Fair Hearings, requesting information, and presenting and eliciting evidence. This appointment shall remain in full force and effect until I have notified the Alabama Medicaid Agency in writing that this authority has been withdrawn.

Done this the _____ day of _____, 20 _____.

WITNESSES:

_____ _____

(Signature of Medicaid Claimant)

_____

If claimant cannot sign his/her name but can make a mark; this is acceptable if witnessed by two adults.
The mark may be labeled. Example: X (Her mark) Jane Doe.

If claimant cannot sign his/her name or make a mark and there is no one legally designated as guardian, conservator, etc., representative must answer the questions below:

What is your relationship to claimant? _____

Why can't claimant sign? _____

To what extent are you responsible for claimant? _____

If claimant has a legally appointed guardian, conservator or someone with durable power of attorney who will represent him/her for Medicaid purposes, claimant's signature on this form is not required. **Representative should sign the Representative portion of the form only and attach to this form a copy of evidence of legal authority to act on claimant's behalf (Letter of Conservatorship/Guardianship or Durable Power of Attorney).**

ACCEPTANCE OF APPOINTMENT

I hereby accept the foregoing appointment. I certify that I have not been suspended or prohibited from practice before the Alabama Medicaid Agency and am not otherwise disqualified from acting as an appointed representative. I acknowledge that representations and applications made by me on behalf of the claimant are made under an affirmation which subjects me to penalties for perjury and that false statements may subject me to penalties or fraud.
As an Authorized Representative, I agree to the following:

- Maintain the confidentiality of any information regarding the Medicaid client provided by the Alabama Medicaid Agency,
- Comply with state and federal laws and regulations concerning the protection of Medicaid client confidentiality and avoiding conflicts of interest,
- Comply with federal safeguard provisions in regards to Medicaid client information, and,
- Comply with federal prohibitions against the reassignment of claims against the Medicaid client.

My relationship to the above is _____ (Attorney, relative, etc.)

Done this the _____ day of _____, 20 _____.

WITNESSES:

_____ _____

(Signature of Sponsor/Representative)

_____

_____

(Address)

_____

City, State)

_____

(Telephone Number)

Notice to Applicants and Sponsors

Federal and state laws provide both criminal and civil penalties for false statements or material omissions in an application for Medicaid benefits or payments. Also, any application found to contain material misstatements or omissions will be denied.

The following statutes are excerpts from the Code of Alabama pertaining to the Medicaid program:

§ 22-1-11. Making false statement or representation of material fact in claim or application for payments on medical benefits from medicaid agency generally; kickbacks, bribes, etc.; exceptions; multiple offenses.

(a) Any person who, with intent to defraud or deceive, makes, or causes to be made or assists in the preparation of any false statement representation or omission of a material fact in any claim or application for any payment, regardless of amount, from the medicaid agency, knowing the same to be false; or with intent to defraud or deceive, makes, or causes to be made, or assists in the preparation of any false statement, representation or omission of a material fact in any claim or application for medical benefits from the medicaid agency, knowing the same to be false; shall be guilty of a felony and upon conviction thereof shall be fined not more than $10,000.00 or imprisoned for not less than one nor more than five years, or both.

* * *

(e) Any two or more offenses in violation of this section may be charged in the same indictment in separate counts for each offense and such offense shall be tried together, with separate sentences being imposed for each offense of which defendant is found guilty. (Acts 1980, No. 80-539, p. 837, Sections 1-5.)

§ 22-6-8. Revocation of eligibility of recipient upon determination of abuse, fraud, or misuse of benefits; when eligibility may be restored.

(a) Upon determination by a utilization review committee of the designated state medicaid agency that a medicaid recipient has abused, defrauded, or misused the benefits of the program said recipient shall immediately become ineligible for medicaid benefits.

(b) Medicaid recipients whose eligibility has been revoked due to abuse, fraud or other deliberate misuse of the program shall not be deemed eligible for future medicaid services for a period of not less than one year and until full restitution has been made to the designated state medicaid agency.

(c) The provisions of this section shall not be effective if they are found by a court of competent jurisdiction to contravene federal laws or federal regulations applicable to the medicaid program. (Acts 1980, No. 80-127, p. 190.)

Applicant's Name:_____ SSN:_____

Additional Information

Sample ICAP

ICAP

INVENTORY for CLIENT and AGENCY PLANNING

RESPONSE BOOKLET

9-22890

Robert H. Bruininks
Bradley K. Hill
Richard F. Weatherman
Richard W. Woodcock

CLIENT

Name Training Purposes only! _____ (LAST / FIRST / M.I)

Address _____ (STREET)

_____ (CITY / STATE / ZIP)

Phone ( ) _____

Residential Facility _____

School/Day Program _____

County/District Responsible _____

Case Manager _____ Phone _____

Parent or Guardian _____ Phone _____

Respondent (Your Name) _____ Your Phone _____

Relationship to Client _____

Reason for Evaluation _____

CALCULATION OF AGE: Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

Client ID _____

Residence ID _____

Day Program ID _____

Co./District ID _____

Case Manager ID _____

Other ID _____

	YEAR	MONTH	DAY
Evaluation Date	19	05	08
(−) Birth Date	06	11	06
Age	12	6	
	YRS.	MOS.	

ICAP Training Implications Profile

MOTOR SKILLS

0 1 2 4 8 12 16 20 24 28 32 36 39 42 46 50 52 53 54

0 1 2 4 8 12 16 20 24 28 32 36 39 42 46 50 52 53 54

<0–3 0–3 0–5 0–7 0–9 1–0 1–4 1–8 2–0 2–6 3 4 5 6 8 10 12 15 18 22 adult

SOCIAL AND COMMUNICATION SKILLS

0,1,2,3,4 5 6 8 10 12 16 20 24 28 32 35 38 42 46 50 53 55 56 57

0,1 2 3 4 5 6 8 10 12 16 20 24 28 32 35 38 42 46 50 53 55 56 57

<0–3 0–3 0–5 0–7 0–9 1–0 1–4 1–8 2–0 2–6 3 4 5 6 8 10 12 15 18 22 adult

PERSONAL LIVING SKILLS

0,1 2 3 4 5 7 10 13 17 22 28 34 40 44 50 56 60 62 63

0 1 2 3 4 5 7 10 13 17 22 28 34 40 44 50 56 60 62 63

<0–3 0–3 0–5 0–7 0–9 1–0 1–4 1–8 2–0 2–6 3 4 5 6 8 10 12 15 18 22 adult

COMMUNITY LIVING SKILLS

0 1 2 3 4 8 11 14 17 20 26 32 38 44 50 54 56 57

0 1 2 3 5 8 11 14 17 20 26 32 38 44 50 54 56 57

>0–5 0–5 0–7 0–9 1–0 1–4 1–8 2–0 2–6 3 4 5 6 8 10 12 15 18 22 adult

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20 21 22 23 24 25 26 27 28 29–RRD–12 11 10 09 08

The ICAP should be completed by a respondent who knows the client well. The respondent should refer to the ICAP manual for more detailed information, definition of terms, and directions for completing the ICAP.

A. Descriptive Information

1. SEX *(Mark one)*
   - [X] 1. Male
   - [ ] 2. Female
2. HEIGHT 5 ft. 0 in. (or _____ cm.)
3. WEIGHT 125 lbs. (or _____ kg.)
4. RACE *(Mark one)*
   - [ ] 1. White
   - [ ] 2. Black
   - [ ] 3. Oriental, Asian, or Pacific Islander
   - [ ] 4. American Indian or Alaskan Native
   - [X] 5. Other: _____
5. HISPANIC ORIGIN *(Mark one)*
   - [X] 1. Not Hispanic
   - [ ] 2. Hispanic
6. PRIMARY LANGUAGE UNDERSTOOD *(Mark one)*
   - [X] 1. English
   - [ ] 2. Spanish
   - [ ] 3. Other: _____
7. PRIMARY MEANS OF EXPRESSION *(Mark one)*
   - [ ] 1. None
   - [X] 2. Gestures
   - [ ] 3. Speaks
   - [ ] 4. Sign Language or finger spelling
   - [ ] 5. Communication board or device: _____
   - [ ] 6. Other. _____
8. MARITAL STATUS *(Mark one)*
   - [X] 1. Never married
   - [ ] 2. Married
   - [ ] 3. Separated
   - [ ] 4. Divorced
   - [ ] 5. Widow or widower
9. LEGAL STATUS *(Mark one)*
   - [ ] 1. Legally competent adult
   - [X] 2. Parent or relative is guardian or conservator
   - [ ] 3. Non-relative is guardian or conservator
   - [ ] 4. State or county is guardian or conservator
   - [ ] 5. Other: _____

B. Diagnostic Status

1. PRIMARY DIAGNOSIS *(Mark one)*	2. ADDITIONAL DIAGNOSED CONDITIONS *(Mark all that apply)*	
[ ]	[ ]	1. None
[ ]	[X]	2. Autism
[ ]	[ ]	3. Blindness
[ ]	[ ]	4. Brain or neurological damage; chronic brain syndrome
[ ]	[ ]	5. Cerebral palsy
[ ]	[ ]	6. Chemical dependency
[ ]	[ ]	7. Deafness
[ ]	[ ]	8. Epilepsy or seizures
[ ]	[X]	9. Mental retardation
[ ]	[ ]	10. Physical health problems requiring medical care by licensed nurse or physician: _____
[ ]	[ ]	11. Mental illness (formal diagnosis); psychosis, schizophrenia, etc.
[ ]	[X]	12. Situational mental health problem (formal diagnosis); depression, anxiety, fearfulness, mood disturbance
[ ]	[X]	13. Other: ADHD

Comments:

12. Mood disorder
ADHD

C. Functional Limitations and Needed Assistance

1. LEVEL OF MENTAL RETARDATION *(Mark one)*
   - ○ 1. Not mentally retarded
   - ○ 2. Mild (IQ 52–70)
   - ☒ 3. Moderate (IQ 36–51)
   - ○ 4. Severe (IQ 20–35)
   - ○ 5. Profound (IQ under 20)
   - ○ 6. Unknown, delayed, at risk

2. VISION *(Mark one)*
   - ☒ 1. Sees well (may wear glasses)
   - ○ 2. Vision problems limit reading or travel (may wear glasses)
   - ○ 3. Little or no useful vision (even with glasses)

3. HEARING *(Mark one)*
   - ☒ 1. Hears normal voices (may use hearing aid)
   - ○ 2. Hears only loud voices (may use hearing aid)
   - ○ 3. Little or no useful hearing (even with hearing aid)

4. FREQUENCY OF SEIZURES *(Mark one)*
   - ☒ 1. None, or controlled
   - ○ 2. Less than monthly seizures
   - ○ 3. Monthly seizures
   - ○ 4. Weekly or more often

5. HEALTH *(Mark one)*
   - ☒ 1. No limitation in daily activities
   - ○ 2. Few or slight limitations in daily activities
   - ○ 3. Many or significant limitations in daily activities

6. REQUIRED CARE BY NURSE OR PHYSICIAN *(Mark one)*
   - ☒ 1. Less than monthly
   - ○ 2. Monthly every three months
   - ○ 3. Weekly
   - ○ 4. Daily
   - ○ 5. 24-hour immediate access

7. CURRENT MEDICATIONS *(Mark all that apply)*
   - ○ 1. None
   - ○ 2. For health problem: _____
   - ☒ 3. For mood, anxiety, sleep or behavior: -Lamictal -Geodon
   - ○ 4. For epilepsy, seizures: _____
   - ☒ 5. Other: Trazadone
   - ○ 6. Unknown

8. ARM/HAND *(Mark one)*
   - ☒ 1. No limitation in daily activities
   - ○ 2. Some daily activities limited
   - ○ 3. Most daily activities limited

9. MOBILITY *(Mark one)*
   - ☒ 1. Walks (with or without aids)
   - ○ 2. Does not walk
   - ○ 3. Limited to bed most of the day
   - ○ 4. Confined to bed for entire day

10. MOBILITY ASSISTANCE NEEDED *(Mark all that apply)*
    - ☒ 1. None
    - ○ 2. Needs assistive devices (cane, walker, wheelchair): _____
    - ○ 3. Occasionally needs help of another person
    - ○ 4. Always needs help of another person

Comments:

5. No specific limitations, but behaviors limit his ability per Mom's explanations.
10. only for safety when outside.

D. Adaptive Behavior

DIRECTIONS

- Rate how well the client *presently* performs each task *completely* and *without* help or supervision.
- Mark the rating that best describes the client's performance for each task.
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the client.
- Estimate by rating how well the client *could do* the task now on his or her own without further training, if you have not had the opportunity to observe performance on a task or the client does not have opportunity to do it.
- Consult the ICAP manual for further instructions.

1. MOTOR SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked
1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked
2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked
3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3		
○	○	○	●	1.	Picks up small objects with one hand.
○	○	○	●	2.	Transfers small objects from one hand to the other hand.
○	○	○	●	3.	Sits alone for thirty seconds with head and back held straight and steady (without support).
○	○	○	●	4.	Stands for at least five seconds by holding on to furniture or other objects.
○	○	○	●	5.	Pulls self into a standing position.
○	○	●	○	6.	Puts small objects into containers and takes them out again.
○	○	○	●	7.	Stands alone and walks for at least six feet.
○	●	○	○	8.	Scribbles or marks with a pencil or crayon on a sheet of paper.
○	●	○	○	9.	Removes wrappings from small objects such as gum or candy.
○	○	○	●	10.	Turns knob or handle and opens a door.
○	○	○	●	11.	Walks up and down stairs by alternating feet from step to step. (May hold handrail.)
○	○	○	●	12.	Climbs a six-foot ladder (for example, a stepladder or a slide).
●	○	○	○	13.	Cuts with scissors along a thick, straight line.
●	○	○	○	14.	Prints first name, copying from an example.
○	●	○	○	15.	Picks up and carries a full paper bag of groceries at least twenty feet and sets it down (without using handles).
●	○	○	○	16.	Folds a letter into three equal sections and seals it in an envelope.
●	○	○	○	17.	Threads a sewing needle.
●	○	○	○	18.	Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

5 SUM ×0 = 3 SUM ×1 = 1 SUM ×2 = 9 SUM ×3

3 + 2 + 27 = 32 MOTOR SKILLS RAW SCORE (54)

2. SOCIAL AND COMMUNICATION SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Makes sounds or gestures to get attention.
○	○	○	●	2. Reaches for a person whom he or she wants.
○	○	○	●	3. Turns head toward speaker when name is called.
○	●	○	○	4. Imitates actions when asked, such as waving or clapping hands.
○	●	○	○	5. Hands toys or other objects to another person.
●	○	○	○	6. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as "Do you want some milk?"
●	○	○	○	7. Points to familiar pictures in a book on request.
●	○	○	○	8. Says at least ten words that can be understood by someone who knows him or her.
●	○	○	○	9. Asks simple questions (for example, "What's that?").
●	○	○	○	10. Speaks in three-or four-word sentences.
●	○	○	○	11. Waits at least two minutes for turn in a group activity (for example, taking turns at batting a ball or getting a drink of water).
●	○	○	○	12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else.)
●	○	○	○	13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library).
●	○	○	○	14. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, DANGER).
●	○	○	○	15. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie).
●	○	○	○	16. Locates or remembers telephone numbers and calls friends on the telephone.
●	○	○	○	17. Writes, prints, or types understandable and legible notes or letters for mailing.
●	○	○	○	18. Locates needed information in the telephone yellow pages or the want ads.
●	○	○	○	19. Calls a repair service or the caretaker if something major such as the furnace or the refrigerator breaks down in the home.

14 SUM ×0 = 0 + 2 SUM ×1 = 2 + 0 SUM ×2 = 0 + 3 SUM ×3 = 9

2 + 0 + 9 = 11 SOCIAL AND COMMUNICATION SKILLS

RAW SCORE (57)

3. PERSONAL LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Swallows soft foods.
○	○	○	●	2. Picks up and eats foods such as crackers.
○	○	○	●	3. Holds out arms and legs while being dressed.
○	○	●	○	4. Holds hands under running water to wash them when placed in front of a sink.
○	●	○	○	5. Eats solid foods with a spoon with little spilling.
●	○	○	○	6. Stays dry for at least three hours.
○	○	○	●	7. Removes pants and underpants.
●	○	○	○	8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom.
○	○	○	●	9. Puts on T-shirt or pullover shirt, although it may be on backward.
●	○	○	○	10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month.
●	○	○	○	11. Closes the bathroom door when appropriate before using the toilet.
●	○	○	○	12. Dresses self completely and neatly, including shoes, buttons, belts, and zippers.
●	○	○	○	13. Cuts food with a knife instead of trying to eat pieces that are too large.
●	○	○	○	14. Washes, rinses, and dries hair.
●	○	○	○	15. Washes and dries dishes and puts them away.
●	○	○	○	16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.
●	○	○	○	17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor.
●	○	○	○	18. Prepares shopping list for at least six items from a grocery store.
●	○	○	○	19. Loads and operates a washing machine using an appropriate setting and amount of detergent.
●	○	○	○	20. Plans, prepares, and serves main meal for more than two people.
●	○	○	○	21. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home.
14 SUM	1 SUM	1 SUM	5 SUM	
×0	×1	×2	×3	

1	+	2	+	15	= 18 PERSONAL LIVING SKILLS

RAW SCORE (63)

4. COMMUNITY LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Finds toys or objects that are always kept in the same place.
○	○	●	○	2. Finds own way to a specified room when told to go (for example, "Go wait in the kitchen").
●	○	○	○	3. Indicates when a chore or assigned task is finished.
●	○	○	○	4. Stays in an unfenced yard for ten minutes when expected without wandering away.
●	○	○	○	5. Uses the words "morning" and "night" correctly.
●	○	○	○	6. Trades something for money or another item of value (for example, trades one book for another one or for money).
●	○	○	○	7. Buys items from a vending machine (for example, candy, milk or soda pop).
●	○	○	○	8. Crosses nearby residential streets, roads, and unmarked intersections alone.
●	○	○	○	9. Buys specific items requested on an errand, although may not count change correctly.
●	○	○	○	10. States day, month, and year of birth.
●	○	○	○	11. Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program).
●	○	○	○	12. Correctly counts change from a five-dollar bill after making a purchase.
●	○	○	○	13. Operates potentially dangerous electrical hand tools and appliances with moving parts (for example, a drill or a food mixer).
●	○	○	○	14. Writes down, if necessary, and keeps appointments made at least three days in advance.
●	○	○	○	15. Budgets money to cover expenses for at least one week (recreation, transportation, and other needs).
●	○	○	○	16. Works at a steady pace on a job for at least two hours.
●	○	○	○	17. Completes applications and interviews for jobs.
●	○	○	○	18. Receives bills in the mail and pays them before they are overdue.
●	○	○	○	19. Balances a checkbook monthly.

17 SUM ×0 | 0 SUM ×1 | 1 SUM ×2 | 1 SUM ×3

0 + 2 + 3 = 5 COMMUNITY LIVING SKILLS

RAW SCORE (57)

E. Problem Behavior

DIRECTIONS: For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM: head butting; hits self

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ( ) 0. Never
- ( ) 1. Less than once a month
- ( ) 2. One to 3 times a month
- ( ) 3. One to 6 times a week
- (X) 4. One to 10 times a day
- ( ) 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ( ) 0. Not serious; not a problem
- ( ) 1. Slightly serious; a mild problem
- ( ) 2. Moderately serious; a moderate problem
- (X) 3. Very serious; a severe problem
- ( ) 4. Extremely serious; a critical problem

Comments: examples: leaves marks

2. HURTFUL TO OTHERS

Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.

a. If yes, describe the PRIMARY PROBLEM: head butting; hitting

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ( ) 0. Never
- ( ) 1. Less than once a month
- ( ) 2. One to 3 times a month
- ( ) 3. One to 6 times a week
- (X) 4. One to 10 times a day
- ( ) 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ( ) 0. Not serious; not a problem
- ( ) 1. Slightly serious; a mild problem
- ( ) 2. Moderately serious; a moderate problem
- (X) 3. Very serious; a severe problem
- ( ) 4. Extremely serious; a critical problem

Comments: leaves scratches

3. DESTRUCTIVE TO PROPERTY

Deliberately breaks, defaces or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.

a. If yes, describe the PRIMARY PROBLEM: N/A

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- (X) 0. Never
- ( ) 1. Less than once a month
- ( ) 2. One to 3 times a month
- ( ) 3. One to 6 times a week
- ( ) 4. One to 10 times a day
- ( ) 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- (X) 0. Not serious; not a problem
- ( ) 1. Slightly serious; a mild problem
- ( ) 2. Moderately serious; a moderate problem
- ( ) 3. Very serious; a severe problem
- ( ) 4. Extremely serious; a critical problem

Comments:

4. DISRUPTIVE BEHAVIOR

Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

a. If yes, describe the PRIMARY PROBLEM: interuptive; picks fights

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ( ) 0. Never
- ( ) 1. Less than once a month
- ( ) 2. One to 3 times a month
- ( ) 3. One to 6 times a week
- (X) 4. One to 10 times a day
- ( ) 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ( ) 0. Not serious; not a problem
- (X) 1. Slightly serious; a mild problem
- ( ) 2. Moderately serious; a moderate problem
- ( ) 3. Very serious; a severe problem
- ( ) 4. Extremely serious; a critical problem

Comments:

5. UNUSUAL OR REPETITIVE HABITS

Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.

a. If yes, describe the PRIMARY PROBLEM: Pacing & jumping; making noises

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ○ 4. One to 10 times a day
- X 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- X 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ○ 3. Very serious; a severe problem
- ○ 4 Extremely serious; a critical problem

Comments: _____

6. SOCIALLY OFFENSIVE BEHAVIOR

Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places.

a. If yes, describe the PRIMARY PROBLEM: Standing too close/touching others

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ○ 4. One to 10 times a day
- X 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- X 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: Activities offensive to others

7. WITHDRAWAL OR INATTENTIVE BEHAVIOR

Difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.

a. If yes, describe the PRIMARY PROBLEM: N/A

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- X 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ○ 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- X 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ○ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: _____

8. UNCOOPERATIVE BEHAVIOR

Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.

a. If yes, describe the PRIMARY PROBLEM: Refusing to obey; refusing school

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- X 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- X 2. Moderately serious; a moderate problem
- ○ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: does not engage w/ teacher or follows rules of house

9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES

How do you or other people *usually* respond when the client exhibits problem behaviors? *(Mark one)*

- ○ 0. No problem behaviors in any of the 8 categories
- ○ 1. Do nothing, or offer comfort
- X 2. Ask client to stop, reason with him or her
- X 3. Purposely ignore, reward other behavior
- ○ 4. Ask client to amend or correct the situation
- ○ 5. Structure or restructure surroundings, remove material
- X 6. Ask client to leave room, sit elsewhere (time out)
- ○ 7. Take away privileges from client
- X 8. Physically redirect, remove or restrain client
- ○ 9. Get help (two or more people needed to control client)
- ○ 10. Other: _____

Comments: Provide example/s

F. Residential Placement

1. CURRENT RESIDENCE *(Mark One)*	2. RECOMMENDED CHANGE within next two years, if any *(Mark One)*	
○	○	1. With parents or relatives
○	○	2. Foster home
○	○	3. Independent in own home or rental unit
○	○	4. Independent with regular home-based services or monitoring
○	○	5. Room and board without personal care
○	○	6. Semi-independent unit with supervisory staff in building
○	○	7. Group residence with staff providing care, supervision and training (includes all sizes and ICF-MR/DD) Number of residents: _____
○	○	8. Personal care facility with staff providing care, but no training or nursing services
○	○	9. Intermediate care nursing facility
○	○	10. Skilled nursing facility
○	○	11. State institution
○	○	12. Other: _____
	○	13. No change recommended

Comments:

G. Daytime Program

1. CURRENT FORMAL DAYTIME ACTIVITY *(Mark One)*	2. RECOMMENDED CHANGE within next two years, if any *(Mark One)*	
○	○	1. No formal daily program outside the home
○	○	2. Regular volunteer activities outside the home
○	○	3. School: _____
○	○	4. Day care
○	○	5. Daytime activity center (personal, social, prevocational activities)
○	○	6. Work activity center (social and vocational training)
○	○	7. Sheltered workshop
○	○	8. Supervised or supported on-site job placement
○	○	9. Competitive employment
○	○	10. Other: _____
	○	11. No change recommended

Comments:

H. Support Services

1. PRESENTLY BEING USED *(Mark all that apply)*	2. NOT USED NOW, BUT EVALUATION NEEDED *(Mark all that apply)*	
○	○	1. None
○	○	2. Case management: _____
○	○	3. Home-based support service: _____
○	○	4. Specialized dental care: _____
○	○	5. Specialized medical care: _____
○	○	6. Specialized nursing care: _____
○	○	7. Specialized mental health services: _____
○	○	8. Specialized nutritional or dietary services: _____
○	○	9. Therapies—occupational, physical or speech: _____
○	○	10. Respite care (to aid caretaker or parent): _____
○	○	11. Specialized transportation services: _____
○	○	12. Vocational evaluation: _____
○	○	13. Other: _____

Comments:

I. Social and Leisure Activities

1. SOCIAL AND LEISURE ACTIVITIES WITHIN LAST MONTH *(Mark all that apply)*

- ○ 1. None
- ○ 2. Talked to family or friends on telephone
- ○ 3. Visited with family
- ○ 4. Visited with friends or neighbors from outside residence
- ○ 5. Went shopping or out to eat (alone or with someone else)
- ○ 6. Attended outside social or recreational activity
- ○ 7. Engaged in hobby or personal leisure activity
- ○ 8. Other: _____

2. FACTORS LIMITING SOCIAL ACTIVITIES *(Mark all that apply)*

- ○ 1. None
- ○ 2. Lack of interest
- ○ 3. No one to accompany the client
- ○ 4. Lack of transportation
- ○ 5. Lack of money
- ○ 6. Health problem
- ○ 7. Behavior problem
- ○ 8. Other: _____

Comments:

Do these results provide an accurate representation of the client's present functioning: _____ 1. Yes _____ 2. No

If not, what is the reason for questioning results? _____

J. General Information and Recommendations

Important information for program decisions from Section B, **Diagnostic Status,** and Section C, **Functional Limitations**

Information from other sources:

Test	Date	Scores

Additional information needed to make program decisions for this client:

PROGRAM GOALS

ADAPTIVE BEHAVIOR:

Motor Skills:

Social and Communication Skills:

Personal Living Skills:

Community Living Skills:

PROBLEM BEHAVIOR:

SERVICE GOALS

Physical, Medical, Therapeutic Care:

Residential Services:

Daytime and Social Activities:

Educational Services:

Support Services:

Social and Leisure Activities:

Other recommendations, future reviews and needed actions:

SUMMARY OF SCORES
Adaptive Behavior
(Norms based on subject's age)

SCALE

INSTRUCTIONAL RANGE

± 1 SE_M CONFIDENCE BAND

SCALE	Raw Score	(a) Domain Score	(b) SE_M	Age Score	Instructional Range: Easy	Instructional Range: Difficult	(c) Average Domain Score	(d) Domain Difference Score	(e) Domain Difference Score -1 SE_M	(f) Domain Difference Score $+1$ SE_M
Motor Skills	32 (54)	a	b		to		c	a−c=d	d−b=e	d+b=f
		Table A	Table A	Table A		Table A	Table F	+ or −		
Pg. 4							Use this Column in	PR ____	____ to ____	
								SS ____	____ to ____	
								NCE ____	____ to ____	
							Table G	RPI ____ /90	____ /90 to ____ /90	
Social and Communication Skills	11 (57)	a	b		to		c	a−c=d	d−b=e	d+b=f
		Table B	Table B	Table B		Table B	Table F	+ or −		
Pg. 5							Use this Column in	PR ____	____ to ____	
								SS ____	____ to ____	
								NCE ____	____ to ____	
							Table G	RPI ____ /90	____ /90 to ____ /90	
Personal Living Skills	18 (63)	a	b		to		c	a−c=d	d−b=e	d+b=f
		Table C	Table C	Table C		Table C	Table F	+ or −		
Pg. 6							Use this Column in	PR ____	____ to ____	
								SS ____	____ to ____	
								NCE ____	____ to ____	
							Table G	RPI ____ /90	____ /90 to ____ /90	
Community Living Skills	5 (57)	a	b		to		c	a−c=d	d−b=e	d+b=f
		Table D	Table D	Table D		Table D	Table F	+ or −		
Pg. 7							Use this Column in	PR ____	____ to ____	
								SS ____	____ to ____	
								NCE ____	____ to ____	
							Table G	RPI ____ /90	____ /90 to ____ /90	
Sum of the Four Domain Scores		66 Total								
Broad Independence		a	b		to		c	a−c=d	d−b=e	d+b=f
		a = Total − 4	Table E	Table E		Table E	Table F	+ or −		
							Use this Column in	PR ____	____ to ____	
								SS ____	____ to ____	
								NCE ____	____ to ____	
							Table G	RPI ____ /90	____ /90 to ____ /90	

MALADAPTIVE BEHAVIOR WORKSHEET
Calculating Maladaptive Indexes

Instructions:

Step 1. Circle the Part Scores for each of the client's Frequency and Severity ratings.

Step 2. Circle the Part Scores for the client's age in years.

Step 3. Total the circled Part Scores for each index and record in the space labeled "Sum."

Step 4. Subtract this sum from 100 to obtain the Maladaptive Index. Record a "+" or "−" as appropriate.

Step 5. Transfer these scores to the Maladaptive Behavior Indexes Profile on the back cover.

Interpretation:

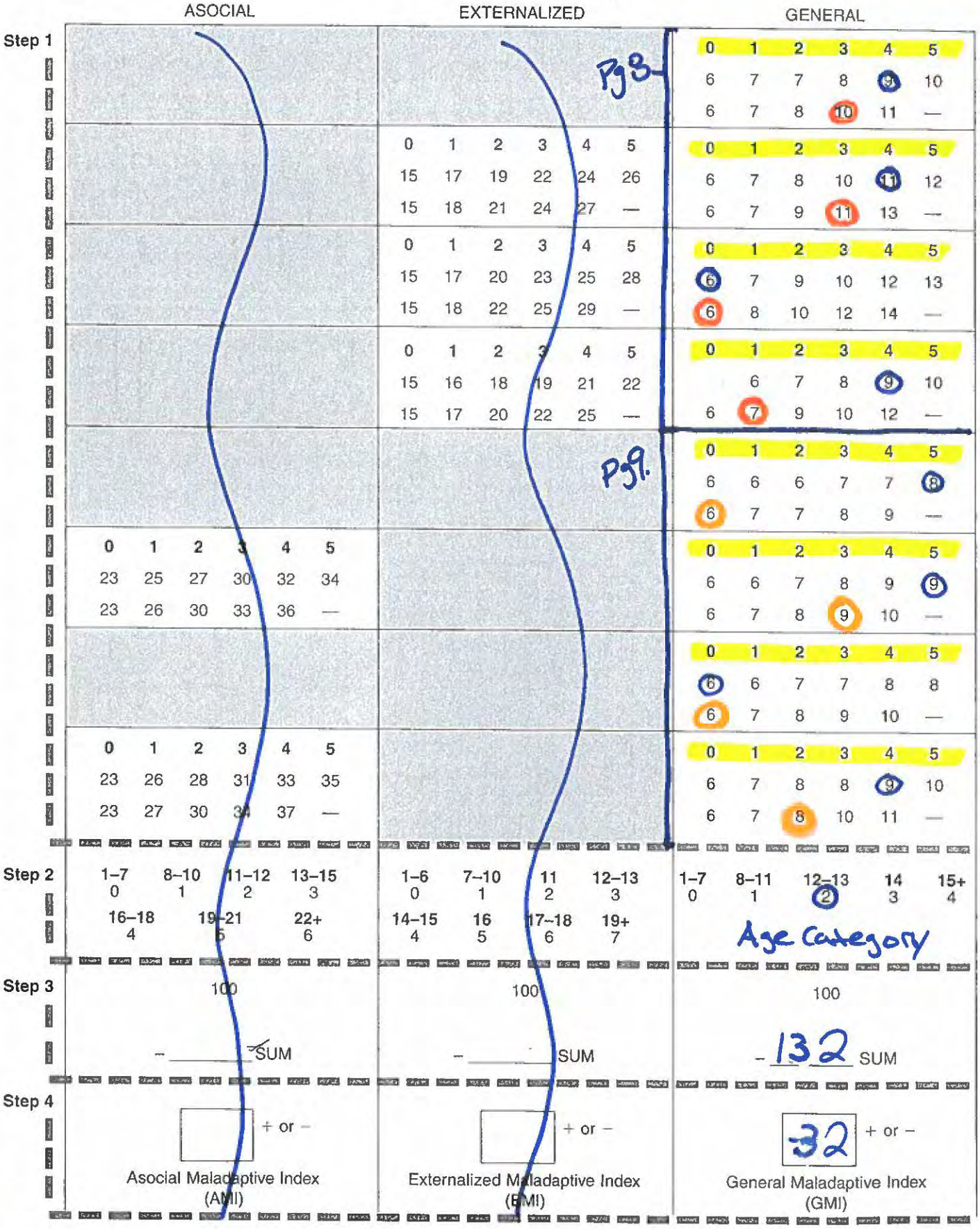
The indexes have a mean of zero for normal clients of the same age. Negative scores indicate problem behavior toward the maladaptive end of the scale. The typical standard deviation observed in various clinical samples at several age levels is 10 points. Nonhandicapped groups typically have standard deviations of about 8 points. Evaluating the clinical significance of the Maladaptive Behavior Indexes may be aided by using the levels of seriousness in the following table. These levels of seriousness also appear at the bottom of the Maladaptive Behavior Indexes Profile on page 16.

Level of Seriousness	Index Value
N—Normal	+10 to −10
MgS—Marginally Serious	−11 to −20
MdS—Moderately Serious	−21 to −30
S—Serious	−31 to −40
VS—Very Serious	−41 and below

Step 1 Problem Behavior	Part Scores for Ratings INTERNALIZED					
1. Hurtful to Self	0	1	2	3	4	5
Raw score _____ Frequency:	16	18	20	22	23	25
Raw score _____ Severity:	16	19	22	25	28	—
2. Hurtful to Others						
Raw score _____ Frequency:						
Raw score _____ Severity:						
3. Destructive to Property						
Raw score _____ Frequency:						
Raw score _____ Severity:						
4. Disruptive Behavior						
Raw score _____ Frequency:						
Raw score _____ Severity:						
5. Unusual or Repetitive Habits	0	1	2	3	4	5
Raw score _____ Frequency:	16	17	18	20	21	22
Raw score _____ Severity:	16	19	21	24	27	—
6. Socially Offensive Behavior						
Raw score _____ Frequency:						
Raw score _____ Severity:						
7. Withdrawal or Inattentive Behavior	0	1	2	3	4	5
Raw score _____ Frequency:	16	18	20	21	23	25
Raw score _____ Severity:	16	19	22	25	29	—
8. Uncooperative Behavior						
Raw score _____ Frequency:						
Raw score _____ Severity:						

Step 2 Part Scores for Age in Years	1–8	9–15	16+	
	0	1	2	
_____ Client's Age				
Step 3 Sum of Part Scores	100			
− _____ SUM				
Step 4 Maladaptive Index	+ or −			
Internalized Maladaptive Index (IMI)				

Part Scores for Ratings



Maladaptive Behavior Indexes Profile (Plot indexes from pp. 14–15)

INSTRUCTIONS:

1. Record scores for each of the Maladaptive Behavior Indexes from pp. 14–15 in column *a*.
2. Subtract the SE_M in column *b* from each score in column *a*, and record this difference in column *c*.
3. Add the SE_M in column *b* to each score in column *a*, and record the sum in column *d*.
4. Draw a bar from the $-1SE_M$ value (*c*) to the $+1SE_M$ value (*d*) for each index.
5. Draw a vertical line through the profile at the point corresponding to the GMI score in column *a*.

		(*a*) Index	(*b*) SE_M	*a*−*b*=(*c*) Index $-1\ SE_M$	*a*+*b*=(*d*) Index $+1\ SE_M$
Internalized	(IMI)		3		to
Asocial	(AMI)		4		to
Externalized	(EMI)		3		to
General	(GMI)		2		to

		VERY SERIOUS						SERIOUS		MODERATELY SERIOUS		MARGINALLY SERIOUS		NORMAL					
Internalized	(IMI)	−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(IMI)
Asocial	(AMI)	−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(AMI)
Externalized	(EMI)	−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(EMI)
General	(GMI)	−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(GMI)

ICAP Service Level Profile

INSTRUCTIONS:

1. Circle the column number that includes the subject's Total Adaptive Behavior Raw Score at the top of the ICAP Service Level Profile.
2. Circle the row number that includes the subject's General Maladaptive Behavior Index (from above profile) in the left column of the ICAP Service Level Profile.
3. Circle the number in the profile at the intersection of the two scores (step 1 and 2 above).

ADAPTIVE BEHAVIOR	RAW SCORES
Motor Skills (p. 4)	
Social and Communication Skills (p. 5)	
Personal Living Skills (p. 6)	
Community Living Skills (p. 7)	
Total Adaptive Behavior Raw Score	SUM

Adaptive Behavior Raw Score

General Maladaptive Index	0 to 6	7 to 13	14 to 20	21 to 27	28 to 34	35 to 41	42 to 48	49 to 55	56 to 62	63 to 69	70 to 76	77 to 83	84 to 90	91 to 97	98 to 104	105 to 111	112 to 118	119 to 125	126 to 132	133 to 139	140 to 146	147 to 153	154 to 160	161 to 167	168 to 174	175 to 181	182 to 188	189 to 195	196 to 202	203 to 209	210 to 216	217 to 223	224 to 231
2 to 4	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	9
−1 to 1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9
−2 to −4	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9
−5 to −7	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9
−8 to −10	1	1	1	1	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	8	9
−11 to −13	1	1	1	1	1	2	2	2	2	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	8
−14 to −16	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8
−17 to −19	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8
−20 to −22	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8
−23 to −25	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7
−26 to −28	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7
−29 to −31	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7
−32 to −34	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7
−35 to −37	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6
−38 to −40	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6
−41 to −43	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6
−44 to −46	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6
−47 to −49	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5
−50 to −52	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5
−53 to −55	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5
−56 to −58	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	4	4	4	4	4	5
−59 to −61	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4
−62 to −64	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4
less than −65	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4

ICAP Service Levels

Client's ICAP Service Score ____

Table 1

Level	Score	Description
1	1–19	Total personal care and intense supervision
2	20–29	
3	30–39	Extensive personal care and/or constant supervision
4	40–49	
5	50–59	Regular personal care and/or close supervision
6	60–69	
7	70–79	Limited personal care and/or regular supervision
8	80–89	
9	90+	Infrequent or no assistance for daily living

Sample Family History Form

Service Coordination/Case Management
Individual/Family History

I IDENTIFYING DATA:

Name:_____ Date of Report:_____

Placement Type:_____ Individual No:_____

Address:_____ Date of Birth:_____
Street

Age:_____

_____
City, State Zip Home Phone:_____

_____ Work Phone:_____
County

Sex:_____ Race:_____ Marital Status:_____

Height:_____ Weight:_____ Religious Preference:_____

Legal Status/Guardianship Appointed: ☐ yes ☐ no

II. REFERRAL INFORMATION:

Reason for Referral:_____

Referral Source:_____

Date of Referral:_____

III. ASSESSMENT INFORMATION:

IQ Test Name/Date:_____

FSIQ Score/Level:_____

ABS Level/Date:_____

IV. INDIVIDUAL FINANCIAL INFORMATION:

Source of Income:_____ Gross Monthly Income:_____

Medicaid Waiver (Type):_____ Housing:_____

Medicaid Number:_____ Food Stamps:_____

Medicare Number:_____ ADC:_____

Payee(if other than individual):_____ WIC:_____

Other Insurance:_____ EPSDT Screening:_____
(Yes, NO, N/A)

V. FAMILY HISTORY/RELATIONSHIPS:

A. Marital Status of Natural Parents: (Check One)

☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widowed

B. Information on Father

Name:_____
(Last) (First) (Middle)

Date of Birth:_____ Place of Birth:_____

SSN:_____ Source of Income:_____

Occupation/Place of Employment: _____

Number of Years of Education:_____ Veteran: ☐ Yes ☐ No

If Deceased, Date and Cause of Death:_____

C. Information on Mother

Name:_____
(Last) (First) (Middle)

Date of Birth:_____ Place of Birth:_____

SSN:_____ Source of Income:_____

Occupation/Place of Employment:_____

Number of Years of Education:_____ Veteran: ☐ Yes ☐ No

If Deceased, Date and Cause of Death:_____

D Contact Person

I. Contact person's name and related information (if different from natural parents) or parent's address and related information (if different from individual).

(Name) (Relationship) (Phone)

(Address) (City) (County) (State) (zip)

2 Emergency contact person (other than parents/contact person).

(Name) (Relationship) (Phone)

(Address) (City) (County) (State) (zip)

E. Brothers and Sisters and/or children of Individual:

Name	Relationship (Bro./Sis/Child)	Date of Birth	Sex	Address/City/State

F. Sources of Family Support (Immediate and Extended):

G Other Sources of Support (Friends, Agencies, Sponsor, Advocate, Guardian):

H. Family Medical History:

Condition	Relationship to Individual
☐ Heart Disease	_____
☐ Diabetes	_____
☐ Mental Retardation	_____
☐ Cancer	_____
☐ Mental/Emotional Disorders	_____
☐ Vision Problems	_____
☐ Hearing Problems	_____
☐ Genetic Disorder	_____
☐ _____ (Other)	_____
☐ _____ (Other)	_____

VI. PRENATAL/DEVELOPMENTAL/HEALTH HISTORY:

A. Pregnancy History/Maternal Factors:

No of this pregnancy ___ Prenatal care received ☐ Yes ☐ No

Medications taken during pregnancy: _____

_____

Infections/lllnesses/Accidents during pregnancy (describe):

_____

_____

_____

B. Birth History:

Length of labor _____ Anesthesia Used ☐ Yes ☐ No

Type of delivery: ☐ Natural ☐ Caesarean Birth weight _____

Place of delivery_____ Condition at birth _____

Problems breathing ☐ Yes ☐ No Oxygen used ☐ Yes ☐ No

Jaundiced ☐ Yes ☐ No Normal cry ☐ Yes ☐ No

Name of delivery physician_____

If premature, number of weeks of gestation: _____

C. Developmental Milestones(Age):

Held head erect	_____	Pulled to standing	_____
Rolled over	_____	Stood alone	_____
Sat alone	_____	Walked without holding	_____
Crawled	_____	Toilet trained	_____
Said single words	_____	Used 2-3 word phrases	_____

D. Immunizations: _____

_____

_____

Where is immunization record filed: _____

E. Dental History:

1. Ever seen by dentist: ☐ Yes ☐ No
2. Name of dentist: _____
3. Date last seen by dentist: _____

F. Has Individual Had Any of the Following? If so, explain details:

1. Accidents: _____

_____

2. Hospitalizations: _____

_____

_____

3. High Fever (cause unknown): _____
4. Pneumonia: _____
5. Anemia: _____
6. Kidney or Urine Infection: _____
7. Constipation/Diarrhea: _____
8. Vision Problems: _____
9. Hearing Problems: _____
10. Ear Infections: _____
11. Movement Problems (equipment). _____

_____

_____

12. Skin Disease/Abnormality: _____
13. Allergies: _____

14. Seizures: _____

a. When started: _____

b. How often: _____

c. What type: _____

d. What medications for control: _____

_____

15. Ingestion of Toxins/Poisons Such as Drugs, Cleaners, etc.:

_____

16. Other Illnesses: _____

G. List Medications Individual Is Currently Taking: _____

_____

_____

_____

H. Current Diet (check one):

☐ Regular ☐ Chopped ☐ Blended

☐ Other _____

I. List Below Names of Places Where Individual Has Received Care (Public Health Nurse Services, Children's Rehabilitation Conic, Department of Human Resources, mental health center, medical specialist, psychologist, psychiatrist, etc.) And a Brief Summary of Services Received:

Individual's Physician: _____ Phone # _____

_____

_____

_____

_____

_____

J. Other Residential Placements Away From Parent/Guardian (dates of admission, discharge, or transfer):

_____

_____

_____

_____

VII EDUCATIONAL/VOCATIONAL HISTORY:

Educational History:

Previously/Presently enrolled in program: ☐ Yes ☐ No

Name of School/Training Program	When started	Length of Stay

Employment History:

Place of Employment	Date Employed	Job Title/Dutles

VIII. Recommendations:

Completed By:

Name

Title

Medicaid Appointment of Representative Form

APPOINTMENT OF REPRESENTATIVE

RE: Medicaid #: DO: Worker:

I hereby appoint: _____ (Sponsor's Name)
as my legal representative to act in my stead and on my behalf to apply, reapply and make claim for Medicaid benefits under Title XIX of the Social Security Act from the Alabama Medicaid Agency, hereby ratifying and confirming the acts of my said representative on my behalf. This appointment authorizes my said representative to fully act in my stead in connection with all Medicaid matters involving me, including, but not limited to, making applications, reapplications and claims of all kinds, accepting and giving notice in connection with eligibility determinations and Fair Hearings, requesting information, and presenting and eliciting evidence. This appointment shall remain in full force and effect until I have notified the Alabama Medicaid Agency in writing that this authority has been withdrawn.

Done this the _____ day of _____, 20 _____.

WITNESSES:

_____ _____

(Signature of Medicaid Claimant)

_____

If claimant cannot sign his/her name but can make a mark; this is acceptable if witnessed by two adults.
The mark may be labeled. Example: ___X (Her mark)___Jane Doe____.

If claimant cannot sign his/her name or make a mark and there is no one legally designated as guardian, conservator, etc., representative must answer the questions below:

What is your relationship to claimant? _____

Why can't claimant sign? _____

To what extent are you responsible for claimant? _____

If claimant has a legally appointed guardian, conservator or someone with durable power of attorney who will represent him/her for Medicaid purposes, claimant's signature on this form is not required. **Representative should sign the Representative portion of the form only and attach to this form a copy of evidence of legal authority to act on claimant's behalf (Letter of Conservatorship/Guardianship or Durable Power of Attorney).**

ACCEPTANCE OF APPOINTMENT

I hereby accept the foregoing appointment. I certify that I have not been suspended or prohibited from practice before the Alabama Medicaid Agency and am not otherwise disqualified from acting as an appointed representative. I acknowledge that representations and applications made by me on behalf of the claimant are made under an affirmation which subjects me to penalties for perjury and that false statements may subject me to penalties or fraud.
As an Authorized Representative, I agree to the following:

- Maintain the confidentiality of any information regarding the Medicaid client provided by the Alabama Medicaid Agency,
- Comply with state and federal laws and regulations concerning the protection of Medicaid client confidentiality and avoiding conflicts of interest,
- Comply with federal safeguard provisions in regards to Medicaid client information, and,
- Comply with federal prohibitions against the reassignment of claims against the Medicaid client.

My relationship to the above is _____ (Attorney, relative, etc.)

Done this the _____ day of _____, 20 _____.

WITNESSES:

_____ _____

(Signature of Sponsor/Representative)

_____

_____
(Address)

_____
City, State)

_____
(Telephone Number)

Notice to Applicants and Sponsors

Federal and state laws provide both criminal and civil penalties for false statements or material omissions in an application for Medicaid benefits or payments. Also, any application found to contain material misstatements or omissions will be denied.

The following statutes are excerpts from the Code of Alabama pertaining to the Medicaid program:

§ 22-1-11. Making false statement or representation of material fact in claim or application for payments on medical benefits from medicaid agency generally; kickbacks, bribes, etc.; exceptions; multiple offenses.

(a) Any person who, with intent to defraud or deceive, makes, or causes to be made or assists in the preparation of any false statement representation or omission of a material fact in any claim or application for any payment, regardless of amount, from the medicaid agency, knowing the same to be false; or with intent to defraud or deceive, makes, or causes to be made, or assists in the preparation of any false statement, representation or omission of a material fact in any claim or application for medical benefits from the medicaid agency, knowing the same to be false; shall be guilty of a felony and upon conviction thereof shall be fined not more than $10,000.00 or imprisoned for not less than one nor more than five years, or both.

* * *

(e) Any two or more offenses in violation of this section may be charged in the same indictment in separate counts for each offense and such offense shall be tried together, with separate sentences being imposed for each offense of which defendant is found guilty. (Acts 1980, No. 80-539, p. 837, Sections 1-5.)

§ 22-6-8, Revocation of eligibility of recipient upon determination of abuse, fraud, or misuse of benefits; when eligibility may be restored.

(a) Upon determination by a utilization review committee of the designated state medicaid agency that a medicaid recipient has abused, defrauded, or misused the benefits of the program said recipient shall immediately become ineligible for medicaid benefits.

(b) Medicaid recipients whose eligibility has been revoked due to abuse, fraud or other deliberate misuse of the program shall not be deemed eligible for future medicaid services for a period of not less than one year and until full restitution has been made to the designated state medicaid agency.

(c) The provisions of this section shall not be effective if they are found by a court of competent jurisdiction to contravene federal laws or federal regulations applicable to the medicaid program. (Acts 1980, No. 80-127, p. 190.)

Appendix III: Important Contacts

Alabama Medicaid Agency

Contact	Phone Number
General Questions About Medicaid	(334) 242-5000
Office of Medicaid Commissioner Stephanie M. Azar	(334) 242-5600
Fair Hearings	(334) 242-5741
Recipient Call Center (Inquiry Helpline) Basic Eligibility Questions Medicaid for the Elderly and Disabled Dental Services (For children under age 21) EPSDT (Child Health Screenings/Well-Child Checkups) Home and Community-Based Services (Waivers) Long Term Care / Nursing Home Care Personal Care (for children under 21) Pharmacy - Drug Limits Transportation - Non-Emergency Transportation / Request A Voucher / Air Transportation / Emergency Transportation	1-800-362-1504
Mental Health Services (Community Mental Health Centers, Psychologists, Psychiatric Treatment Facilities)	1-800-361-4491
Pharmacy - Administration / Drug Information / Federal Drug Rebate / Preferred Drug List / DUR	(334) 242-5050
Pharmacy - Prior Authorization / Overrides - Recipient or Provider Calls	1-800-748-0130 x2020

Alabama Department of Senior Services (ADSS)

Organization	Phone Number	Email Address/Website
ADSS Hotline	1-800-243-5463	https://alabamaageline.gov/ ageline@adss.alabama.gov
Northwest Alabama Council of Local Governments	(256) 389-0500 Toll free: 1-800-838-5845	Cindy Roberts, Director of Aging Services: croberts@nacolg.org
North Alabama Regional Council of Governments	(256) 355-4515 Toll-free: 1-800-682-8604	
Top of Alabama Regional Council of Governments	(256) 830-0818	info@tarcog.us
West Alabama Regional Council	(205) 333-2990 Toll free: 1-800-432-5030	warc@westal.org
Regional Planning Commission of Greater Birmingham	(205) 251-8139	Contact form available at: https://www.rpcgb.org/contact-us
Middle Alabama Area Agency on Aging	(205) 670-5770 Toll free: 1-800-570-2998	Contact form available at: https://m4a.org/get-help/
East Alabama Regional Planning and Development Commission	(256) 237-6741 Toll-free: 1-800-239-6741	heather.mccormick@earpdc.org
Alabama Tombigbee Regional Commission	(334) 682-5206 Toll-free: 1-888-617-0500	Evette.Woods@atrc.net
Central Alabama Aging Consortium	(334) 240-4666 Toll-free: 1-800-264-4680	caac.adrc@caac-al.org

Lee-Russell Council of Governments	(334) 749-5264	cbledsoe@lrcog.com
South Central Alabama Development Commission	(334) 244-6903 Toll-free: 1-800-243-5463	Contact form available at: https://scadc.net/aging/request-for-assistance/
South Alabama Regional Planning Commission	(251) 433-6541	pmcglasker@sarpc.org
South Alabama Regional Council of Governments	(334) 793-6843 Toll-free: 1-800-239-3507	mail@sarcoa.org

Alabama Department of Mental Health (ADMH)

See Appendix V for a list of 310 Boards and Community Mental Health Centers, as well as their contact information.

Name	Organization	Position	Contact info
ADMH Division of Developmental Disabilities Call Center			1-800-361-4491 admh-ddd.questions@mh.alabama.gov
Kimberly Holyfield	ADMH Region I Community Services	RCS Director	(256) 898-2790 kimberly.holyfield@region1.mh.alabama.gov
Barbara Huguley	ADMH Region II Community Services	RCS Director	(205) 554-4302 barbara.huguley@region2.mh.alabama.gov
Levander Jackson	ADMH Region III Community Services	RCS Director	(251) 283-6200 levander.jackson@region3.mh.alabama.gov
LaSaundra Foster	ADMH Region IV Community Services	RCS Director	(334) 676-5565 lasaundra.foster@region4.mh.alabama.gov
Ziva Hatcher	ADMH Region V Community Services	RCS Director	(205) 916-7800 ziva.hatcher@region5.mh.alabama.gov
Anna McConnell	ADMH	ADMH State Autism Coordinator	1-800-499-1816 autism.dmh@mh.alabama.gov

Byron White	ADMH	ADMH Community Waiver Program Director	(334) 353-7713
ADMH Office of Support Coordination			(334) 242-3704 admh-ddd.questions@mh.alabama.gov
ADMH Office of Rights Protection and Advocacy Services			(334) 242-3454 Toll-free: 1-800-367-0955
Alabama Council on Developmental Disabilities (ACDD)			Toll-free: 1-800-232-2158

Alabama Department of Rehabilitation Services (ADRS)

Organization	Phone Number
SAIL Waiver Hotline	1-800-602-7245
SAIL District Office – Anniston	(256) 240-8800 Toll-free: 1-800-671-6834
SAIL District Office – Decatur	(256) 353-2754 Toll-free: 1-800-671-6838
SAIL District Office – Dothan	(334) 699-8600 Toll-free: 1-800-275-0132
SAIL District Office – Homewood	(205) 290-4400 Toll-free: 1-800-671-6837
SAIL District Office – Mobile	(251) 479-8611 Toll-free: 1-800-671-6842
SAIL District Office – Montgomery	(334) 293-7500 Toll-free: 1-800-441-7578
SAIL District Office – Tuscaloosa	(205) 554-1300 Toll-free: 1-800-331-5562

Additional Contacts (fill in as needed!)

Name/ Position	Organization	Phone Number/ Email Address

Appendix IV: CWP Counties as of November 1, 2021

Appendix V: List of 310 Boards and CMHCs

310 Boards and other I/DD agencies are indicated in PURPLE

CMHCs are indicated in GREEN

Agencies highlighted in yellow and marked with an asterisk (*) serve as *both* the 310 Board and the CMHC for the indicated counties.

310 Board/CMHC	Counties Served	Phone Number	Website
Ability Alliance of West Alabama	Bibb Pickens Tuscaloosa	(205) 333-1577	https://www.abilityalliance.info/
AltaPointe Health Systems	Baldwin Clay Coosa Mobile Randolph Talladega Washington	(251) 450-2211 Toll-free: 1-888-335-3044	https://altapointe.org/
Autauga Elmore Developmental Services	Autauga Elmore	(334) 285-2608	N/A
Blount County MR/DD	Blount St. Clair	(205) 625-3201	N/A
Cahaba Center for Mental Health	Dallas Perry Wilcox	(334) 875-2100	https://www.cahabamentalhealth.com/
Carastar (formerly MAMHA)	Autauga Elmore Lowndes Montgomery	(334) 279-7830 1-800-279-7830	https://www.carastar.org/
Central Alabama Wellness*	Chilton Shelby	(205) 651-0077	https://centralalabamawellness.org/
CED Mental Health Center	Cherokee Etowah DeKalb	(256) 492-7800	https://cedmentalhealth.org/
Cindy Haber Center	Baldwin Clarke Mobile Washington	(251) 947-5608	https://www.cindyhabercenter.com/

Cullman County Center for the Developmentally Disabled	Cullman	(256) 737-1915	http://www.cccdd.com/
DeKalb Ability Development Services	DeKalb	(256) 845-1097	N/A
East Alabama Mental Health Center	Chambers Lee Russell Tallapoosa	(334) 742-2877 Toll-free: 1-800-815-0630	http://eamhc.org/
East Central Mental Health Center*	Bullock Macon Pike	(334) 566-6022	https://www.eastcentralmhc.org/
Greater Etowah 310 Board	Etowah	(256) 546-6016	https://www.greateretowah.com/
Highland Health Systems*	Calhoun Cleburne	(256) 236-3403	https://highlandhealthsystems.org/
Indian Rivers Behavioral Health	Bibb Pickens Tuscaloosa	(205) 391-3131	https://irbh.org/
JBS MH Authority	Blount Jefferson St. Clair	(205) 595-4555	https://jbsmentalhealth.com/
Jefferson County Intellectual and Developmental Disabilities Authority (JCIDDA)	Jefferson	(205) 945-9310	N/A
Madison County 310 Board	Madison	(256) 837-5777	https://www.madisoncounty310board.org/
Marshall-Jackson ID/DD 310 Agency	Jackson Marshall	Marshall Co.: (256) 582-7528 Jackson Co.: (256) 574-1149	https://marshall-jackson310agency.weebly.com/

Mental Health Center of North Central Alabama	Lawrence Limestone Morgan	(256) 355-5094 Toll-free: 1-800-365-6008	https://www.mhcnca.org/
Montgomery 310	Montgomery	(334) 288-1536	N/A
Mountain Lakes Behavioral Health	Jackson Marshall	Guntersville: (256) 582-3203 Toll-free: 1-800-209-0049 Scottsboro: (256) 259-1774 Toll-free: 1-877-259-1774	https://www.mlbhcwebpage.com/
North Central Alabama MR/DD Authority	Lawrence Limestone Morgan	(256) 355-7315	N/A
Northeast Alabama MR/DD Authority	Cherokee DeKalb Etowah	(256) 547-4407	N/A
Northwest Alabama Mental Health Center	Fayette Lamar Marion Walker Winston	(205) 302-9030	https://www.nwamhc.com/
Riverbend Center for Mental Health	Colbert Franklin Lauderdale	(256) 764-3431	https://www.rcmh.org/

SCOPE 310 Authority	Colbert Franklin Lauderdale	(256) 768-0901	https://www.scope310.com/
South Central Alabama Mental Health*	Butler Coffee Covington Crenshaw	(334) 222-2523	https://www.scamhc.org/
Southwest Alabama Behavioral Health Care Systems	Clarke Conecuh Escambia Monroe	(251) 575-4203	https://www.swamh.com/
SpectraCare Health Systems*	Barbour Dale Geneva Henry Houston	1-800-951-4357	https://www.spectracare.org/
TriCounty Agency for Intellectual Disabilities	Fayette Lamar Walker	(205) 384-4953	https://tricountyaid.org/
Vaughn-Blumberg Services	Houston	(334) 793-3102	https://www.vaughnblumbergservices.com/
Vivian B. Adams School	Dale	(334) 774-5132	https://www.vbaschool.com/
WellStone Behavioral Health	Cullman Madison	(256) 533-1970	https://wellstone.com/
West Alabama Mental Health Center	Choctaw Greene Hale Marengo Sumter	1-800-239-2901	https://www.wamhc.org/

Appendix VII: NF LOC Checklist

This checklist is adapted from the long-term care facility admission criteria in the Alabama Administrative Code. To meet the NF LOC to be admitted to the E&D, ACT, TA, or SAIL Waivers, the applicant must meet at least two of the criteria from **Sections (a) through (k)** of the following list. (And remember, for the TA and SAIL Waivers, the individual must meet additional program criteria as described earlier in this manual.)

If the individual meets one of the criteria under **Section (k)**, they must also meet at least one additional criterion from **Sections (a) through (j)**.

Medicaid recipients who have had no break in institutional care since their discharge from a nursing facility and residents who are re-admitted to a nursing facility within 30 days of their discharge to the community only need to meet one of the following criteria.

- ☐ (a) Individual requires daily administration of medications
- ☐ (b) Individual requires **restorative nursing procedures** (such as gait training or bowel and bladder training), as long as the individual has the potential to restore those abilities and can benefit from the training on a daily basis
- ☐ (c) Individual requires **aspiration/suctioning** to maintain a clear airway
- ☐ (d) Individual has an **indwelling tube or stoma**, such as a:
  - ☐ Tracheotomy
  - ☐ Port
  - ☐ Colostomy
  - ☐ Ileostomy
  - ☐ Central Venous Line
  - ☐ Fistula
  - ☐ Gastrostomy
- ☐ (e) Individual requires tube feeding or total parenteral nutrition (TPN)
- ☐ (f) Individual requires care of extensive **pressure ulcers/bedsores** or other **widespread skin disorders**
- ☐ (g) Individual requires **regular, continuing observation of unstable medical conditions**, which can only be provided by or under the direction of a registered nurse

☐ (h) Individual uses **oxygen**

☐ (i) Individual requires regular sterile or medicated dressing changes

☐ (j) Individual is a **comatose patient**

☐ (k) Individual requires assistance with at least one of the following **activities of daily living (ADLs)** on a regular basis:

- ☐ **Transfer:** The individual needs regular physical assistance with transfer to and from bed, chair, and toilet.
- ☐ **Mobility:** The individual requires regular physical assistance with ambulating with a mobility aid (e.g., a walker or cane), or with utilizing a wheelchair if unable to ambulate.
- ☐ **Eating:** The individual requires g-tube feedings or physical assistance from another person to place food into the mouth.
- ☐ **Toileting:** The individual requires regular physical assistance to use the toilet or to perform incontinence care, ostomy care, or indwelling catheter care.
- ☐ **Expressive and Receptive Communication:** The individual cannot reliably communicate basic needs and wants, use verbal or written language, or understand and follow simple instructions and commands without continual staff intervention.
- ☐ **Orientation:** The individual is disoriented to person (e.g., does not remember their own name or recognize immediate family members) or to place (e.g., does not know what their residence is).
- ☐ **Medication Administration:** The individual is incapable of administering prescribed medications even with limited assistance, such as reminding the individual to take their medications or handing the individual their medications.
- ☐ **Behavior:** The individual requires persistent intervention due to a persistent pattern of dementia-related behavioral problems.
- ☐ **Skilled Nursing or Rehabilitative Services:** The individual requires more intense daily skilled nursing or rehabilitative services than would be provided through a daily home health visit.

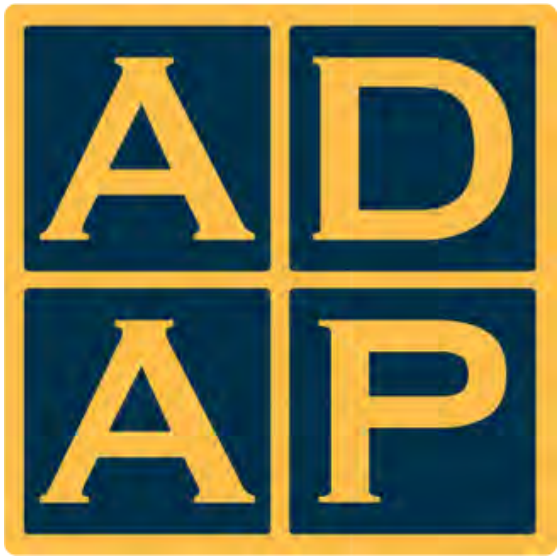
The following exceptions apply to the criteria listed above:

- **Medication Administration** as detailed in **Section (a)** and **Medication Administration** as detailed in **Section (k)** cannot be used together as the two eligibility criteria.

- **Observation** as detailed in **Section (g)** and **Skilled Nursing or Rehabilitative Services** as detailed in **Section (k)** cannot be used together as the two eligibility criteria.

- Assistance with **eating** as detailed in **Section (k)** and maintenance of an **indwelling tube or stoma** as detailed in **Section (d)** cannot be used together as the two eligibility criteria if the only stoma is a gastrostomy or a PEG tube.

- Assistance with **toileting** as detailed in **Section (k)** and maintenance of an **indwelling tube or stoma** as detailed in **Section (d)** cannot be used together as the two eligibility criteria if the indwelling tube or stoma is a colostomy, ileostomy, or urostomy



Web:
http://www.adap.net

Email: adap@adap.ua.edu

Toll-free number: 1-800-826-1675

V/TDD: 1-205-348-4928

THE ALABAMA DISABILITIES ADVOCACY PROGRAM