What are ALI and APDD Medicaid Waivers?

**ALI Waiver** = Alaskan’s Living Independently  
**APDD Waiver** = Adults with Physical & Developmental Disabilities

These are Home and Community Based Medicaid Waivers that provide medical/supportive services to an individual who is 21 and over, and who, as determined by the State, meets Nursing Facility Level of Care (NFLOC). These waivers allow someone to remain in their own home with additional supports (or choose an Assisted Living home or Group Home) instead of going into a Skilled Nursing Facility. Hence, they are “waiving” the services of the Skilled Nursing Facility.

**An individual must qualify in two ways:**
1) You must be financially eligible to receive Medicaid (or be interested in pursuing eligibility) and
2) You must be functionally eligible by meeting Nursing Facility Level of Care

There are many individuals who require help and assistance in their home to remain independent but not everyone meets Nursing Facility Level of Care (NFLOC). NFLOC really means that someone requires skilled nursing care and/or requires hands-on-assistance to complete activities of daily living such as: re-positioning in bed, moving from bed to chair, walking, eating, bathing and toileting, or has significant challenges with thinking/cognition.

The question to ask is: “If not for significant supportive services, might I otherwise need to receive my care in a facility?”
If you think the answer is yes, then one of these waivers may allow you to remain more independent.

Some of the medical services/supports which may be available to you with waiver are:

**ALI waiver**
- Care Coordination  
- Adult Day Services  
- Residential Supported Living  
- Transportation  
- Escort  
- Chore Services  
- Respite  
- Specialized Private Duty Nursing  
- Home Delivered Meals or Congregate Meals  
- Environmental Modifications and  
- Specialized Medical Equipment

**APDD waiver**
- Care Coordination  
- Family Habilitation  
- Shared Care  
- Supported Living  
- Group Home  
- Intensive Active Treatment  
- Transportation  
- Escort  
- Supported Employment  
- Day Habilitation  
- Chore Services, Respite  
- Home Delivered Meals or Congregate Meals  
- Environmental Modifications and  
- Specialized Medical Equipment

* As of 10/2018 PERS no longer available w/ waiver. PERS will be included as option in Community First Choice (CFC)
How do I find out if I may qualify for these services?


Someone will answer your call, take down basic demographic information and schedule an Intake. We’ll conduct the intake/screening within 3 business days or at a time of your choosing.

If you’re in Juneau, Ketchikan or Haines we may try to meet face-to-face with the individual seeking the waiver, if possible.

For those outside Juneau, Ketchikan or Haines, the intake will be conducted by phone.

Step 2: Proceed with the Intake/Screening at the scheduled time.

You can expect to discuss your current disability or medical condition and how this affects you. We will ask questions to determine if you already have Medicaid and if you are receiving any services or supports from an agency or other benefits.

Then we’ll ask questions to understand what you need help with, and what you can do for yourself with respect to your own care. Some of the questions may feel quite personal and it may be uncomfortable to admit that you are having difficulties, however, it is important that you respond as truthfully as possible. If you over-state your abilities, the intake/screening results may not reflect your true needs.

Step 3: At the end of the Intake, we will share the preliminary results with you. We also may discuss other options like grant services or benefits which you may be eligible for, but not know about.

This tool is designed to give us an idea if you may qualify for waiver services with the State. The waiver application process takes time and if other options are available and better meet your needs, you may decide to forgo the waiver application process.

Regardless of the Intake results, you are always free to apply for waiver services.

Step 4: Depending on what you are interested in pursuing, we will provide you with the information you need to access benefits & services or outline the next steps in applying for waiver services.

We’ll also follow-up with you to ensure you’re on the right track to obtaining the services you need. If you hit a roadblock or decide to change course, you can always return to your ADRC for more assistance.

It is important to remember the Intake/Screening does not determine your eligibility for Medicaid or waiver services. That determination will be made by the State after a formal application is submitted. This tool is designed only to give us an idea whether an application for waiver services may be worth your efforts.