



Pediatric Therapy Specialties

Tiny Tots Speech Therapy, LLC • PT for Kids, Inc

Aged and Disabled Waiver

The Aged and Disabled (A&D) Waiver allows individuals who are aged, blind, or disabled to remain in their home as an alternative to nursing facility placement. Home and community-based services (HCBS) are provided through the A&D Waiver to supplement informal supports for people who would require care in a nursing facility if HCBS or other supports were not available.

Individuals must meet HCBS waiver eligibility and Medicaid eligibility guidelines in order to be eligible for a Medicaid HCBS waiver. To be eligible, individuals must:

- Be aged, blind, or otherwise disabled
- Reside in or transitioning into an HCBS-compliant setting (non-institutionalized)
- Have income no greater than 300% of maximum Supplemental Security Income (SSI) amount (parental income for children under 18 years of age is disregarded)
- Meet “nursing facility level of care”

What is Nursing Facility Level of Care?

Level of care is the minimum needs an individual must have to be considered eligible for HCBS waiver services. A “nursing facility level of care” is required for a person to be admitted into a nursing facility. Level of care is evaluated when a person applies for Medicaid and then at least once a year after that. The initial level of care determination is made by the Area Agency on Aging. The waiver case manager will complete an annual level of care evaluation for waiver services.

For the purposes of “nursing facility level of care”, a person must have one of the following:

- An unstable, complex medical condition, which requires direct assistance from others for the following conditions: decubitus ulcers, comatose condition, or management of severe pain
- Need for direct assistance from others for medical equipment, such as ventilator, suctioning, tube feeding, central intravenous access (I.V.)
- Need for direct assistance for special routines or prescribed treatments from others, such as tracheotomy, acute rehabilitation conditions, administration of continuous oxygen
- Need for medical observation and physician assessment due to a changing, unstable physical condition



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Available Waiver Services

Eligible individuals may receive authorized waiver services in conjunction with Traditional Medicaid. Authorized waiver services may include:

- Adult Day Service
- Adult Family Care
- Assisted Living
- Attendant Care
- Self-Directed Attendant Care
- Case Management
- Community Transition
- Environmental Modifications
- Environmental Modification Assessments
- Health Care Coordination
- Homemaker
- Home Delivered Meals
- Nutritional Supplements
- Personal Emergency Response System
- Pest Control
- Respite
- Specialized Medical Equipment and Supplies
- Structured Family Caregiving
- Transportation
- Vehicle Modifications

The specific services that meet the needs of the individual member are identified by the member's case manager. These services are submitted by the state agency for approval and are listed on the member's Plan of Care (POC)/Notice of Action (NOA).



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Member Information

- To apply, first, go to [your local Area Agency on Aging \(AAA\)](#). There are 16 Area Agencies on Aging throughout the State. It is helpful to apply as soon as you identify a need for waiver services.
- You must also apply for Medicaid. You can learn more about applying for Medicaid by going to the [Apply for Medicaid web page](#). If you have been denied Medicaid eligibility before applying for HCBS services, you can re-apply after visiting an AAA office.