

The Advocacy Ridge








presents

Medicaid Waiver Programs

Home and Community Supports

In-Home Care, Respite, Day Programs, and Supported Living — How the System Works in All 50 States

Color-coded boxes tell you what is the same everywhere and what varies by state:

-  FEDERAL LAW — same in all 50 states
-  STATE VARIATIONS — laws differ; check your state
-  STRONGER STATE PROTECTIONS — some states give you more
-  ADVOCACY TIP — practical advice for parents
-  WATCH OUT — common pitfalls and risks
-  IMPORTANT NOTE — context and clarifications
-  STRATEGY — tactical guidance for advocacy

IMPORTANT NOTE

- Medicaid waiver programs are how most states pay for in-home support workers, day programs, supported employment, and residential supports for people with disabilities. These programs are separate from basic Medicaid health coverage — they are the funding source for the services that let people with disabilities live and participate in their communities.
- The most important thing to know: these programs almost always have waitlists — sometimes years long. The families who get these services are the ones who applied long before they urgently needed them. If you read nothing else in this guide, read Section 2 and then **apply today**.
- Waiver programs vary enormously by state — different names, different services, different eligibility criteria. This guide gives you the starting point for every state.
- Applying early does not obligate you to accept services later. If your needs change, you can decide whether to accept, decline, or modify services when a waiver becomes available, subject to your state's rules.

1. What Is a Medicaid Waiver — and Why Does It Matter?

Regular Medicaid pays for health care — doctors, hospitals, prescriptions, and therapies. But it doesn't pay for a support worker who helps your child get ready in the morning. It doesn't pay for a day program. It doesn't pay for someone to sit with your child so you can sleep. Those services are funded through Medicaid waiver programs.

A Medicaid waiver is a special type of Medicaid program that gets a 'waiver' from the federal government to cover services that regular Medicaid normally doesn't cover. The most common type is called an HCBS waiver — Home and Community-Based Services waiver. These waivers are specifically designed to help people with disabilities live in their homes and communities instead of institutional settings like group homes or nursing facilities.

FEDERAL LAW — Applies in ALL 50 States (Medicaid Act | Social Security Act | 42 C.F.R. Part 440 & Part 441)

- HCBS waivers are authorized under Section 1915(c) of the Social Security Act.
- What waivers can pay for — depending on the specific program: personal care attendants (help with dressing, bathing, meals), respite care for family caregivers, day habilitation programs, supported employment, residential habilitation, home modifications (ramps, grab bars), assistive technology, transportation to community activities, behavioral support services, and crisis intervention.
- Who qualifies: You must be eligible for Medicaid AND qualify for the specific waiver's target population. Most I/DD waivers require a qualifying developmental disability diagnosis. Some waivers are for specific populations — brain injury, physical disability, autism only, children with complex medical needs.
- The key difference from base Medicaid: Waivers are NOT an entitlement. States limit the number of slots. Most states have waitlists. Some waitlists are over 10 years long.

WATCH OUT

- Waiver waitlists are real and extremely long. In Texas, the main I/DD waiver waitlist has exceeded 12 years in some regions. In Florida, over 20,000 people have waited years for a slot. In many states, people apply in childhood and don't receive services until adulthood.
- Apply as early as possible—even if you don't need services yet. In most states, your place on the waitlist is based on when you applied, not when you begin needing services.

- Being on a waitlist does not guarantee services. Funding levels, waiver capacity, and eligibility requirements can change over time.
- Keep your contact information current and check in with your state DD agency regularly. Some states may move individuals to inactive status or remove them from the waitlist if they cannot reach you or if requested information is not provided. Keep copies of emails, letters, or notes from phone calls documenting your annual contact.
- If your family member's needs change significantly—such as the loss of a caregiver, a medical crisis, hospitalization, homelessness, abuse, or another emergency—notify your state DD agency immediately. Some states have crisis or emergency prioritization processes that may affect waitlist status or eligibility for services.



IMPORTANT NOTE

- Many families assume they will not qualify because their household income is too high for traditional Medicaid. Do not make that assumption. Many Medicaid waiver programs use special financial eligibility rules that may allow a child or adult with a disability to qualify for waiver Medicaid even if they would not otherwise qualify for traditional Medicaid based on family income. Financial eligibility rules vary by state and by waiver program, so ask your state's developmental disabilities agency or Medicaid office how eligibility is determined for the specific waiver you are applying for.
- Many Medicaid waiver programs also require an individual to meet an institutional level of care (LOC) requirement. This does not mean the person must live in—or be placed in—a nursing facility or other institution. Instead, it means the state has determined that, because of the person's disability and support needs, they would qualify for that level of care if waiver services were not available. States use their own assessment tools and eligibility criteria to determine whether this requirement is met, so the process and standards vary.

IMPORTANT TERMS

- **HCBS** – Home and Community-Based Services.
- **Waiver** – Medicaid funding for services not normally covered.
- **Support Coordinator/Case Manager** – Helps coordinate waiver services.
- **Person-Centered Plan (PCP)** – The written plan identifying services.
- **Self-Direction** – The family manages some or all waiver services.
- **Fiscal Intermediary (FI/FMS)** – Handles payroll and taxes.
- **LOC** - Level of Care

2. How to Apply — The Basic Steps

The application process varies by state, but these steps apply almost everywhere.

STEP 1

Find your state's DD agency

Every state has an agency responsible for intellectual and developmental disabilities services. Search [your state] developmental disabilities agency" or "[your state] intellectual and developmental disabilities agency or find your state at nasdds.org. This is your primary contact for waiver programs.

STEP 2

Contact the agency and ask about waiver programs

Ask specifically: "What Medicaid waiver programs are available for someone with [your child's diagnosis]?" and "How do we get on the waitlist?" Don't assume—different diagnoses may qualify for different waivers in your state. Also ask how financial eligibility is determined for each waiver program. Do not assume you are ineligible based on household income alone, as many waiver programs have different financial eligibility rules than traditional Medicaid.

STEP 3

Complete the eligibility determination

Most developmental disabilities (DD) agencies conduct their own eligibility determination, which is separate from SSI, Medicaid, or school evaluations. Bring all relevant medical records, diagnoses, evaluations, therapy reports, and other documentation describing the individual's functional needs and the supports they require in daily life. As part of the eligibility process, the agency will determine whether your family member qualifies for its system and, if applicable, meets the state's required level-of-care criteria for the waiver.

STEP 4

Get on the waitlist

Even if services aren't available yet, ask to be added to the waitlist immediately. In most states, this is a simple form. The date you get on the list is the date your clock starts.

STEP 5

When a slot opens — person-centered planning

When a waiver slot becomes available, you will work with a case manager, support coordinator, or similar professional (titles vary by state) to develop a Person-Centered Plan (PCP). This plan identifies the individual's strengths, goals, preferences, support needs, and the services necessary to help them live safely and participate in their home and community. The Person-Centered Plan serves as the foundation for determining, authorizing, and coordinating waiver services.



ADVOCACY TIP

- Apply at multiple entry points if your state allows it. In some states you can be on multiple waiver waitlists simultaneously.
- Check in with your state DD agency every year—not just when you applied. Some states move people to inactive status if they don't hear from you. A single phone call or email each year can protect your place.
- Ask whether there is any "crisis" or "emergency" pathway if your family situation changes dramatically. Some states have priority processes for families in acute need.
- Your Person-Centered Plan helps determine the waiver services you receive. Come prepared to discuss your family member's strengths, goals, daily support needs, and the services needed to help them live safely and participate in their home and community.
- Bring supporting documentation such as medical records, evaluations, therapy reports, and provider recommendations. Review the completed plan carefully, ask questions, request revisions if needed, and ask about your appeal rights if requested services are denied or reduced.
- If your family member is found ineligible for waiver services or does not meet the state's eligibility or level-of-care requirements, ask for the decision in writing and request information about your state's appeal process and applicable deadlines.
- Keep a waiver binder or digital folder with copies of your application, eligibility decisions, medical records, evaluations, Person-Centered Plans, service authorizations, correspondence, and notices. Staying organized can make annual reviews, service changes, and appeals much easier.

3. What Waiver Services Actually Look Like

Parents often don't know what waiver services actually are. Here are the most common ones, explained plainly.

Service	What It Means in Real Life
Personal Care Attendant (PCA)	A paid worker who helps with dressing, bathing, meals, grooming, and mobility. This is often the service families need most.
Respite Care	Temporary relief for family caregivers — a qualified person cares for your family member while you rest, handle other responsibilities, or address an emergency.
Day Habilitation	A community-based program that provides structured activities, skill-building, and social participation during the day — often for adults who are not in school or employment.
Supported Employment	Job coaching and on-the-job support that helps someone with a disability find and keep a job in a real workplace alongside people without disabilities.
Residential Habilitation	Support for someone living in their own home or an apartment in the community — staff help with daily living skills, safety, and participation in community life.
Home Modifications	Ramps, grab bars, widened doorways, accessible bathrooms — physical changes to a home that allow a person with a disability to live there safely.
Assistive Technology	Equipment and devices that support independence — communication devices, adaptive tools, alert systems, and more.
Behavioral Supports	Professional support — often including behavior analysts — to address challenging behaviors, develop communication, and increase independence.
Crisis Intervention	Emergency services when a behavioral or psychiatric crisis occurs — to prevent hospitalization and support the person and family.
Transportation	Rides to community activities, day programs, and employment — often covered for individuals enrolled in waivers.

4. All 50 States — Waiver Programs and Where to Apply

Below is a starting point for every state. Search the agency name and website to find current contact information, eligibility criteria, and application forms. Waiver programs and websites change — if a link doesn't work, search '[your state] developmental disabilities waiver program.'

STATE VARIATIONS — Laws Differ by State

- **ALABAMA:** Alabama Department of Mental Health (DMH) administers I/DD waiver and Living at Home waiver. Significant waitlists. Apply: mh.alabama.gov
- **ALASKA:** Alaska DHSS Division of Senior and Disabilities Services administers the CCMC and CCSS waivers for children and adults with disabilities. Apply: dhss.alaska.gov
- **ARIZONA:** Arizona DDD (Division of Developmental Disabilities) administers a comprehensive waiver for people with qualifying DD. Apply: des.az.gov/ddd
- **ARKANSAS:** Arkansas DDSN administers ARChoices and DD waivers for physical and intellectual disabilities. Apply: humanservices.arkansas.gov
- **CALIFORNIA:** The Regional Center system — 21 regional centers statewide — coordinates ALL DD services including waiver services for people with autism, intellectual disability, cerebral palsy, and epilepsy. This is the entry point for everything in CA. Apply at your regional center: dds.ca.gov/rc/find-your-regional-center
- **COLORADO:** Community Centered Boards (CCBs) are the entry point. Colorado administers SLS (Supported Living Services) and COMP waivers through HCPF. Apply through your local CCB: hcpf.colorado.gov
- **CONNECTICUT:** Connecticut DDS administers the Individual and Family Support Program and Day/Employment Supports. Apply: portal.ct.gov/dds
- **DELAWARE:** Delaware DDDS administers I/DD services. Apply: dhss.delaware.gov/dhss/ddds
- **FLORIDA:** APD (Agency for Persons with Disabilities) administers the iBudget waiver. Waitlist has historically been very long. Apply now: apdcare.org
- **GEORGIA:** Georgia DBHDD administers NOW (New Options Waiver) and COMP (Comprehensive Supports Waiver) for I/DD. Apply: dbhdd.georgia.gov
- **HAWAII:** Hawaii DDD (Division of Developmental Disabilities) administers HCBS waivers. Apply: health.hawaii.gov/ddd
- **IDAHO:** Idaho IDHW administers HCBS-DD and Children's DD waivers. Apply: healthandwelfare.idaho.gov

- ILLINOIS: Illinois DHS Division of DD uses the PUNS system (Prioritization of Urgency of Need for Services) to prioritize waiver eligibility. Contact your local PUNS coordinator. Apply: dhs.state.il.us
- INDIANA: Indiana FSSA/BDDS administers the Family Supports Waiver and Structured Family Caregiving. Apply: in.gov/fssa/ddrs
- IOWA: Iowa HHS administers HCBS-ID and related waivers. Apply: hhs.iowa.gov
- KANSAS: Kansas KDADS administers HCBS-DD waiver. Apply: kdads.ks.gov
- KENTUCKY: Kentucky CHFS administers the Michelle P. Waiver — one of the few waivers specifically for people who do not require institutional level of care. Apply: chfs.ky.gov
- LOUISIANA: Louisiana OCDD administers the ROW (Residential Options Waiver) and FSW (Family Support Waiver). Apply: ldh.la.gov/ocdd
- MAINE: Maine DHHS/OADS administers the Section 21 (I/DD) and Section 29 (Brain Injury) waivers. Apply: maine.gov/dhhs/oads
- MARYLAND: Maryland DDA administers Community Pathways, Community Supports, Family Supports, and Self-Directed waivers. Apply: dda.health.maryland.gov
- MASSACHUSETTS: Massachusetts DDS administers I/DD waivers and has DDS Family Support Centers that provide non-waiver family support. Apply: mass.gov/dds
- MICHIGAN: Michigan MDHHS administers the Children's Waiver and MI Choice waiver. Apply: michigan.gov/mdhhs
- MINNESOTA: Minnesota DHS administers Brain Injury, CADI, CAC, and DD waivers with strong self-directed options. Apply: mn.gov/dhs
- MISSISSIPPI: Mississippi DMH administers the HCBS-DD waiver. Apply: dmh.ms.gov
- MISSOURI: Missouri DMH administers CDS and HRS waivers for I/DD. Apply: dmh.mo.gov
- MONTANA: Montana DPHHS administers HCBS-DD and HCBS-SCI waivers. Apply: dphhs.mt.gov
- NEBRASKA: Nebraska DHHS administers DD waiver programs. Apply: dhhs.ne.gov
- NEVADA: Nevada ADSD (Aging and Disability Services Division) administers I/DD waiver. Apply: adsd.nv.gov
- NEW HAMPSHIRE: NH DHHS Area Agency system administers I/DD HCBS waivers through regional agencies. Apply: dhhs.nh.gov
- NEW JERSEY: NJ DDD administers Community Care Program (CCP) and Family Support Services. Apply: state.nj.us/humanservices/ddd

- NEW MEXICO: New Mexico DDSD (Developmental Disabilities Supports Division) administers DD waiver. Apply: nmhealth.org/about/ddsd
- NEW YORK: OPWDD (Office for People With Developmental Disabilities) administers Comprehensive and HCBS waivers. Also NHTD and TBI waivers for other populations. Apply: opwdd.ny.gov
- NORTH CAROLINA: NC Innovations Waiver and TBI waiver administered through LME-MCOs. Find your local LME-MCO: ncdhs.gov
- NORTH DAKOTA: ND DHS Developmental Disabilities Division administers HCBS-DD waiver. Apply: health.nd.gov
- OHIO: Ohio DODD administers SELF, Individual Options, and LEVEL ONE waivers through county DD boards. Find your county board: dodd.ohio.gov
- OKLAHOMA: Oklahoma OKDHS/DDS administers DD waiver programs. Apply: okdhs.org
- OREGON: Oregon uses a unique brokerage model for self-directed I/DD services through ODHS. Find your support broker: oregon.gov/odhs
- PENNSYLVANIA: PA ODP administers the Consolidated Waiver, P/FDS, and Community Living waivers through county MH/IDD programs. Find your county program: dhs.pa.gov/odp
- RHODE ISLAND: Rhode Island BHDDH administers the Comprehensive waiver and HCBS-SFI. Apply: bhddh.ri.gov
- SOUTH CAROLINA: SC DDSN administers I/DD waivers. Apply: ddsn.sc.gov
- SOUTH DAKOTA: SD DSS administers DD and BI waivers. Apply: dss.sd.gov
- TENNESSEE: Tennessee DIDD administers HCBS waivers for I/DD. Significant waitlists. Apply: tn.gov/didd
- TEXAS: Multiple waivers — HCS (Home and Community-based Services for I/DD, longest waitlist in the state), CLASS (physical disabilities), DBMD (deaf-blind), TxHmL (Texas Home Living). Apply through HHSC: hhs.texas.gov
- UTAH: Utah DSPD (Division of Services for People with Disabilities) administers DD and New Choices waivers. Apply: dspd.utah.gov
- VERMONT: Vermont DAIL administers DD and Brain Injury HCBS waivers. Apply: dail.vermont.gov
- VIRGINIA: DBHDS administers Building Independence, Community Living, and Family and Individual Supports waivers. Apply: dbhds.virginia.gov
- WASHINGTON: DDA (Developmental Disabilities Administration) administers personal care and HCBS waiver programs. Apply: dshs.wa.gov/dda

- WEST VIRGINIA: WV DHHS administers I/DD HCBS waivers. Apply: dhr.wv.gov
- WISCONSIN: Wisconsin DHS administers CLTS (Children's Long-Term Support) waiver covering children with I/DD, physical disabilities, or emotional disabilities. Apply: dhs.wisconsin.gov
- WYOMING: Wyoming DOH administers I/DD waiver programs. Apply: health.wyo.gov
- ALL STATES: Find your state DD agency at nasdds.org (National Association of State Directors of DD Services)

5. What Happens After You're Approved?

Depending on provider availability and state procedures, there may still be additional waiting periods before services actually begin. Once a waiver slot becomes available and eligibility is confirmed, there are several additional steps before services typically start. While the process varies by state, it often includes:

STEP 1

Assignment of a Case Manager or Support Coordinator

Most states assign a case manager, support coordinator, or similar professional to help guide you through the waiver process, explain available services, coordinate planning, and connect you with providers.

STEP 2

Person-Centered Planning

You and your family member will participate in a planning meeting to develop a Person-Centered Plan identifying strengths, goals, preferences, support needs, and the waiver services being requested.

STEP 3

Review and Service Authorization

The state or managed care organization reviews the proposed services and determines which services, supports, and funding will be authorized under the waiver.

STEP 4

Choosing Providers

Once services are authorized, you will select providers—or, if available and desired, choose a self-direction option that allows you greater control over hiring and managing support workers.

STEP 5

Services Begin

After providers are selected and authorizations are complete, waiver services can begin. Services should generally reflect the approved Person-Centered Plan and authorized supports.



ADVOCACY TIP

- Stay in regular contact with your case manager or support coordinator and ask questions if you are unsure about the next step.
- Review all service authorizations carefully to ensure they match the services discussed during your Person-Centered Planning meeting.
- If you disagree with the services authorized or believe important supports were omitted, ask for an explanation, request revisions if appropriate, and ask about your state's appeal process.
- Keep copies of your Person-Centered Plan, service authorizations, provider information, and all correspondence for your records.

6. Self-Direction — Managing Your Own Waiver Services

Most states offer a self-direction (sometimes called self-determination, participant direction, or consumer direction) option within certain Medicaid waiver programs. Instead of receiving all services through provider agencies, self-direction allows individuals or families to have greater control over how some waiver services are delivered. Depending on your state's rules and the specific waiver, you may be able to hire, train, schedule, and supervise your own support workers—sometimes including certain family members. Some states also allow individuals to transition between agency-directed and self-directed services as needs change.

Self-direction is not required, and in many states families may choose a combination of self-directed and agency-provided services. Availability and program rules vary by state and waiver.

ADVOCACY TIP

- Self-direction gives families greater flexibility and control. You may be able to hire people you know and trust, choose schedules that work for your family, and tailor services to your family member's individual needs rather than relying solely on agency staffing.
- Ask whether self-direction is available for your waiver program. Not every waiver or every service can be self-directed, and states have different rules about which family members may be paid caregivers.
- In many states, certain family members may be paid to provide services, although restrictions often apply. Parents of minor children are commonly excluded, while adult siblings, grandparents, aunts, uncles, or other relatives may be eligible depending on state rules.
- Self-direction also comes with responsibilities. Families may be responsible for recruiting, scheduling, supervising, and managing support workers, while a Fiscal Management Service (FMS) or Fiscal Intermediary (FI) typically handles payroll, taxes, and other administrative requirements.
- Ask your support coordinator or state developmental disabilities agency which self-direction options are available, what responsibilities are involved, and whether you can combine self-directed and agency-provided services.

Additional Resources

- APSE (Association of People Supporting Employment First): apse.org — National resource on employment and self-direction.
- NASDDDS (National Association of State Directors of Developmental Disabilities Services): nasdds.org — State directory and policy information.

7. Emergency and Crisis Priority

Most waiver programs have long waitlists, but many states also have processes to identify individuals whose circumstances have changed and who may need services more urgently. These processes are often referred to as **crisis**, **emergency**, or **priority** status. Eligibility, documentation requirements, and available services vary by state.

WATCH OUT

- A change in your family's circumstances does **not** automatically move you to the top of the waitlist. You must generally notify your state developmental disabilities agency and request that your situation be reviewed.
- Crisis or emergency priority does not guarantee immediate services, but it may affect your priority status or eligibility under your state's policies.

ADVOCACY TIP

- Notify your state DD agency immediately if your family member's needs or family circumstances change significantly, such as:
 - Death, serious illness, or incapacity of a primary caregiver.
 - Abuse, neglect, or an unsafe living situation.
 - Homelessness or risk of homelessness.
 - Hospitalization, psychiatric crisis, or repeated emergency room visits.
 - Loss of necessary supports or another event that places the individual at immediate risk.
- Ask whether your state has a crisis, emergency, or priority process and what documentation is needed to support your request.
- Provide updated medical records, evaluations, provider letters, or other documentation demonstrating the change in need.

8. Transitioning to Adult Services

Planning for adult disability services should begin as early as possible. Many Medicaid waiver programs have lengthy waitlists that may extend for years, and adult disability services are generally separate from the special education services provided under IDEA. Applying early can help reduce gaps in supports as a student transitions to adulthood.

IMPORTANT NOTE

- Leaving school does not automatically enroll an individual in adult disability services or Medicaid waiver programs. Families are generally responsible for applying, completing eligibility determinations, and joining waiver waitlists as early as possible.
- Likewise, turning 18 does not automatically enroll an individual in adult disability services or Medicaid waiver programs.

ADVOCACY TIP

- Apply for waiver programs and other adult disability services as early as your state allows—even if graduation or transition to adulthood is still several years away.
- Work with your child's IEP team, transition coordinator, case manager, or support coordinator to discuss adult services, employment, postsecondary education, housing, transportation, and community supports well before school exit.
- Ask whether your state offers transition coordinators, transition navigators, or other programs designed to help families move from school-based services to adult services.
- Keep copies of evaluations, transition assessments, guardianship or supported decision-making documents (if applicable), benefit information, and other records that may be needed when applying for adult services.

9. Appeals: When Services Are Denied, Reduced, or Terminated

Families generally have appeal rights at multiple points during the waiver process—not just after services begin. Depending on your state's rules, you may be able to appeal decisions involving:

- Denial of eligibility for developmental disabilities services or the waiver program.
- Determinations that an individual does not meet the required level-of-care criteria.
- Denial of waiver enrollment or placement on a waiver.
- Denial of requested services or supports.
- Reductions, suspensions, or terminations of existing waiver services.
- Other decisions affecting waiver eligibility or authorized services.

Appeal procedures, timelines, and available remedies vary by state. Carefully review every written notice, request a written explanation if needed, and act promptly if you disagree with a decision.

FEDERAL LAW — Applies in ALL 50 States (Medicaid Act | Social Security Act | 42 C.F.R. Part 440 & Part 441)

- States must provide notice of decisions affecting waiver eligibility or authorized services and must provide an opportunity to appeal or request a hearing consistent with federal Medicaid requirements and applicable state procedures.
- Before a state reduces, suspends, or terminates waiver services, it must generally provide advance written notice.
- If a hearing is requested before the effective date of a reduction or termination, current services may generally continue during the appeal, subject to applicable federal and state rules.
- States must follow their own requirements when making eligibility, level-of-care, and service authorization decisions. Families may challenge decisions they believe are inaccurate or inconsistent with applicable requirements.

ADVOCACY TIP

- If you receive a notice denying eligibility, denying waiver enrollment, denying requested services, reducing services, or terminating waiver supports, carefully review the decision, request a written explanation if needed, and ask for information about your appeal rights and applicable deadlines.
- Appeal deadlines are often short. Read every notice carefully and submit your appeal before the deadline to help preserve your rights.
- If your family member's needs have changed, submit updated medical records, evaluations, therapy reports, and other documentation supporting the services being requested.

- If you receive a notice reducing or terminating waiver services, contact your state's Protection and Advocacy (P&A) organization as soon as possible for information about your rights and available assistance.
- Request a hearing or appeal in writing as soon as possible and, when permitted, request that current services continue during the appeal. Keep copies of everything you submit.
- Ask your state developmental disabilities agency or Medicaid agency for its grievance and appeal procedures if they are not included with the notice.

10. Key Links

Resource	Where to Go
Find your state DD agency	nasdds.org
Medicaid HCBS waiver info (federal)	medicaid.gov/medicaid/home-community-based-services
Find your state Medicaid agency	medicaid.gov/about-us/contact-us/contact-state-page
Free legal help / appeal support (P&As)	ndrn.org — find your state P&A
Self-direction and employment resources	apse.org
NASDDDS state DD director list	nasdds.org
Medicaid waiver database (all states)	medicaid.gov/medicaid/section-1115-demo/medicaid-waiver-databases
The Arc (national I/DD advocacy)	thearc.org
AAIDD (eligibility and standards info)	aaid.org

This guide is general educational information only. Waiver programs, eligibility criteria, and services change frequently. Always verify with your state DD agency and Medicaid office. The Advocacy Ridge is not a law firm.

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