



## ALWP Eligibility and Application Process

The Assisted Living Waiver Program (ALWP) is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to receiving care in a Skilled Nursing Home (SNF). The program provides specified benefits to eligible seniors and persons with disabilities. A key goal of the program was to enable low-income, Medi-Cal eligible seniors and persons with disabilities, to remain in or relocate to a community setting in a Residential Care Facility for the Elderly (RCFE) or Public Subsidized Housing.

The specific criteria for eligibility for ALWP are:

- Full scope Medi-Cal
- Source of Income (Social Security, Pension, SSI)
- Medi-Cal with no Share of Cost (SOC)
- Meeting the ADL/IADL criteria (Activities of Daily Living/Instrumental Activities of Daily Living)

**\*Members may be placed on the waitlist while enrolled in Cal MediConnect but **MUST be disenrolled from Cal MediConnect before an ALW application can be submitted.****

**\*\*Members may be placed on the waitlist and submit an application while receiving services from IHSS, MSSP, NF/AH, PACE, SCAN or other Medi-Cal service plan that would duplicate services but **MUST coordinate discontinuation of these services before enrollment in ALW can be completed.****

Steps to enroll in ALWP:

1. The client must be enrolled in MediCal.
2. The client selects a CCA.
3. CCA does assessment and submits application to the State.

Participants must be eligible for full-scope, no-share-of-cost Medi-Cal benefits and require a nursing facility level of care. The latter requirement is the key to eligibility because the program is designed to serve people who would otherwise need nursing home care.

As a Waiver recipient, you will be required to pay room and board to the facility, but the ALWP covers your personal and health care costs.

Room and Board	\$ 646.82
Care and Supervision (maximum)	\$ 678.00
Amount Payable for Basic Services	1,324.82
Personal and Incidental Needs Allowance (minimum) (Must be provided to the recipient)	\$ <b>168.00</b>
Amount Payable for Basic Services	_____
Total NMOHC Payment Standard	\$ 1,492.82