THE ASSISTED LIVING WAIVER (ALW) PROGRAM

- Making affordable housing with personal and health-related services available to seniors and individuals with disabilities
- Maximizing dignity, privacy, independence and autonomy
- Providing an alternative to long-term care placement in a nursing home

The ALWP is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility. The program provides specified benefits to eligible seniors and persons with disabilities. Medi-Cal reimburses for the services provided to residents enrolled in the ALW, however, the resident is responsible to pay for their own room and board. For 2016, for those with SSI income of $1,145.00, room and board is $1,014.00 and those with income of $1,165.00 or greater, room and board is $1,034.00.

The ALW is an alternative to long-term placement in a nursing facility and is presently available in the following counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Clara, and Sonoma. The ALW is currently enrolling beneficiaries residing in skilled nursing facilities and in the community, into licensed Residential Care Facilities (RCF) and Public Subsidized Housing (PSH).

DETERMINING MEDI-CAL ELIGIBILITY

Assisted Living Waiver (ALW) eligible individuals are those who are enrolled in Medi-Cal and meet the level of care provided in a nursing facility due to their medical needs. Individuals with Medi-Cal benefits that include a share of cost may not be enrolled in the ALW. Please contact your local county office to obtain information about how to apply for Medi-Cal benefits. Please note: the state does not determine eligibility for Medi-Cal benefits.

DETERMINING LEVEL OF CARE ELIGIBILITY

Determination of care needs is done by registered nurses (RN) employed by a Care Coordination Agency (CCA). A list of ALW CCAs for each of the participating counties is available on our website. Click on the Care Coordination Agencies link and contact one of the CCAs in your county of residence to request an assessment. A pre-screening “assessment” will be done over the phone before an appointment is set up for the actual assessment.