

Assisted Living Waiver Amenity Form

The Medi-Cal Home and Community-Based Services (HCBS) waiver program is authorized in § 1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medi-Cal beneficiaries to live in the community and avoid institutionalization.

Each beneficiary of the ALW program is eligible and offered, at enrollment, the following benefits per Appendix C: Participant Services C-1/C-3 (Service Specification):

1. Private or semi-private room with full bathroom (shared by not more than two beneficiaries). The choice of roommate is independent of the ALW.
2. Kitchenette, equipped with a refrigerator, a microwave (or cooking appliance) and adequate storage space for utensils and supplies.

Following receipt of the above information,

I, (print name) _____, prefer to:

- ☐ Waive my right to a private room.
- ☐ Waive my right to a refrigerator.
- ☐ Waive my right to a microwave.

(Signature)

(Date)