

Did you know?

- The Medicaid Waiver program requires proof of Medicaid. Those who qualify for “QMB only” aren’t eligible. The extent of disability must meet nursing home criteria. Your doctor makes this decision.
- There is no cost for these services nor do they effect your eligibility to receive other benefits.
- The approval process can take several weeks. To get started, contact a NACOLG Medicaid Waiver Case Manager for assistance.
- The following criteria affect the extent of services that you receive: your capabilities and activity level, your current level of care/family support and the cost of care required to meet your needs.
- This program is not designed to provide 24-hour care or 40 hours a week care

You’re responsible for:

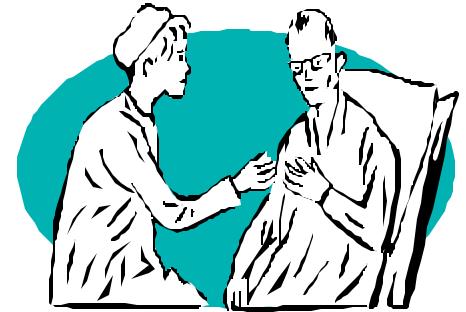
- ...all required cleaning and personal supplies needed for the worker to do their job.
- ...reporting changes in medical condition or living arrangements to your case manager as soon as possible.
- ...calling your case manager any-time there is a problem with a worker.



NACOLG

Department of Aging Services
103 Student Drive
P. O. Box 2603
Muscle Shoals, AL 35662
Phone: 256-389-0530
Toll free: 1-800-243-5463
Fax: 256-389-0599
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NACOLG



Home & Community Based Care

The Medicaid Waiver Program for the Elderly & Disabled

Tel: 256-389-0500 or
1-800-AGE-LINE

Continuing Independent Living

As an alternative to nursing home care, the Home and Community Based Program provides services to seniors and the disabled while allowing them to live in the comfort of their own homes.

There is not an age requirement for this program, however a recipient must be financially eligible for Medicaid and meet the program's level-of-care criteria. New clients are only admitted as current recipients are discharged because NACOLG's program is limited to a fixed number of "slots" available. Once accepted, a case manager will work with the client to develop a care plan based on the client's needs and choices. Individuals in this program have the freedom to choose services that best suit their needs, including: **case management, personal care, homemaker, respite care, adult day health or nutrition/frozen meals.**

Case Management

The case manager gets to know the client, and coordinates his services ensuring that he can continue living safely and independently in his own home. The case manager handles any problems that may arise, makes changes in services as needed and keeps the client informed of available resources for assistance.

Personal Care

Personal care services are coordinated through the client's physician and provided by a home health employee.

Homemaker Services

Homemaker services enhance a client's environment resulting in a safe and sanitary atmosphere.

Companion Services

Companion services provide support, supervision, socialization and non-medical care for the client for periods up to four hours per day.

For more information, call:
1-800-AGELINE or
(800-243-5463)

Respite Care

Furnished on a short-term basis, this service is designed to give the primary caregiver relief from his duties by providing in-home care to the client. The caregiver cannot receive respite while he is at work or school and the service is capped at 30 days (720 hours) per waiver year. Services may include skilled or unskilled respite care.

Adult Day Services

Designed to maintain and promote the health of the client through support activities at an adult day health center, services may include individual and group therapeutic interaction for social stimulation as well as transportation from the client's home and meals/snacks.

Nutrition/Frozen Meals

Service provides one lunch/dinner meal that supplies 1/3 of the recommended daily allowance of nutritional values. In some cases, two daily meals are allowed.

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