



What to Expect When Applying for the Aged and Disabled Waiver

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The Aged and Disabled Waiver is designed as an alternative to institutionalization. To qualify for the waiver, a person must meet level of care to receive services in an institution, but choose to receive services in the community. He or she also must meet financial criteria for Medicaid benefits and be approved for Medicaid. The Indiana Family & Social Services Administration determines financial eligibility for Medicaid benefits. However, local area aging agencies determine “medical” eligibility for services under the waiver.

To apply for the Aged and Disabled Waiver, an individual should call his or her local Area Agency on Aging (AAA). The AAA will gather financial and medical information about the applicant. It is important to remember that the applicant must have a physician as the physician must complete a form as part of the waiver application process. If the caller does not have a physician, he or she cannot move forward in the application process until an appointment with a physician is scheduled.

After the physician returns the completed form, the local AAA will call the applicant to schedule an assessment visit. The timing for these visits can range from a matter of days to weeks depending upon the area in which the individual resides. A Case Manager who is employed by the AAA will travel to the applicant’s home to assess his or her needs.

After the home visit, the Case Manager prepares a report and submits all documentation to the State for approval. The State will then make its decision. If approved, services can begin as soon as the applicant is eligible for Medicaid benefits. If the application is denied, the individual has a right to appeal the decision.

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