FACT SHEET

Elderly and Disabled Waiver Program

The Elderly and Disabled Waiver Program (EDWP) is a Medicaid home and community-based waiver services program that provides community-based social, health and support services to eligible consumers as an alternative to placement in a nursing home. The Georgia Department of Community Health's (DCH) Medicaid program contracts with Georgia's 12 Area Agencies on Aging (AAAs) to administer the program statewide.

Available Services

Eligible consumers may receive a combination of Medicaid-funded and other community services. The care coordinator assesses eligibility for EDWP, develops a consumer-focused comprehensive plan of care in collaboration with the primary physician and based on identified needs, and arranges for the delivery of services. The care coordinator monitors the services delivered to the program participant. Available services include:

- Adult Day Health Medically supervised group day program at an adult day health center, which can include physical, occupational or speech therapy.
- Alternative Living Services State licensed personal care homes, providing 24-hour personal care supervision.
- **Emergency Response Services** In-home, 24-hour electronic two-way communication system that calls for help in an emergency.
- Home-delivered Meals Nutritionally balanced meals delivered to the home.
- **Home-delivered Services** Skilled nursing and therapy services provided in the home as a continuation of the member's home health benefit.
- **Out-of-Home Respite Care** Temporary relief for the primary care giver responsible for full- time care, provided in a personal care home or an adult day health center.
- **Personal Support Services** In-home services such as personal care, meal preparation, light housekeeping, shopping and in-home respite services. Based on eligibility, Structured Family Caregiver provides support to family caregivers who live with and assist an elderly and/or disabled waiver participant requiring significant assistance with activities of daily living.

Summary of Eligibility Criteria for EDWP Services

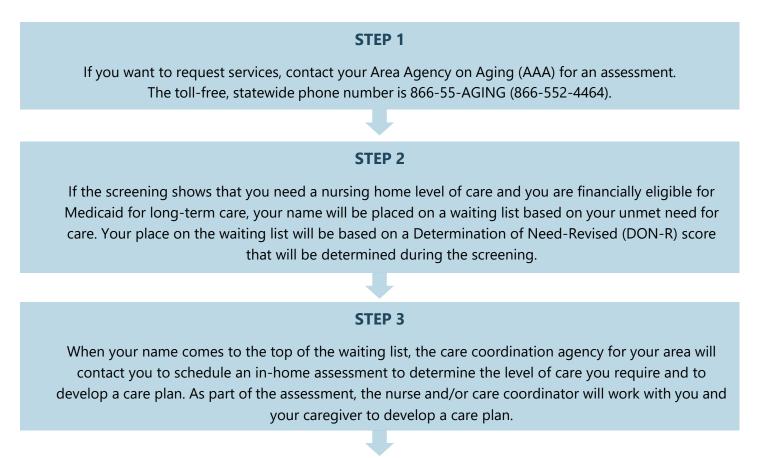
- Functional impairment caused by physical limitations
- Approval by a physician of the need for an intermediate level of nursing home care (LOC) and development of a care plan
- Medicaid eligible or potentially eligible based on a financial screening
- Medicaid eligible after admission to EDWP
- Client chooses to receive services in the home and community rather than in a nursing home
- Participation in one waiver program at a time

NOTE: Alzheimer's and other types of dementia are considered physical conditions.

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Steps for Eligibility Screening



STEP 4

After your need for a nursing home level of care is confirmed and certified by your physician, the care coordinator will arrange the start of the services developed as part of your care plan, which can be in your own home or in a personal care home, with certain services also offered at an adult day health center.



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Frequently Asked Questions

1. I am not a Medicaid member, but I have limited income and assets and need services. Am I eligible to participate in EDWP?

The 12 Area Agencies on Aging (AAA) are the single point of entry (gateway) to local and statewide aging information, resources and referral for services. Contact your local AAA for assistance in determining your eligibility for EDWP or other community resources. The AAA will screen you for financial eligibility for Medicaid, but the final determination of your Medicaid eligibility is determined by Georgia's Division of Family and Children Services (DFCS) in the Department of Human Services.

2. How much do EDWP services cost?

Based on Medicaid income limits, some eligible individuals pay some of the cost of their services while others do not.

3. Is there a waiting list for EDWP services?

Admission to EDWP is based on available funding determined by the state legislature. Priority is given to those most in need of services.

4. How long will I be eligible to receive EDWP services?

Services are dependent on the individual's continued financial eligibility for the program and their continued need for a nursing home level of care.