
Home and Community Based Waiver Information

What are Home and Community Based Waiver Services?

Home and Community Based Waiver Services are medical services that let persons who need a high level of care remain at home instead of living in a medical facility such as a nursing home.

If I live at home or in an assisted living home, how much must I pay for my cost of care?

An eligibility worker can subtract the following amounts from your gross monthly income. The remainder must be applied to your cost of care.

1. A personal needs allowance (PNA) of \$1,656 a month if living in a private home or \$1,396 a month if living in an assisted living home. The personal needs allowance may be increased for:
 - Taxes
 - Garnishment for child support
2. Spousal allowance.
3. Family member allowance.
4. Health insurance premium allowance.
5. Unpaid medical expense allowance.

I receive Home and Community Based Waiver Services in my home. What happens if I move into an assisted living home?

If you move into an assisted living home, your income goes with you. You may keep up to \$1,396 for your personal needs. However, you will need to pay for your own "room and board". Medicaid can only pay for Medicaid services. It cannot pay for room and board expenses.

For information about getting help with room and board costs, call the Division of Senior and Disabilities Services at (907) 269-3666.

Where can I get more information about long term care Medicaid?

- At your local Division of Public Assistance office
- From the statewide long term care office of the Division of Public Assistance
- From the Division of Senior and Disabilities Services
- From a Care Coordinator (contact the Aging and Disability Resource Center toll free at 1-877-625-2372 for a list of Care Coordinators)

State of Alaska
Department of Health
Division of Public Assistance

Medicaid for Individuals Who Need Long Term Care

Nursing Home Care
and
Home and
Community Based
Waiver Services



Mike Dunleavy, Governor
Heidi Hedberg, Commissioner
<https://health.alaska.gov/dpa/>

What does Medicaid cover?

Medicaid is a medical assistance program that pays for most inpatient and outpatient medical services. This includes care provided in a skilled nursing facility or inpatient psychiatric facility. It can also pay for extra medical services that a person may need to continue living at home.

How can I become eligible for long term care Medicaid?

1. You must complete a Medicaid application.
2. You or your authorized representative must have an interview with an eligibility worker.
3. You must need a high level of care. The Division of Senior and Disabilities Services or a nursing home facility will determine if you meet the level of care requirements.

Income and Resource Information

- In 2025, your monthly income cannot be more than \$2,901. If your monthly income is higher than \$2,901, you may qualify for Medicaid by using a Qualifying Income Trust.
- Your countable resources cannot be more than \$2,000. Resources include such things as cash on hand, checks, money in a bank, stocks, bonds, cash-in value of life insurance, real estate and personal property such as boats or vehicles.

- If you have resources above the resource limit, but are disabled and under the age of 65, you may be able to qualify for Medicaid by using a Special Needs Trust.
- Your home is not a resource. However, in 2024 if the equity interest in your home is higher than \$713,000, you will not be eligible for long term care or home and community based waiver services.
- If your spouse is still living in the community, some of your resources are not counted if they are needed for your spouse's financial support. In 2025, the spouse resource allowance is \$157,920.
- If you have transferred an asset for less than fair market value within the past five years, there may be a penalty.

Nursing Home Information

Do I have to pay for my care in a nursing home?

If you are in a nursing home, you can keep \$200 for your personal needs. Some of your income can also be used to support a spouse or dependent living in the community, pay for health insurance premiums, or pay for any unpaid medical expenses. Any income that is left must go towards your cost of care. Medicaid pays the rest of your cost of care.

If I live in a nursing home, how much must I pay for my cost of care?

An eligibility worker can subtract the following amounts from your gross monthly income. The remainder must be applied to your cost of care.

1. A personal needs allowance (PNA) of \$200. This personal needs allowance may be increased for:
 - Taxes
 - Garnishments for child support
2. Spousal allowance. In 2025, this is the amount that will raise your spouse's gross income to \$3,948 per month.
3. Family member allowance. In 2025, the allowance for dependent children living in the home is \$1,316 per month.
4. Health insurance premium allowance. (This includes Medicare premiums.)
5. Unpaid medical expense allowance.
6. Home maintenance allowance. In 2025, if you are a nursing home resident without a spouse or dependents, you may deduct up to \$1,795 from your monthly income to maintain your home if a physician confirms you are likely to return home within six months. This allowance is only available for a maximum of six months beginning with the month of admission.