



# Alabama Medicaid Agency

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R. BOB MULLINS, JR., MD  
Commissioner

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NEW LONG-TERM CARE OPTIONS  
FOR MEDICAID RECIPIENTS

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FOR IMMEDIATE RELEASE

MOBILE – Alabama Medicaid Commissioner R. Bob Mullins, Jr., MD, today announced three new long term care options for elderly and disabled Medicaid recipients in Alabama.

Two of the three programs are statewide initiatives, while one is currently limited to recipients in Mobile and Baldwin counties who are age 55 or older. The new efforts will be in addition to the Agency’s other programs for Medicaid recipients who qualify for nursing home care, including six home and community based waivers.

“All three programs represent the Agency’s commitment to providing a “continuum of care” or a full range of long term care choices, for Medicaid recipients and their families,” Dr. Mullins said during a news conference at Mercy Life, the site of the state’s first PACE (Program of All-Inclusive Care for Elderly) program.

The three programs include the PACE program, the Alabama Community Transition (ACT) waiver to help nursing facility residents move to the community, and a specialized program that will allow ventilator-dependent Medicaid recipients to get care within the state.

“It has not been that long ago that there were only two choices for long-term care: home care or nursing home care. Today, patients and families are asking for more choices. It is also important that we make the best use of the nursing home resources we have available to us.” Dr. Mullins said.

**About the programs:**

**ACT Waiver:** Provides services to individuals with disabilities or long term illnesses who wish to transition to live at home or in the community instead of a nursing facility.

**Nursing Home Ventilator Program:** Allows Alabama Medicaid patients who require nursing home care and who are ventilator-dependent to receive care within the state.

**PACE Program:** PACE provides community-based care and services to elderly and disabled adults who would otherwise need nursing home care. Financing for the program is capped, which allows providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans.

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