Indiana’s Medicaid Waiver Programs: Home and Community-Based Services for Adults and Children

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The Indiana Medicaid Home and Community Based Services (HCBS) Waiver program provides individualized supports to assist people, of all ages, to live successfully in home and community settings. In the past, Medicaid only paid for long-term care services in an institutional setting, such as nursing facilities and group homes. The waiver program "waives" the necessity of admission into an institution in order for Medicaid to pay for the needed home and community-based services.

Waivers fund therapeutic and other needed supports and services. The HCBS Medicaid waivers make Medicaid funds available as an alternative to institutional care as long as supporting the individual, in the home and/or a community setting, is no more than the cost of care within an institutional setting.

Currently there are five statewide Medicaid waiver options for an individual in Indiana. One of those waivers, however, is closed and no longer accepting new applicants. The Psychiatric Residential Treatment Facility (PRTF) transition waiver is for children and youth with serious emotional disturbances or serious mental illness who transitioned from the prior Community Alternative to PRTF Grant. As of October 1, 2012, no additional children can apply for or receive waiver services through the PRTF Transition Waiver. The other four Medicaid waiver programs are accepting applications and new individuals.

There are two Medicaid waivers designated for people with developmental disabilities. These are also referred to as Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care waivers:

- Family Support Waivers
- Community Integration and Habilitation Waiver

There are also two Medicaid waivers for those whose needs are primarily medical. These are often referred to as Nursing Facility level of care waivers:

- Aged and Disabled Waiver
- Traumatic Brain Injury Waiver

Each of Indiana’s Medicaid waivers has a fixed number of Individuals that can be served in an approved waiver year. To be eligible for any of the Medicaid waivers, an individual must:
1. Meet Medicaid (also called the Medicaid “State Plan”) income eligibility requirements. This amount adjusts annually based on any changes to SSI and is calculated at 300% of the maximum SSI monthly benefit amount (note: As a result of Senate Bill 30 passed in 1991, parental income and resources are disregarded for children under 18 years for all of Indiana’s Medicaid Waivers; although assets and income in the child’s name are counted); and
2. Meet the criteria required for admission to a long-term care facility (even though the person lives, and will continue to live, in their family home, his/her own home, or a licensed Care Home in the community); and
3. The total cost to Medicaid for home-based services cannot exceed the average cost of serving an individual in a long-term care facility.

Indiana’s Waiver Program continues to expand and change due to the commitment and belief of the state and its many advocates that quality home and community-based services are a priority.

The focus of this article is on Indiana’s two Medicaid waivers for persons with developmental disabilities: the Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) Medicaid Waiver. These are the two waivers most persons with an autism spectrum disorder might qualify for, as autism spectrum disorders are classified as a developmental disability.

**Indiana’s Family Supports Medicaid Waiver (FSW)**

The Family Supports Medicaid Waiver is the basic entry point to receive waiver services for a child or adult with a developmental disability (which includes an autism spectrum disorder and/or autism, Asperger Syndrome and PDD/NOS). Applications for the Family Supports Waiver (FSW) are accepted through the Bureau of Developmental Disabilities Field Services Office (BDDS).

The Family Supports Waiver—Fast Facts:

- Limit of an individual’s budget at $16,545;
- Provides a newer service called Participant Assistance and Care which provides another level of support for the individual in their own home or in the family home;
- Provides Case Management as a distinct activity to waiver participants; and
- Allows eligible individuals ages 18 through 24, who have aged out, graduated, or permanently exited from their school setting, to enter waiver services without waiting, if funded slots are available. The local BDDS office will determine who qualifies.

Below are all services that are approved under Indiana’s Family Supports Waiver as of July 2015:

- Adult Day Services
- Behavioral Support Services
- Case Management
- Community-Based Habilitation – Group and Individual
- Extended Services (ongoing employment support services)
- Facility-Based Habilitation – Group and Individual
- Facility-Based Support Services
• Family and Caregiver Training
• Intensive Behavioral Intervention
• Music Therapy (Group and Individual)
• Occupational Therapy
• Participant Assistance and Care (Group and Individual)
• Personal Emergency Response System
• Physical Therapy
• Prevocational Services
• Psychological Therapy
• Recreational Therapy (Group and Individual)
• Respite
• Specialized Medical Equipment and Supplies
• Speech/Language Therapy
• Transportation
• Workplace Assistance

**Level of Care Eligibility Criteria: Bureau of Developmental Disabilities Services (BDDS)**
To be eligible for BDDS programs, an individual must be found to have substantial functional limitations in three or more of six major life activities AND meet all of the following four basic conditions. They include:

- physical or intellectual disability, cerebral palsy, epilepsy, autism, or condition similar to an intellectual disability;
- the condition is expected to continue indefinitely;
- the condition had an age of onset prior to age 22; and
- the individual needs a combination services.

The six major life activity categories are:

- self-care;
- learning;
- self-direction;
- capacity for independent living;
- receptive and expressive language; and
- mobility.

**Application Process**
Contact your local Bureau of Developmental Disabilities Services (BDDS) Office and request an Application Packet to apply for the FSW. To locate your local Bureau of Developmental Disabilities Services (BDDS) Office, visit their website at [http://www.in.gov/fssa/files/BDDS.pdf](http://www.in.gov/fssa/files/BDDS.pdf). The BDDS state office number is another resource for locating your local BDDS Office: 1-800-545-7763.
The Application and all documents requested must be returned to the local BDDS Office. The Application can be submitted in person, by mail, or by fax. Other individuals and/or agency representatives can provide assistance to complete the application.

Keep a copy of your dated waiver application. Also request a receipt to confirm the initial application was received. Save this documentation for your records (along with dated notes when you are in contact with the BDDS office).

After the Application is submitted to the local BDDS Office, intake staff from that office will determine eligibility and preliminary Level of Care (LOC). (** Make sure the Level of Care Screening Instrument (LOCSI) is administered by the BDDS Office; it must be administered for an eligible individual to be added to the Wait List.)

**Wait List**

After a family member is placed on the Medicaid waiver waiting list though the BDDS Office, you can check their status on the waiting list by using the following portal: [http://www.in.gov/fssa/ddrs/4328.htm](http://www.in.gov/fssa/ddrs/4328.htm). To access the information, a consumer or guardian will need to provide the following information: Last four digits of social security number or Dart-ID; first and last name; date of birth; and requestor’s name, if not the consumer or guardian.

Once the information is verified, a second page will appear which will include: Consumer’s address and phone number; Guardian contact information (if applicable); Consumer’s waiver application date(s); and BDDS District Office contact information.

If the consumer or guardian discovers that any of the information is incorrect, they will be able to click on the “Help Desk” link, and an e-mail will be sent to the appropriate people to update and track the information.

*You should contact your local BDDS Office immediately if you have a change in address, telephone number and/or any other contact information.*

**Community Integration and Habilitation Medicaid Waiver**

The Community Integration and Habilitation Waiver is to be used as a "needs based" waiver ONLY for people who meet specific criteria. To move from the Family Supports Waiver onto the CIH waiver, an individual must meet specific eligibility/priority criteria which may include:

- Death of primary caregiver and no other caregiver available;
- Caregiver over 80 years of age and no other caregiver available;
- Evidence of abuse or neglect in the current placement;
- Extraordinary health and safety risk;
- Eligible individuals transitioning to the community from a nursing facility, extensive support needs homes or state operated facilities;
- Eligible individuals determined to no longer need active treatment in a group home;
- Eligible individuals transitioning from 100% state funded services;
- Eligible individuals aging out of Department of Education, Department of Child Services or supported group living; and
• Eligible individuals requesting to leave a Large Private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

In addition to the same services approved for the FSW (see above) the CIH may provide the following approved services:

• Community Transition
• Electronic Monitoring
• Environmental Modifications
• Personal Emergency Response System
• Rent and Food for Unrelated Live-In Caregiver
• Residential Habilitation and Support
• Structured Family Caregiving
• Wellness Coordination

Appeals and Statewide Waiver Ombudsman
If you/your family member have been deemed ineligible, you have the right to appeal the decision within 30 calendar days of the date of the notice. Instructions about this process can be found at: http://www.in.gov/fssa/files/Part_8_-_Appeal_Process.pdf.

Effective September 15, 2014, Matt Rodway began as Indiana’s new Statewide Waiver Ombudsman. In this role he receives, investigates, and attempts to resolve complaints and concerns made by or on behalf of an individual with a developmental disability, who receives Medicaid Waiver services (Family Supports Waiver and the Community Integration and Habilitation Waiver). Matt Rodway can be reached at 317-503-1217 or toll free at 800-622-4484.

Additional Information
For further help in understanding Indiana’s two Medicaid Waivers for children and adults with developmental disabilities, and/or assistance in applying for the Family Supports Medicaid Waiver, contact an advocacy organization. Family Voices Indiana is one such organization. To check on Waiver changes posted by FV, visit their website at http://www.fvindiana.org or call 317-944-8982 for assistance.

Arc of Indiana (http://www.arcind.org/) can also be helpful with these types of questions and information. For further help in understanding Indiana’s Medicaid Waivers and/or assistance in applying for the Family Supports Medicaid Waiver, contact the Arc of Indiana at 800-382-9100 and ask to speak with a Family Advocate.

For the current Division of Disability and Rehabilitative Services, frequently asked questions page see: http://www.in.gov/fssa/ddrs/4245.htm. If you have additional questions that cannot be answered by this source, you can also contact the Bureau of Developmental Disabilities Helpline: BDDSHelp.BDDSHelp@fssa.IN.gov.
Medical Medicaid Waivers

There are two Medicaid waivers that are sometimes referred to as Nursing Facility Waivers. These are waivers that are for children and adults whose primary needs are medical. Some individuals with an autism spectrum disorder may be eligible for one of these two waivers due to chronic medical needs that meet the requirements for a nursing home level of care. As mentioned previously these two waivers are:

- **Aged and Disabled (A&D) Waiver**

  As of July 1, 2013 services covered by the Aged and Disabled Waiver include Adult Day Services, Attendant Care, Case Management, Homemaker, Respite, Adult Family Care, Assisted Living, Community Transition, Environmental Modifications, Health Care Coordination, Home Delivered Meals, Nutritional Supplements, Personal Emergency Response System, Pest Control, Specialized Medical Equipment and Supplies, Transportation, and Vehicle Modifications. Newly added as of July 1, 2013 are Environmental Modification Assessment and Structured Family Caregiving.

- **Traumatic Brain Injury (TBI) Waiver**

  As of January 1, 2013, the following services are covered by the TBI Waiver: Adult Day Services, Adult Foster Care, Assisted Living, Attendant Care Service, Behavior Management/Behavior Program and Counseling, Case Management, Community Transition Services, Environmental Modifications, Health Care Coordination, Homemaker, Home Delivered Meals, Nutritional Supplements, Personal Emergency Response System, Pest Control, Residential Based Habilitation, Respite Care, Specialized Medical Equipment and Supplies, Structured Day Program, Supported Employment, Transportation, and Vehicle Modifications.

More information and applications for the A&D and TBI Medicaid Waivers can be obtained by contacting your local Agency on Aging (AAA) office, regardless of the age of the individual for whom you are applying. Your local AAA should be listed in your phone book or call toll free 1-800-986-3505 to get the contact information for your local AAA. Ask for the Medicaid Intake Case Manager at your local AAA office.

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