

GEOH'S GUIDE TO WAIVERS

Everything you need to know on different waiver types and how to apply to help more people in your community!



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THE WAIVER GUIDE

Let us guide you through different waiver types and how your agency can can apply for them.

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DISCLAIMER:

IT IS IMPORTANT TO NOTE THAT THIS IS MEANT TO BE A HELPFUL GUIDE THERE IS NO GUARANTEE THIS INFORMATION IS ALL YOU NEED TO GAIN WAIVER COMPLIANCE NOR DOES GEOH PROMISE A WAIVER OR FUNDING TO ANY PARTICULAR CLIENT GIVEN THESE REQUIREMENTS. ULTIMATELY WAIVER APPROVAL IS UP TO THE STATE OF INDIANA. YOUR AGENCY MAY NEED MORE INFORMATION OR MORE QUALIFICATIONS THAN WHAT IS JUST LISTED HERE.



1

CHAPTER

HOW DIFFERENT
WAIVER TYPES CAN
HELP YOU GROW
YOUR AGENCY

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ADDING MORE WAIVER TYPES.

Are you a home care agency looking to expand your client base and help more people in need? If so, consider adding new waiver types to your list of services. Not sure what a waiver is? Don't worry, we've got you covered!

A waiver is a program that allows states to waive certain federal regulations to provide home and community-based services to people who otherwise would need institutional care. By adding new waiver types to your agency, you can reach more people and provide them with the care they need in the comfort of their own homes.

ADDING MORE WAIVER TYPES.

But wait, there's more! Adding new waiver types can also help your agency financially. Each waiver type has its own set of eligibility requirements, and many of them have waiting lists. By offering more waiver types, you increase your chances of getting more clients and, in turn, more revenue for your agency.

Plus, the more clients you have, the more referrals you are likely to receive.

It's a win-win situation!



2

CHAPTER

THE AGED AND DISABILITY WAIVER

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THE AGED AND DISABLED WAIVER

The Division of Aging is responsible for managing and overseeing the Aged and Disability Waiver program.

Now, let's talk about who qualifies for this program. If a person is aged, blind, or disabled, they may be eligible for the waiver. But, there is one important caveat: they must also qualify for institutional care to receive care. Additionally, individuals must be enrolled in the IHCP to be eligible for HCBS waiver coverage. And, of course, additional requirements apply based on the specific waiver program.

Alright, you may be thinking, "But what services are covered by this waiver?" We're glad you asked! This program includes a wide range of services, including home health, respite, structured family caregiving, home modifications, home-delivered meals, and more.

DETAILS: THE AGED AND DISABLED WAIVER

Who Oversees: The division of aging.

Who qualifies:

- A person must qualify for institutional care to receive care.
- Aged, blind, or disabled.
- Individuals must qualify for institutional care and must be enrolled in the IHCP to be eligible for HCBS waiver coverage. Additional requirements apply, based on the specific waiver program.

They are entitled to: These services include, home health, respite, structured family caregiving, home modifications, home-delivered meals, and more.

MORE ON QUALIFICATIONS:

**INDIVIDUALS MUST ALSO MEET AT LEAST
ONE OF THE FOLLOWING CRITERIA TO
RECEIVE
SERVICES THROUGH THE A&D WAIVER:**

- **AGE 65 OR OLDER**
- **HAVE A SUBSTANTIAL PHYSICAL
DISABILITY**



MORE ON QUALIFICATIONS:

WHO QUALIFIES:

- A PERSON MUST QUALIFY FOR INSTITUTIONAL CARE TO RECEIVE CARE.
- AGED, BLIND, OR DISABLED.
- INDIVIDUALS MUST QUALIFY FOR INSTITUTIONAL CARE AND MUST BE ENROLLED IN THE IHCP TO BE ELIGIBLE FOR HCBS WAIVER COVERAGE. ADDITIONAL REQUIREMENTS APPLY, BASED ON THE SPECIFIC WAIVER PROGRAM.
- INDIVIDUALS MUST QUALIFY FOR INSTITUTIONAL CARE AND MUST BE ENROLLED IN THE IHCP TO BE ELIGIBLE FOR HCBS WAIVER COVERAGE. ADDITIONAL REQUIREMENTS APPLY, BASED ON THE SPECIFIC WAIVER PROGRAM.
- ***MUST COMPLY WITH LOC***

AGED AND DISABILITY WAIVER- WHAT IS COVERED

- ADULT FAMILY CARE
- ASSISTED LIVING
- ATTENDANT CARE
- CARE MANAGEMENT
- CAREGIVER COACHING AND BEHAVIOR MANAGEMENT (CCBM)
- COMMUNITY TRANSITION
- HOME AND COMMUNITY ASSISTANCE
- HOME-DELIVERED MEALS
- HOME MODIFICATION ASSESSMENT
- HOME MODIFICATIONS

- INTEGRATED HEALTH CARE COORDINATION (IHCC)
- NONMEDICAL TRANSPORTATION
- NUTRITIONAL SUPPLEMENTS
- PARTICIPANT-DIRECTED ATTENDANT CARE SERVICE (PDACS)
- PARTICIPANT-DIRECTED HOME CARE SERVICE (PDHCS)
- PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)
- PEST CONTROL
- RESPITE SERVICES
- SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES
- *STRUCTURED FAMILY CAREGIVING*
- VEHICLE MODIFICATIONS

ATTENDANT CARE

**“FAMILY MEMBERS, INCLUDING ADULT CHILDREN CAN BE CHOSEN TO PROVIDE CARE FOR THEIR MOTHERS AND FATHERS. AGAIN, LIKE WAIVERS, THE ADULT CHILDREN CAREGIVERS ARE PAID THE MEDICAID APPROVED HOURLY RATE FOR THEIR EFFORTS”
(PAYINGFORSENIORCARE.COM)**



Your agency may want to consider allowing family members to be hired to care for a loved one whenever legal. Usually with attendant care, this is legal and a family member can be paid the Medicaid-allowed rate. Many families do not know about attendant care or what they are entitled to. Your agency should go to events or partner with organizations to meet these parents and or current caretakers to educate them on what they are entitled to from Medicaid.

IMPORTANT TO NOTE:

THE CRITERIA IN THE INDIANA
ADMINISTRATIVE CODE
405 IAC 1-3-1.

***This states that you must submit a claim
and cannot bill the patient.***

“A PROVIDER MUST SUBMIT A CLAIM TO MEDICAID FOR ANY SERVICE FOR WHICH MEDICAID REIMBURSEMENT MAY BE AVAILABLE UNDER 405 IAC 5. SUCH SERVICES INCLUDE SERVICES PROVIDED IN EXCESS OF MEDICAID BENEFIT LIMITATIONS.

THE PROVIDER MUST COMPLY WITH ANY PRIOR AUTHORIZATION REQUIREMENTS APPLICABLE TO THE SERVICE.

(C) EXCEPT FOR APPLICABLE COPAYMENTS, A PROVIDER MAY NOT BILL A MEDICAID MEMBER FOR ANY PART OF THE PROVIDER'S CHARGE FOR

A SERVICE BILLED TO MEDICAID UNTIL:

(1) MEDICAID HAS ADJUDICATED THE PROVIDER'S CLAIM FOR THE SERVICE; AND

(2) THE PROVIDER HAS BEEN NOTIFIED OF THE PORTION OF THE CLAIM THAT WAS CREDITED TO THE MEDICAID MEMBER'S MONTHLY SPENDDOWN OBLIGATION.

THE PROVIDER MAY BILL THE MEMBER FOR THE AMOUNT THAT WAS CREDITED TOWARD THE MEMBER'S SPEND-DOWN AS WELL AS ANY UNPAID COPAYMENT AMOUNT DUE.”



3

CHAPTER

TRAUMATIC BRAIN INJURY WAIVER

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TRAUMATIC BRAIN INJURY WAIVER

Hey there homecare agencies, have you heard about the traumatic brain injury waiver in Indiana? It's a fantastic opportunity for your agency to expand your services and help those who have experienced a traumatic brain injury.

So, what exactly is a traumatic brain injury? According to Indiana, it's any injury that occurs as a result of a closed- or open-head injury caused by an external event that damages brain tissue. This can lead to partial or total disability. And just to clarify, birth trauma-related injuries do not qualify.

But why is this waiver important? Well, it allows Indiana Medicaid programs to pay for services provided in a person's home or other community setting instead of a Medicaid-funded facility or institution. This means that individuals with TBI can receive specialized care and support from your homecare agency.

TRAUMATIC BRAIN INJURY WAIVER

In order to qualify for the TBI waiver, individuals must meet certain requirements. They must have a diagnosis of traumatic brain injury, meet the minimal NF or ICF/IID LOC requirements, and meet Medicaid eligibility requirements. Entry to the waiver may be delayed due to a waiting list, but priority admittance can be made based on criteria outlined in the approved waiver.

Now, let's talk about what services your agency can provide under the TBI waiver. These services include home health, respite, structured family caregiving, home modifications, home-delivered meals, and more. By offering these services, your agency can make a huge impact on the lives of those with TBI by providing them with the support they need to thrive in their own homes and communities.

So, what are you waiting for? Incorporate the traumatic brain injury waiver into your agency's services and make a difference in the lives of those with TBI.

TRAUMATIC BRAIN INJURY WAVIER

“Allows Indiana Medicaid programs to pay for services that are provided in a person’s home or other community setting, rather than a Medicaid-funded facility or institution.”

Who Oversees:

The division of aging.

Who qualifies:

- A person with a traumatic brain injury resulting in full or partial disability. BUT the disability cannot be caused by the birth entrance.
- Individuals must meet the minimal NF or ICF/IID LOC requirements and Medicaid eligibility requirements, and must have a diagnosis of traumatic brain injury to be eligible for TBI Waiver services.
- Entry to the waiver may be delayed due to the existence of a waiting list. Priority admittance to the waiver may be made based on criteria outlined in the approved waiver.

They are entitled to:

These services include, home health, respite, structured family caregiving, home modifications, home-delivered meals, and more.

MORE QUALIFICATIONS:

“ADDITIONALLY, ENROLLMENT IN TRADITIONAL MEDICAID MAY REQUIRE A MEMBER TO HAVE A DISABILITY DETERMINATION FROM THE SSA.”

“FOR THOSE BETWEEN 18-64, THE IHCP REQUIRES AN APPROVAL, ACTIVE APPLICATION OR APPEAL TO THE SSA ON FILE WITH FSSA AS PART OF THE ELIGIBILITY PROCESS”

AN EXAMPLE OF AN EXCEPTION: “IF THE MEDICAID AGENCY’S MRT DEEMED AN INDIVIDUAL TO BE NON-DISABLED BUT THE SSA LATER DETERMINED THAT SAME INDIVIDUAL TO BE DISABLED AND ELIGIBLE FOR SUPPLEMENTAL SECURITY INCOME (SSI), IHCP WOULD AUTOMATICALLY ENROLL THE INDIVIDUAL. INDIVIDUALS LATER FOUND ELIGIBLE FOR SOCIAL SECURITY DISABILITY INCOME (SSDI) WOULD NEED TO REAPPLY, BUT THE SSA DISABILITY DETERMINATION WOULD BE ACCEPTED, AND THE MEMBER WOULD BE ELIGIBLE IF THEY MET THE OTHER ELIGIBILITY REQUIREMENTS.”

THIS MEANS THE SSA HAS FINAL SAY ON WHO IS DISABLED.

TRAUMATIC BRAIN INJURY WAIVER: SERVICES OFFERED

- **ADULT DAY SERVICES**
- **ADULT FAMILY CARE**
- **ASSISTED LIVING**
- **ATTENDANT CARE**
- **BEHAVIOR MANAGEMENT/BEHAVIOR PROGRAM AND COUNSELING**
- **CARE MANAGEMENT**
- **COMMUNITY TRANSITION**
- **HOME AND COMMUNITY ASSISTANCE**
- **HOME-DELIVERED MEALS**

- **HOME MODIFICATIONS**
- **NONMEDICAL TRANSPORTATION**
- **NUTRITIONAL SUPPLEMENTS**
- **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)**
- **PEST CONTROL**
- **RESIDENTIAL-BASED HABILITATION**
- **RESPIRE SERVICES**
- **SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES**
- **STRUCTURED DAY PROGRAM**
- **SUPPORTED EMPLOYMENT**
- **VEHICLE MODIFICATIONS**

ATTENDANT CARE

**“FAMILY MEMBERS, INCLUDING ADULT CHILDREN CAN BE CHOSEN TO PROVIDE CARE FOR THEIR MOTHERS AND FATHERS. AGAIN, LIKE WAIVERS, THE ADULT CHILDREN CAREGIVERS ARE PAID THE MEDICAID APPROVED HOURLY RATE FOR THEIR EFFORTS”
(PAYINGFORSENIORCARE.COM)**

Steps for attendant care:

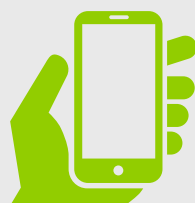
1. Help walk the family members through how to get qualified.



2. Have them request your agency



3. Provide great training on your EVV app and make sure they stay in compliance.





4

CHAPTER

BECOMING A SERVICE PROVIDER

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HOW TO BECOME A HBCS WAIVER PROVIDER

THE AGED AND DISABILITY & TRAUMATIC BRAIN
INJURY WAIVERS

[Go to this link for more information.](#)

- You will need to complete an application for certification.
- [Click here to see provider required documents you will need to have.](#)
- Email the application to :
daproviderapp@ffsa.in.gov

PCR REVIEW

Your agency will go through something called a PCR review. This helps the state of Indiana make sure your agency is in compliance. To be approved for these waivers your agency must pass this review. To make it easier for your agency we have attached a link to the State of Indiana PCR review presentation.

[PCR REVIEW SLIDES HERE:](#)



HELPING YOUR CLIENTS APPLY FOR WAIVERS

[This is a youtube video that can help future clients apply for the BDDS program that the HCSB wavier are under.](#)





5

CHAPTER

CHI WAIVERS

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CHI WAIVERS

FAMILY SUPPORTS & COMMUNITY INTEGRATION AND HABILITATION WAIVERS

With the CHI waiver or Family Supports & Community Integration and Habilitation Waivers, your agency can make a significant impact on the lives of families in need. Did you know that parents can get paid to be the caregiver for their children through these waivers? Many parents are unaware of this option, which can be life-changing for them. As a home care agency, it is vital to educate parents on this topic and spread the word about the support available. Attending events like the Special Olympics is a great way to connect with families and inform them about the possibilities of obtaining extra help and payment through Medicaid

FAMILY SUPPORTS & COMMUNITY INTEGRATION AND HABILITATION WAIVERS

Where:

“Is expected to continue indefinitely and meets the level of care that would otherwise be provided in an Intermediate Care Facility.”

Who Oversees:

The FSSA through DDRS

Who qualifies:

The goal is to allow them to live independently in their communities.

- Be diagnosed as having an intellectual disability prior to the age of 22
- Reside in or be transitioning into an HCBS-compliant setting (non-institutionalized)
- Have income no greater than 300% of the maximum Supplemental Security Income (SSI) amount (***parental income for children under 18 years of age is disregarded***) this came out to **\$2,349 in 2020.**
- ***Meet Intermediate Care Facility for Individuals with Intellectual Disabilities/Development Disabilities (ICF/IID) level of care***

FAMILY SUPPORTS & COMMUNITY INTEGRATION AND HABILITATION WAIVERS

What meets ICF (Intermediate Care Facility) Requirements?

- **RESULTS IN IMPAIRMENT OF FUNCTIONING SIMILAR TO THAT OF A PERSON WHO IS INTELLECTUALLY DISABLED, INCLUDING AUTISM SPECTRUM DISORDER, EPILEPSY, CEREBRAL PALSY, OR A SIMILAR CONDITION (OTHER THAN MENTAL ILLNESS)**
- **ORIGINATES BEFORE THE PERSON IS TWENTY-TWO (22) YEARS OF AGE, HAS CONTINUED OR IS EXPECTED TO CONTINUE INDEFINITELY**
- **SUBSTANTIALLY LIMITS A PERSON'S ABILITY TO FUNCTION NORMALLY IN SOCIETY IN THREE OF THE SIX MAJOR LIFE AREAS: SELF-CARE, RECEPTIVE AND EXPRESSIVE LANGUAGE, LEARNING, MOBILITY, SELF-DIRECTION, AND CAPACITY FOR INDEPENDENT LIVING.**
- **REQUIRES ACCESS TO 24-HOUR ASSISTANCE, AS NEEDED.**

They are entitled to:

- **Adult Day Services**
- **Behavioral Support Services/Crisis Assistance**
- **Case Management**
- Community-Based Habilitation-Group
- Community-Based Habilitation-Individual
- Community Transition Services
- Electronic Monitoring
- Extended Services
- Environmental Modifications
- Facility-Based Habilitation-Group
- Facility-Based Habilitation-Individual
- Facility-Based Support Services
- **Family & Caregiver Training**
- Intensive Behavior Intervention

They are entitled to:

- Music Therapy
- Occupational Therapy
- Personal Emergency Response System
- Physical Therapy
- Prevocational Services
- Psychological Therapy
- Recreational Therapy
- **Rent & Food for Unrelated Live-In Caregiver**
- Residential Habilitation & Support
- Respite
- Specialized Medical Equipment & Supplies
- Speech/ Language Therapy
- **Structured Family Caregiving**
- **Transportation**
- Wellness Coordination

FAMILY SUPPORTS & COMMUNITY INTEGRATION AND HABILITATION WAIVERS

**THE FAMILY SUPPORTS WAIVER HAS A
CAPPED ANNUAL BUDGET FOR
SERVICES OF \$17,300.**

**FOR YOUR CLIENTS TO APPLY THEY
NEED TO:**

**OBTAIN THE NUMBER FOR YOUR LOCAL
BUREAU OF DEVELOPMENTAL
DISABILITIES SERVICES (BDDS)
OFFICE BY CALLING 800-545-7763.**



PROVIDER INFORMATION

1. To apply to be a provider for this wavier fill out your application here:

<https://www.in.gov/fssa/ddrs/developmental-disability-services/developmental-disabilities/>

To become a Medicaid provider under the CIH Waiver, a provider must first be certified by the Indiana Family and Social Services Administration, Division of Disability and Rehabilitative Services (FSSA, DDRS). Waiver providers can be certified to provide multiple waiver services.

2. To apply for this wavier fill out your application here:

After certification, the provider must enroll as an Indiana Health Coverage Programs (IHCP) provider.

Helpful links:

[Become a IHCP Provider webpage](#)

[Home and community based services manual](#)



**"There is nothing impossible
to they who will try.**

Alexander the Great

We hope you find these tips
and printables helpful for
running your agency! We have
hope that great things are in
store for your agency, and if
you ever need help remember
we here at GEOH are here for
you!

- The GEOH team



YOU CAN DO THIS!

Questions? Ask us here: (317) 455-3218

Q U E S T I O N S ?

[G E O H . A P P](https://www.geoh.com)