

**Healthy Families Indiana
Administrative Alert**

DATE: May 11, 2010

TO: HFI CEO's and Program Managers

FROM: Audie Gilmer, HFI State Coordinator

SUBJECT: Administrative Alert # 2010-4
Re: Waiver Requests

Program Managers have indicated that due to reductions in funding they now have fewer program staff. They are concerned that it will be difficult to meet HFI productivity policies governing the Program Manager position supervisory requirements in addition to performing other ongoing administrative duties.

Policy (page 68 of the HFI 2010 Policy Manual) requires that a FTE Program Manager supervise five (5) Supervisors.

Sites that wish to request a waiver of this productivity policy may submit the attached Request for Waiver Form to me at audie.gilmer@dcs.in.gov no later than June 4, 2010.

The Operations Committee has scheduled a special meeting to review all waiver requests. DCS will make final determinations and notify sites of decisions after receiving recommendations from the Operations Committee and the Think Tank Advisory Committee. (Though the standard policy - attached - states sites will be notified of the determination within 90 days, in this situation, sites will be notified by mid August.)

Healthy Families Indiana
Request for Waiver Form

All Requests for Waiver should be submitted to the HFI State Coordinator, Department of Child Services.

The Department of Child Services, or designee, will notify the HFI contracting agency in writing of the approval or denial of their request no more than 90 days following a state review of the waiver application.

If the Request for Waiver is approved, it will be approved for a specific time period and may be renewed only if approved following a resubmission of the request.

Requests for waiver will be given serious consideration, and may be granted if:

- the waiver is not a request for funds
and
 - the waiver will result in improved service delivery to families and children
and
- the waiver would not result in any restriction, violation or limitation of the families who are determined eligible for services.

Please complete all sections with adequate detail in order to communicate your request clearly for the Think Tank review and recommendation process.

Please be concise as possible, however additional pages may be attached if necessary.

Agency Name: _____

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Request for Waiver - page 2

C. The benefit to the applicable county, and to the families and children served:

D. Other comments, if desired:

4. Identify the projected fiscal or program implications that would change the structure:

5. If appropriate, state a plan for achieving compliance with the specific rule:

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Request for Waiver - page 3
Determination Form

For _____ HFI Think Tank
review and

Agency Name

recommendation/state review and approval of the request process only:

Waiver Approved: _____

Approval Period:

Waiver Denied: _____

Decision Date:

Reason(s) for waiver denial:

1. The waiver would result in noncompliance with federal or state statutes or regulations. _____
2. The waiver would jeopardize any procedural safeguard or rights of confidentiality. _____
3. The waiver is a request for funds. _____
4. The waiver will not result in improved service delivery to families and children. _____
5. The waiver will result in restriction, violation or limitation of the families who are determined eligible or services. _____

Discussion:

