

Family Supports and Community Integration and Habilitation Medicaid Waiver Amendment Fact Sheet

The Bureau of Disabilities Services (BDS) submitted waiver amendments to the Community Integration & Habilitation (CIH) and Family Supports (FS) Medicaid waivers to the Centers for Medicaid and Medicare Services (CMS). If approved, the waivers will have an effective date of December 31, 2025.

Case managers and providers should be working with individuals and their families now in planning for any changes to the person's service plan that may need to occur on or after December 31, 2025.

Following is a high-level overview of the changes that will occur for services under the CIH and FS waivers.

Recreational Therapy & Music Therapy Service Limits

In order to provide the opportunity for more individuals to access Recreational Therapy and Music Therapy, both services have new service limits effective December 31, 2025. Each service allows six (6) hours per month. Hours will not be able to roll over from month to month.

All service plans must be compliant with the 6-hour limitation upon the implementation date of December 31, 2025.

Level of Care Assessment Tools

Effective December 31st, the InterRAI Suite of Instruments will be used to determine eligibility for individuals on the FS or CIH Medicaid Waivers. The criteria for determining eligibility is not changing, however the new tools will provide BDS with additional information that will assist in determining eligibility taking into account the different needs individuals have based on their stage of life.

From the InterRAI Suite of Instruments, the following tools are to be used:

- Intellectual Disability (ID) for adults
- Child and Youth Mental Health and Developmental Disability (ChYMH-DD) for children aged 4-17
- Early Years (EY) for children aged 0-3

Initial assessments will continue to be completed by the local BDS office. The individual's case manager will continue to complete the required annual reassessments. The new tools will be used upon application for services or when an individual is due for their annual level of care reassessment; otherwise, a new assessment is not required.

Documentation Requirements

Participant Assistance and Care (PAC)

Paid caregivers, providing PAC, will now be required to document the activities that are carried out in each hour of their shift.

Documentation requirements maintain the following:

- Complete date and time of service (in and out)
- Specific services/tasks provided
- Signature of participant verifying the service was provided by agency
- Signature of employee providing the service (minimally the last name and first initial) If the person providing the service is required to be a professional, the title must also be included.
- Documentation of service delivery is to be signed by the participant or designated participant representative.

All documented care provided to the participant must be aligned with their individualized, specific needs as outlined in their Person-Centered Individualized Support Plan.

Home Modifications and Assessments

Under all waivers, Home Modifications and corresponding Home Modification Assessments were two separate services. Moving forward, these two services will be combined into one across all waivers, as directed by the Centers for Medicare & Medicaid Services (CMS).

In continuation of current standards, Home Modification Assessment services must not be performed by the same provider that performs the subsequent Home Modification. The individual will maintain choice of providers, with the continuing requirement to choose the Home Modification provider who submits the lowest bid for the requested modification. Additionally, all service definition standards, reimbursable, and non-allowable activities remain in place and unchanged for both the modification and assessments across all waivers.

The individual should not see any disruption based on this change. Case Managers and Providers will see minor adjustments to how service selection and billing occur.

Home and Community Support Professional Registry

Pursuant to [2023's House Bill 1342](#), home and community support professionals, or HCSPs (also known as direct support professionals, or DSPs), are required to be registered to Indiana's Home and Community Support Professionals Registry.

Beginning January 1, 2026, and thereafter, an individual may not provide direct support services as an HCSP in Indiana under the FS or CIH waivers unless the individual is registered by the Division of Disability and Rehabilitative Services within the HCSP Registry.

The establishment of the HCSP Registry includes requirements for HCSPs to confirm successful completion of competency-based training that includes general education in providing direct care to individuals with intellectual or developmental disabilities. The education provided follows a curriculum developed by the division and consulted stakeholders that includes a tiered approach with additional training in specialized subcategories to allow HCSPs the opportunity for advanced learning and career growth.

The trainings should take no more than 16 hours for completion and will require periodic recertification training for HCSPs to maintain their certification status.

The HCSP Training covers twelve (12) core competencies:

- Community Inclusion and Networking
- Communication
- Community Living Skills and Supports
- Crisis Prevention and Intervention
- Cultural Competency
- Education, Training, and Self-Development
- Empowerment and Advocacy
- Evaluation and Observation
- Health and Wellness
- Person-Centered Practices
- Professionalism and Ethics
- Safety

Facility Based Prevocational Services

As of December 31, 2025, the Bureau of Disabilities Services (BDS) will no longer accept new enrollments in Facility-Based Prevocational Services. Current users have the ability to maintain the service for 18 months from the start of the service.

Facility Based Prevocational Services is a time-limited service that can be used by waiver participants for a total of no more than eighteen (18) months. In exceptional circumstances, a one-time extension of up to 18 months may be granted to individuals currently receiving Facility-Based Prevocational Services. This extension will be considered on a case-by-case basis, taking into account the individual's specific needs and circumstances.

Individuals will have access to only one 18-month extension and approval.

What prevocational options remain?

Community Based Prevocational Services will still be available to develop and teach general skills that lead to competitive and integrated employment.

These skills include:

- Effective communication with supervisors, co-workers, and customers
- Generally accepted community workplace conduct and dress
- Ability to follow directions and attend to tasks
- Problem-solving skills and strategies that can be transferred to the workplace
- General workplace safety and mobility training

Benefits Counseling

Benefits Counseling services are designed to assist an individual with understanding the potential impact of employment on their public benefits. This includes Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, food/nutrition programs, housing assistance, ABLE accounts, and other federal, state, and local benefits.

It is designed to create better financial outcomes for individuals by empowering them to make informed choices about employment and their benefits, leading them to greater independence.

Self-Directed Services:

Participant Assistance and Care, Workplace Assistance, Respite, and Residential Habilitation & Support, hourly

Individuals will now be able to self-direct specific services.

Self-Direction provides individuals more choices and control over WHO supports them and HOW they are supported, within the parameters of the waiver and applicable service definitions. By self-directing services, individuals have more flexibility in choosing supports that look and feel right to them, selecting staff they want to work with, and designing a schedule suitable to their needs.

An individual using self-directed services hires and trains one or more persons to support them. Staff work for the individual, instead of an agency provider, and their employment is managed by the individual, including termination of employment.

The parents of minors, spouses, and legal guardians cannot be paid for providing self-directed services. The individual directing care or their representative takes on all the responsibilities of being an employer except for payroll management, which is handled by the fiscal intermediary who is under contract with The Division of Disability, Aging and Rehabilitative Services.

Extraordinary Care Allowance for Participant Assistance and Care (PAC)

A Legally Responsible Individual is defined as the parent of a minor child or spouse.

Under the Extraordinary Care Allowance for PAC, a Legally Responsible Individual will be permitted to be paid staff up to a maximum of forty (40) hours per week per participant of Participant Assistance and Care when the individual is determined by BDS to meet the definition of “extraordinary care”.

What qualifies as Extraordinary Care?

Extraordinary care means care that the individual is unable to do independently and exceeds the care provided to an individual without a disability of the same age to meet intensive nursing care needs under the supervision of an interdisciplinary care team. For this purpose, intensive nursing care includes continuous and on-going ventilator care, tracheostomy care, ostomy care, or other similar nursing care verified and approved by FSSA.