

Health & Wellness and Traumatic Brain Injury

Medicaid Waiver Amendment Fact Sheet

The Bureau of Disabilities Services (BDS) submitted waiver amendments to the Health and Wellness (H&W) and Traumatic Brain Injury (TBI) 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 H&W and TBI waivers.

Documentation Requirements

Attendant Care (ATTC)

Paid caregivers, providing ATTC, 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.

Extended Services

Employment services have historically been referred to as Supported Employment on the TBI waiver but will now be recognized as Extended Services. Additionally, Extended Services is expanding to the H&W waiver.

Extended Services will allow participants of the H&W and TBI waivers to receive ongoing employment support that enable an individual to maintain competitive integrated employment in a community setting. Competitive integrated employment is full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work and fully integrated with co-workers without disabilities. Community settings are non-residential, integrated settings that are in the community.

This service can be utilized when the initial job placement, training, and stabilization was provided through Vocational Rehabilitation, or the participant obtained competitive integrated employment in a community setting without formal support. This service can be provided as one-on-one support or as a group.

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:

Attendant Care, Home and Community Assistance, and Skilled Respite

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.

Residential Based Habilitation

Residential Habilitation is available on the TBI waiver and provides training to regain skills that were lost secondary to an individual's traumatic brain injury. Allowable activities under this service include goal-oriented training relating to a participant's activities of daily living and skills needed to live within their communities.

This service is now being expanded to allow participants living with housemates to utilize a shared staffing model. A shared staffing model is designed to allow home and community support professionals or caregivers to serve multiple individuals at the same time. This model aims to improve efficiency and address staffing challenges.

Per Indiana Code [IC 12-11-1.1], supported living service arrangements providing residential services may not serve more than four (4) unrelated participants in any single (1) setting.

Residential Based Habilitation will maintain its status as an hourly service carried out in community-based residential settings. The service definition requirements still apply.

Paid Family Caregivers

Relatives and Legal Guardians of adults can be paid caregivers under the Attendant Care (ATTC) Service for their loved ones. The maximum number of hours of ATTC services that may be reimbursed must not exceed forty (40) hours per week per paid Relative caregiver and/or paid Legal Guardian caregiver.

Paid family caregivers **do not** include the individual's spouse, the parent of the individual who is a minor, or the legal guardian of the minor individual.

The total number of approved hours of Attendant Care are determined by the individual's assessed needs. Assessed needs are determined by the individual's Nursing Facility Level of Care and available non-waiver supports. These should be included in the individual's Person-

Centered Individualized Support Plan developed using person centered planning practices. Reported activities that will be carried out under Attendant Care are to be aligned with the individual's assessed needs.

Extraordinary Care Allowance for Attendant Care (ATTC)

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

Under the Extraordinary Care Allowance for ATTC, a Legally Responsible Individual will be permitted to be paid staff up to a maximum of forty (40) hours per week of Attendant Care per member when the individual is determined by BDS to meet the definition of "extraordinary care".

The total number of approved hours of Attendant Care are determined by the individual's assessed needs. Assessed needs are determined by the individual's Nursing Facility Level of Care and available non-waiver supports. These should be included in the individual's Person-Centered Individualized Support Plan developed using person centered planning practices. Reported activities that will be carried out under Attendant Care are to be aligned with the individual's assessed needs.

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 the Family and Social Services Administration (FSSA).