



HEALTH AND WELLNESS MEDICAID WAIVER
PATHWAYS MEDICAID WAIVER
RESERVE WAIVER CAPACITY: ASSISTED LIVING

Effective July 1, 2025, the Health & Wellness (H&W) and PathWays (PathWays) Medicaid waivers have a designated reserved waiver capacity for individuals residing in assisted living who meet the defined criteria. The intent of this reserved capacity is to allow the opportunity for priority access to the H&W or PathWays Medicaid waiver for individuals who are residing in an assisted living facility and have exhausted their resources while residing in the facility rendering them newly Medicaid eligible for Long Term Service and Supports (LTSS) and otherwise have no other residential option.

Individuals pursuing the H&W or PathWays Medicaid waiver may receive the opportunity for priority access to the waiver if the following criteria are met:

- Reserved capacity and available slots in the waiver; and
- The individual resides in a Medicaid enrolled and HCBS approved Assisted Living facility no less than 30 calendar days; and
- An individual has become newly eligible for full Medicaid coverage for Long Term Service and Supports (LTSS) with an Aged, Blind, or Disabled benefit aid category as determined by the Division of Family Resources after their move to the Assisted Living facility. The application date of the Aged, Blind, or Disabled benefit aid category must be after the individuals assisted living move-in date; and
- Within the prior eleven (11) months, the individual has met Nursing Facility Level of Care (NFLOC) for the H&W or PathWays Medicaid Waiver as determined by the State.

**This reserve capacity is effective for July 1, 2025, and after. Therefore, Medicaid eligibility must be determined on June 30, 2025, or after to be eligible.*

Procedure

- 1) The Individual, the Assisted Living provider, Managed Care Entity (MCE), or AAA are responsible for identifying when an individual may potentially meet the criteria for the reserve capacity. The assigned managed care entity (MCE) may also submit a referral form.
- 2) The Assisted Living provider, MCE, or AAA will obtain consent from the individual to complete and submit the FSSA Referral Form on their behalf.
- 3) The Assisted Living provider, MCE, or AAA will complete the FSSA Referral Form and submit the Referral form and signed lease (or tenant agreement) to medicaid@fssa.in.gov.
- 4) FSSA will review the Referral Form and lease details. Incomplete submissions will result in a denial.
- 5) FSSA will notify the individual and Assisted Living provider, MCE, or AAA of the outcome by letter.
- 6) If the individual is approved, the individual will be invited to the waiver and will have 180 days to become active.