



Mike Braun, Governor  
State of Indiana

**Indiana Family and Social Services Administration**  
**Division of Disability and Rehabilitative Services**

402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207  
800-545-7763

Case: IID from AssessmentPro

DATE

**Waiting List Date:** (DATE of LOC for waiver)

Name of Individual  
Address 1  
Address 2  
City, State, ZIP

**RE: Health and Wellness Medicaid Waiver waiting list placement**

Dear NAME:

On (DATE of LOC Assessment was completed), it was determined you met the required level of care and are interested in home and community-based services through the Health and Wellness Medicaid Waiver.

The Health and Wellness Medicaid Waiver has a maximum capacity each year for individuals to receive services through the waiver. This number is determined in the state's Health and Wellness Waiver Application which is approved by the Centers for Medicare and Medicaid Services (CMS). FSSA has reached the allowed limit and must implement a waiting list for individuals seeking to access services through the Health and Wellness Medicaid Waiver.

**You have been placed on the waiting list for the Health and Wellness Medicaid Waiver.** Your waiting list date is **(DATE of LOC for waiver)**. This date represents your level of care assessment date for the waiver.

While you are on the waiting list, you are responsible for notifying (Insert AAA Name and phone #) of any change in your address or other contact information. You can also confirm you are on the waiting list and verify the accuracy of your contact information using the online HCBS Waitlist Dashboard. The dashboard is available at <https://ddrsprovider.fssa.in.gov/ConsumerInfo>.

Your placement on the waiting list does not guarantee access to or receipt of services. If access to services becomes available, you will be contacted by (Insert AAA Name) with information on how to continue the enrollment process for the Health and Wellness Medicaid Waiver.

If you have not been invited to pursue the Health and Wellness Medicaid Waiver prior to the month in which you turn 60, you will transition to the PathWays Medicaid Waiver waiting list.



This is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings. If you disagree with this determination of being placed on the waiting list for the Health and Wellness Medicaid Waiver, you have a right to appeal by following the procedures in the attached appeal rights.

If you have questions, some may be addressed in the enclosed Frequently Asked Questions, or you can review the resources available at <https://www.in.gov/fssa/medicaid-strategies>. Information on invitations to the waiver is available at <https://www.in.gov/fssa/ddrs/information-for-individuals-and-families/hcbs-waiver-waiting-list-information/>. If you still have questions about the information in this notice, you can find your AAA's contact information by calling toll free (+1 (800) 713-9023) and/or by visiting the INconnect Alliance webpage's interactive map ([www.in.gov/fssa/inconnectalliance/aboutlocations-of-alliance-members/](http://www.in.gov/fssa/inconnectalliance/aboutlocations-of-alliance-members/)).

Sincerely,

Kelly C. Mitchell, Director, Division of Disability & Rehabilitative Services

Enclosure: Appeal Rights, Frequently Asked Questions  
cc: File

## Appeal Rights for Home and Community-Based Services

You have the right to appeal the enclosed decision and have a fair hearing. The enclosed letter explains the decision regarding your application for or changes in your services. If you disagree with the decision, you have the right to appeal by submitting a request for a fair hearing.

### How to request an appeal:

Your request for an appeal must be received by close of business no later than 30 days from the receipt of the enclosed letter. You must also list with reasonable particularity the reason(s) for requesting the appeal.

To file an appeal, please sign, date and return this form to:

AOPA Appeals  
FSSA Office of General Counsel  
402 W. Washington Street, Room W451, MS 27  
Indianapolis, IN 46204

Or send the form via fax to:  
(317) 232-1133

If you are unable to sign and date this form, you may have someone assist you.

You will be notified in writing by the Indiana Family and Social Services Administration, Office of Hearings and Appeals of the date, time, and location for the hearing. Prior to the hearing, you have the right to examine the entire contents of your case record maintained by your care manager.

You may represent yourself at the hearing or you may authorize a person to represent you, such as an attorney, relative, or other person. You will have the opportunity to bring witnesses, establish all pertinent facts and circumstances, advance any arguments without interference and question, or refute any testimony or evidence presented.

### I wish to appeal the above decision for the following reasons:

*RE: Placement on the Health and Wellness Medicaid Waiting List*

If you require more space, include additional pages.

Name of Applicant: \_\_\_\_\_

Signature of Applicant/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Reference: IID from AssessmentPro

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