Community Transition

**Waiver Type**
Community Integration and Habilitation (CIH) only

**Service Definition**
Community Transition services include reasonable, one-time set-up expenses for individuals who make the transition from an institution to their own home* in the community and will not be reimbursable on any subsequent move. Items purchased through Community Transition services are the property of the individual receiving the service, and the individual should take the property with him or her in the event of a move to another residence, even if the residence from which he or she is moving is owned by a provider agency.

*Own home is defined as any dwelling, including a house, an apartment, a condominium, a trailer, or other lodging that is owned, leased, or rented by the individual and/or the individual’s guardian or family, or a home that is owned and/or operated by the agency providing supports.

**Provider Requirements**
Be enrolled as an active Medicaid provider
Be FSSA/DDRS-approved.
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual.

**Document to be Submitted with Application**
None
## Electronic Monitoring/Surveillance System

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Definition</strong></td>
<td>Electronic Monitoring/Surveillance System &amp; On-Site Response includes the provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting.</td>
</tr>
</tbody>
</table>
| **Provider Requirements** | Providers that wish to offer electronic monitoring **must utilize one of the FSSA/DDRS/BDDS approved monitoring agencies**. As a provider of the actual service, a provider shall:  
  • Be an entity approved by FSSA/DDRS/BDDS to provide Residential Habilitation and Support services  
  • Assure that the system must be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in his or her Individualized Support Plan (ISP)  
  • Assure that the stand-by intervention (float) staff meets the qualifications for direct support professionals as set out in DDRS BDDS requirements and training for direct support professional staff policy.  

All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
| **Document to be Submitted with Application** | Provide written verification that provider requirements (above) will be followed and monitored to ensure all processes meet the required standards for Electronic Monitoring/Surveillance System providers. **Mark document as item D1** |
**Environmental Modification – Install**  
**Environmental Modification - Maintain**

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) only</th>
</tr>
</thead>
</table>
| **Service Definition** | Environmental Modifications are those physical adaptations to the home, required by the individual’s plan of care (POC), that are necessary to ensure the health, welfare, and safety of the individual, or that enable the individual to function with greater independence in the home, and without which the individual would require institutionalization. There are two types of Environmental Modification providers:  
Environmental Modification – Install  
Environmental Modification – Maintain |
| **Provider Qualifications** | To be approved to provide environmental modification supports, an applicant shall:  
- be licensed, certified, registered, or otherwise properly qualified under federal, state, or local laws applicable to the particular service that the applicant desires to perform; and  
- Certify that, if approved, the applicant will perform the services in compliance with federal, state, or local laws applicable to the type of modification being made.  
Provider Type – refer to Indiana Code for specific licensing:  
Qualified contractors, architects, licensed contractors, builders, individuals, home inspectors, plumbers, licensed Physical Therapist (PT), Occupational Therapist (OT), Speech Therapist (ST)  
Home Inspector IC 25-20.2  
Plumber IC 25-28.5  
Physical Therapist IC 25-27-1  
Occupational Therapist IC 25-23.5  
Speech/Language Therapist IC 25-35 and 460 IAC-6  
Certificate (specify):  
- Architect IC 25-4-1  
- Home Health Agencies IC 1460 IAC-6-27-1  
Where licensure is required, providers of waiver-funded services must obtain/maintain Indiana-specific licensure.  
Environmental Modification – Install providers must secure and submit proof of a surety bond, after bid acceptance, in the amount required by the county and/or city in which the work will be performed.  
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
<p>| <strong>Document to be Submitted with Application</strong> | Submission of a copy of the licensure, certification or registration required under federal, state, or local laws applicable to the particular service that the applicant desires to perform. |</p>
<table>
<thead>
<tr>
<th><strong>Policy regarding the documents to be maintained by the provider</strong></th>
<th>Submit a copy of the applicable license(s). Mark document(s) as Environmental Modification item D1</th>
</tr>
</thead>
</table>
| A provider of environmental modification supports shall maintain the following documentation regarding support provided to an individual:  
(1) The installation date of any adaptive aid or device, assistive technology, or other equipment.  
(2) The maintenance date of any adaptive aid or device, assistive technology, or other equipment.  
(3) A change made to any adaptive aid or device, assistive technology, or other equipment, including any:  
   (A) alteration;  
   (B) correction; or  
   (C) replacement |
| **Warranty Required** | Provide a copy of the policy detailing the documents and process to maintain the documents. Mark as Environmental Modification item D2 |
| All environmental modification supports provided to an individual under this rule shall be warranted for at least ninety (90) days. Provide a copy of a blank warranty document. |
| **Mark document(s) as Environmental Modification item D3** |
## Family Caregiver Training

<table>
<thead>
<tr>
<th><strong>Waiver Type</strong></th>
<th>Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)</th>
</tr>
</thead>
</table>
| **Service Definition** | Family and Caregiver Training services provide training and education in order to:  
- Instruct a parent, other family member, or primary caregiver about the treatment regimens and use of equipment specified in the ISP and  
- Improve the ability of the parent, family member, or primary caregiver to provide the care to or for the individual. |
| **Provider Qualifications:** |  
Be enrolled as an active Medicaid provider  
Be FSSA/DDRS-approved  
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
| **Additional Documents (beyond the core provider application requirements) to be Submitted with Application** | **None** |
### Rent and Food for Unrelated Live-in Caregiver

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Definition</strong></td>
<td>Rent and Food for Unrelated Live-in Caregiver means the additional cost that a participant incurs for the room and board of an unrelated live-in caregiver (who has no legal responsibility to support the participant) as provided for in the participant’s Residential Budget.</td>
</tr>
</tbody>
</table>
| **Provider Qualifications:** | Be enrolled as an active Medicaid provider  
Be FSSA/DDRS-approved  
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
| **Additional Documents (beyond the core provider application requirements) to be Submitted with Application** | None |
# Personal Emergency Response System (PERS)

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Definition</strong></td>
<td>Personal Emergency Response System (PERS) is an electronic device that enables certain individuals at high risk of institutionalization to secure help in the event of an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center after a “help” button is activated. The response center is staffed by trained professionals.</td>
</tr>
</tbody>
</table>
| **Personal Emergency Response System Qualifications:** | To be approved to provide personal emergency response system supports, an applicant shall:  
  ▪ be licensed, certified, registered, or otherwise properly qualified under federal, state, or local laws applicable to the particular service that the applicant desires to perform; and  
  ▪ certify that, if approved, the applicant will perform the services in compliance with federal, state, or local laws applicable to a personal emergency response system.  
  All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
| **Document to be Submitted with Application** | Submission of a copy of the licensure, certification or registration required under federal, state, or local laws applicable to the particular service that the applicant desires to perform.  
  Submit a copy of the applicable license(s). Mark document(s) as Personal Emergency Response System item D1 |
| **Warranty Required** | All personal emergency response system supports provided to an individual under this rule shall be warranted for at least ninety (90) days. Provide a copy of a blank warranty document.  
  Mark document(s) as Environmental Modification item D2 |
| **Policy regarding the documents to be maintained by the provider** | A provider of personal emergency response system shall maintain the following documentation regarding support provided to an individual:  
  (1) The installation date of any adaptive aid or device, assistive technology, or other equipment.  
  (2) The maintenance date of any adaptive aid or device, assistive technology, or other equipment.  
  (3) A change made to any adaptive aid or device, assistive technology, or other equipment, including any:  
    (A) alteration;  
    (B) correction; or  
    (C) replacement  
  Provide a copy of the policy detailing the documents and process to maintain the documents. Mark as Environmental Modification item D3 |

September 2017 Version 1.0
## Specialized Medical Equipment and Supplies

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Definition</strong></td>
<td>Specialized Medical Equipment and Supplies services are specialized medical equipment and supplies to include devices, controls, or appliances, specified in the POC, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live and without which the individual would require institutionalization. Vehicle modification providers are classified as Specialized Medical Equipment and Supply Providers.</td>
</tr>
</tbody>
</table>
| **Specialized Medical Equipment Provider Qualifications:** | To be approved to provide specialized medical equipment and supplies supports, an applicant shall:  
(1) be licensed, certified, registered, or otherwise properly qualified under federal, state, or local laws applicable to the particular service that the applicant desires to perform; and  
(2) certify that, if approved, the applicant will perform the services in compliance with federal, state, or local laws applicable to the type of equipment and supplies being provided.  
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
| **Document to be Submitted with Application** | Submission of a copy of the licensure, certification or registration required under federal, state, or local laws applicable to the particular service that the applicant desires to perform.  
**Submit a copy of the applicable license(s). Mark document(s) as Specialized Medical Equipment and Supplies item D1** |
| **Warranty Required** | All personal emergency response system supports provided to an individual under this rule shall be warranted for at least ninety (90) days. Provide a copy of a blank warranty document.  
**Mark document(s) as Specialized Medical Equipment and Supplies item D2** |
| **Policy regarding the documents to be maintained by the provider** | A provider of personal emergency response system shall maintain the following documentation regarding support provided to an individual:  
(1) The installation date of any adaptive aid or device, assistive technology, or other equipment.  
(2) The maintenance date of any adaptive aid or device, assistive technology, or other equipment.  
(3) A change made to any adaptive aid or device, assistive technology, or other equipment, including any:  
(A) alteration;  
(B) correction; or  
(C) replacement  
**Provide a copy of the policy detailing the documents and process to maintain the documents. Mark as Specialized Medical Equipment and Supplies item D3** |

Notes: The Waiver (not in IAC) indicates provider types as follows:  
Licensed/Certified Occupational Therapist  
Licensed Physical Therapist  
DDRS Approved Medical Supply Companies, Pharmacies, Electronics/Computer Companies, Vehicle Modification Provider, Electronics Vendors  
Licensed Speech/Language Therapist  
Home Health Agencies
### Specialized Medical Equipment and Supplies

#### Vehicle Modification

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) and Family Supports Waiver (FSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Definition</strong></td>
<td>Vehicle Modifications (VMOD) are the addition of adaptive equipment or structural changes to a motor vehicle that permit an individual with a disability to safely transport in a motor vehicle. Vehicle modifications, as specified in the POC/CCB, may be authorized when necessary to increase an individual’s ability to function in a home and community based setting to ensure accessibility of the individual with mobility impairments. These services must be necessary to prevent or delay institutionalization. The necessity of such items must be documented in the plan of care by a physician’s order. Vehicles necessary for an individual to attend post-secondary education or job related services should be referred to Vocational Rehabilitation Services. A lifetime cap exist for the CIH and FSW waivers.</td>
</tr>
</tbody>
</table>

| Specialized Medical – Equipment - VMOD Provider Qualifications: | To be approved to provide specialized medical equipment and supplies supports, an applicant shall meet the requirements of a Specialized Medical Equipment provider and all certification requirements for a vehicle modification professional.  
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |

| Document to be Submitted with Application | Submission of a copy of the licensure, certification or registration required under federal, state, or local laws applicable to the particular service that the applicant desires to perform.  
Submit a copy of the applicable license(s). Mark document(s) as Specialized Medical Equipment and Supplies – Vehicle Modification item D1 |

| Warranty Required | All personal emergency response system supports provided to an individual under this rule shall be warranted for at least ninety (90) days. Provide a copy of a blank warranty document.  
Mark document(s) as Specialized Medical Equipment and Supplies – Vehicle Modification item D2 |

| Policy regarding the documents to be maintained by the provider | A provider of personal emergency response system shall maintain the following documentation regarding support provided to an individual:  
(1) The installation date of any adaptive aid or device, assistive technology, or other equipment.  
(2) The maintenance date of any adaptive aid or device, assistive technology, or other equipment.  
(3) A change made to any adaptive aid or device, assistive technology, or other equipment, including any:  
   (A) alteration;  
   (B) correction; or  
   (C) replacement  
Provide a copy of the policy detailing the documents and process to maintain the documents. Mark as Specialized Medical Equipment and Supplies – Vehicle Modification item D3 |

**NOTE:** Detailed requirements regarding vehicle modification providers and bid processes are available in the Indiana Medicaid Provider Reference Manual and DDRS Policy.
## Transportation Services

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Family Supports Waiver (FSW) only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Definition</strong></td>
<td>Transportation services (as specified in the FSW) enable waiver participants to gain access to any non-medical community services, resources/destinations, or places of employment, maintain or improve their mobility within the community, increase independence and community participation, and prevent institutionalization as specified by the ISP and POC/CCB.</td>
</tr>
</tbody>
</table>
| **Transportation Provider Qualifications:** | To be approved to provide transportation services, an applicant shall be an approved provider of Residential Habilitation and Supports, Community-Based Habilitation, Facility-Based Habilitation or Adult Day Services. 

Bus passes or alternate methods of transportation may be utilized.

May be used in conjunction with other services, including Community-Based Habilitation, Facility- Based Habilitation, and Adult Day Services.

To be approved to provide transportation services, an applicant shall certify that, if approved, transportation services will be provided using only persons having a valid Indiana:

- operator’s license;
- chauffeur’s license;
- public passenger chauffeur’s license; or
- commercial driver’s license; 

issued to the person by the Indiana Bureau of Motor Vehicles to drive the type of motor vehicle for which the license was issued.

All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual.

Submit a copy of current driver's license of any employee, agent, contractor, sub-contractor transporting waiver consumers. Mark document(s) as Transportation Services FSW item D1. |
| **Vehicle Requirements** | A provider of transportation services shall ensure that an individual is transported only in a vehicle:

(1) maintained in good repair;
(2) properly registered with the Indiana bureau of motor vehicles; and
(3) insured as required under Indiana law. |
| **Vehicle Insurance** | A provider of transportation services shall secure liability insurance for all vehicles: Owned or leased by the provider; and used for the transportation of an individual receiving services.

The liability insurance required shall cover:

- personal injury;
- loss of life; or
- property damage;

to an individual, if the loss, injury, or damage occurs during the provision of transportation services to the individual by the provider. |
Provide a copy of liability insurance documentation, for each vehicle used to transport waiver consumers. Mark documents as Transportation Services FSW item D2

Note: Indiana Administrative Code defines Transportation supports as: supports, such as tickets and passes to ride on public transportation systems that enable an individual to have transportation for access to the community

Transportation supports provider qualifications - To be approved to provide transportation supports, an applicant shall be otherwise approved to provide supported living services under 460 IAC Article 6.
## Transportation Services

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Community Integration and Habilitation (CIH) only</th>
</tr>
</thead>
</table>
| **Service Definition** | Transportation services (as specified in the CIH Waiver) enable waiver participants to gain access to any non-medical community services, resources/destinations or places of employment, maintain or improve their mobility within the community, increase independence and community participation, and prevent institutionalization as specified by the ISP and POC/CCB. Specific to the CIH Waiver only: Depending upon the needs of the participant, there are three levels of transportation. The level of transportation service needed must be documented in the ISP.  
• Level 1: Transportation in a private, commercial, or public transit vehicle that is not specially equipped.  
• Level 2: Transportation in a private, commercial, or public transit vehicle specially designed to accommodate wheelchairs.  
• Level 3: Transportation in a vehicle specially designed to accommodate a participant who for medical reasons must remain prone during transportation (such as ambulate).Transportation services (as specified in the FSW) enable waiver participants to gain access to any non-medical community services, resources/destinations, or places of employment, maintain or improve their mobility within the community, increase independence and community participation, and prevent institutionalization as specified by the ISP and POC/CCB. |
| **Transportation Provider Qualifications:** | To be approved to provide transportation services, an applicant shall be an approved provider of Residential Habilitation and Support (a service available only under the Community Integration and Habilitation waiver), Community-Based Habilitation, Facility-Based Habilitation or Adult Day Services. Bus passes or alternate methods of transportation may be utilized for Level 1 or Level 2. Bus passes may be purchased on a monthly basis or on a per-ride basis, whichever is most cost-effective in meeting the participant’s transportation needs as outlined in the ISP.  
May be used in conjunction with other services, including Community-Based Habilitation, Facility- Based Habilitation, and Adult Day Services. To be approved to provide transportation services, an applicant shall certify that, if approved, transportation services will be provided using only persons having a valid Indiana:  
– operator’s license;  
– chauffeur’s license;  
– public passenger chauffeur’s license; or  
– commercial driver’s license;  
issued to the person by the Indiana Bureau of Motor Vehicles to drive the type of motor vehicle for which the license was issued.  
All providers must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals including the FSSA/DDRS Waiver Manual. |
Submit a copy of current driver’s license of any employee, agent, contractor, sub-contractor transporting waiver consumers. Mark document(s) as Transportation Services CIH item D1

| Vehicle Requirements | A provider of transportation services shall ensure that an individual is transported only in a vehicle:
|                      | (1) maintained in good repair;
|                      | (2) properly registered with the Indiana bureau of motor vehicles; and
|                      | (3) insured as required under Indiana law. |

| Vehicle Insurance    | A provider of transportation services shall secure liability insurance for all vehicles:
|                      | Owned or leased by the provider; and used for the transportation of an individual receiving services. |
|                      | The liability insurance required shall cover: personal injury; loss of life; or property damage; to an individual, if the loss, injury, or damage occurs during the provision of transportation services to the individual by the provider. |
|                      | Provide a copy of liability insurance documentation, for each vehicle used to transport waiver consumers. Mark document(s) as Transportation Services CIH item D2 |

Note: Indiana Administrative Code defines Transportation supports as: supports, such as tickets and passes to ride on public transportation systems that enable an individual to have transportation for access to the community

Transportation supports provider qualifications - To be approved to provide transportation supports, an applicant shall be otherwise approved to provide supported living services under 460 IAC Article 6.