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Division of Disability and Rehabilitative Services
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To: Division of Disability and Rehabilitative Services participants, providers, families and stakeholders
From: Kylee Hope, Director, Division of Disability and Rehabilitative Services
Re: Waiver amendments update
Date: May 10, 2018

The Division of Disability and Rehabilitative Services (DDRS) submitted amendments to the Centers for Medicare and Medicaid Services (CMS) for the Community Integration and Habilitation Waiver and Family Support Waiver on April 27, 2018. Before submission, several updates and content changes were made in response to the comments received during the public notice period.

DDRS received a total of seventeen comments, all noting the importance of the rate increase for case managers. Based on the recommendations, the Wellness Coordination service definition was clarified in regards to nursing, to align with the Structured Family Caregiving definition for consistency. For Residential Habilitation or Participant Assistance and Care, application of the 40 hour rule was explained in greater detail.

Questions were received regarding the proposed case management rate changes, while several comments reflected support and agreement of the rate changes. The Division's submitted amendments reflect service definition and rates for case management unchanged from the amendments presented for public comment. Due to a question regarding travel time by providers, the definition for Extended Services was edited to clarify provider travel time as a part of this service.

Additionally, the Division will provide additional policy clarifications and technical assistance activities due to comments received which would be more appropriately addressed outside of the waiver language and service definitions. Some comments received identified inconsistent language in different sections of the waivers, and the Division made edits to correct these inconsistencies throughout the amendment documents.

The proposed effective date for both amendments is August 1, 2018, contingent upon CMS approval.

