



Eric Holcomb, Governor
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Division of Disability and Rehabilitative Services
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To: Division of Disability and Rehabilitative Services, Bureau of Developmental Disabilities Services
Providers, Case Managers, and BDDS Staff

From: Cathy Robinson, Director, Bureau of Developmental Disabilities Services

Re: Medicaid category changes and provider actions

Date: May 1, 2018

Indiana Medicaid recently published an Indiana Health Coverage Programs (IHCP) Bulletin reminding providers to regularly verify eligibility and coverage for members in Intermediate Care Facilities (ICFs). Individuals with an intellectual disability, who have IHCP coverage and are served in an ICF, must be assigned to the correct aid category (eligibility) and benefit plan (coverage) for reimbursement of ICF services. The individual must have a disability or level-of-care (LOC) determination to be assigned the proper eligibility category.

Additionally, the individual must be covered under one of the following benefit plans through the fee-for-service (FFS) delivery system for ICF services to be covered:

- Full Medicaid
- Package A – Standard Plan

Individuals with the proper coverage would have no managed care assignment indicated in their eligibility file.

The Bureau of Developmental Disabilities Services (BDDS) providers serving individuals in ICF settings are responsible for verification of the member's active eligibility and coverage status at the onset of service delivery as well as on an ongoing basis. At a minimum, facility providers should verify this information monthly. Because most changes to eligibility or coverage status occur at the beginning of calendar month, it is recommended that eligibility verifications be timed accordingly. Providers can use any of the IHCP Eligibility Verification System (EVS) options – the Portal, the Interactive Voice Response (IVR) system, or 270/271 electronic transactions – to determine active eligibility and coverage status.

BDDS providers: Please review the IHCP Bulletin, [available by clicking here](#), for more information, including how to verify an individual's coverage, status changes for certain individuals at age 19, Authorized Representative considerations, and where to go for questions or issues.

