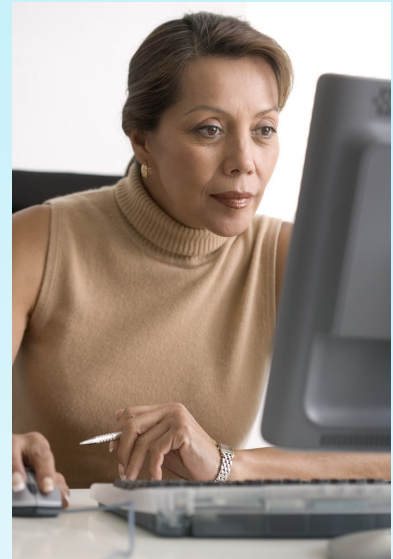


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023141 OCTOBER 19, 2023

CMS approves new rates for DA and DDRS waivers, retroactive to July 1, 2023

The Indiana Health Coverage Programs (IHCP) is excited to announce that our federal partners at the Centers for Medicare & Medicaid Services (CMS) have approved the home- and community-based services (HCBS) waiver rate increases retroactive to **July 1, 2023**. The Division of Aging (DA) Aged and Disabled (A&D) Waiver and the Traumatic Brain Injury (TBI) Waiver, along with the Division of Disability and Rehabilitative Services (DDRS) Community Integration and Habilitation (CIH) Waiver and the Family Supports Waiver (FSW) will have new rates as previously announced in *IHCP Bulletins* [BT202359](#) and [BT202378](#).



Implementation of the new waiver rates

All claims processed on or after Oct. 25, 2023, will be paid based on the new rates if they have been billed with the new rates.

Providers will receive updated service authorizations or notices of action for each waiver recipient that reflect the new rates.

Timeline for mass adjustments to previously submitted claims

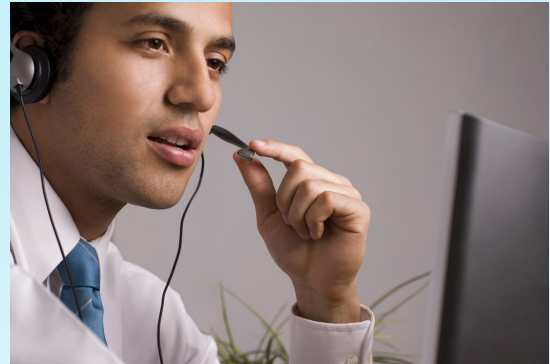
Claims with dates of service (DOS) on or after **July 1, 2023**, that were billed using the new waiver rates will be mass adjusted to pay the difference between the prior waiver rates and the new waiver rates. Providers should see adjusted claims on remittance advices (RAs) with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related). Mass adjustments are expected to begin in late November and to be completed by the end of the year, according to the schedule in Table 1.

Table 1 – RA dates for mass adjusted claims with new waiver rates

Waiver	Beginning RA date
FSW	Nov. 29, 2023
A&D	Dec. 6, 2023
TBI	Dec. 13, 2023
CIH	Dec. 20, 2023

Claims to be resubmitted

For claims that were submitted with the prior waiver rates, providers will be required to submit corrected claims to receive reimbursement based on the new rates. Providers have 45 days from the date of this publication to resubmit corrected claims. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit. Providers that are unable to submit the corrected claims within the 45 days can request additional time by contacting their [Provider Relations consultant](#) to request an override from the Office of Medicaid Policy and Planning (OMPP) or emailing OMPP at FSSA.IHCPReimbursement@fssa.in.gov or HCBS.Ratemethodology@fssa.in.gov.



Waiver service changes

The DDRS has announced that for individuals on the FSW, the annual cap has been adjusted to \$26,482 to accommodate the increased rates. Individuals on the FSW will receive the full capped amount during their current plan year. For individuals on the CIH Waiver or Money Follows the Person (MFP)-CIH demonstration grant, their objective-based allocation (OBA) will be recalculated adjusting for the new rates while following the method for calculation in *Indiana Administrative Code 460 IAC 13*.

All questions can be emailed to HCBS.Ratemethodology@fssa.in.gov.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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