

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP provides guidance for HCBS providers that provide IHCC

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP), the Division of Disability, Aging and Rehabilitative Services (DDARS), and the Indiana Health Coverage Programs (IHCP) provide guidance regarding Integrated Health Care Coordination (IHCC) services under Home- and Community-Based Services (HCBS) waivers. This guidance is provided to remind waiver providers of IHCC requirements, allowable activities and documentation standards, and to spotlight how IHCC works with Medicaid managed care.

IHCC is a service available under Indiana PathWays for Aging (PathWays), Health and Wellness (H&W), and Traumatic Brain Injury (TBI) waivers. IHCC helps individuals manage their healthcare needs through education, support and advocacy. IHCC promotes improved health status and quality of life, delays or prevents deterioration of health status, manages chronic conditions in collaboration with the member's providers and circle of support, and integrates medical and social services. To receive IHCC services, the member, the member's team and the member's waiver case manager/service coordinator must assess the need for the service and include IHCC in the member's person-centered service plan.

IHCC waiver services can only be provided by an FSSA approved waiver certified provider, and must be one of the following provider types:

- Home health agency
- Adult day facility
- FSSA/OMPP approved physician practice
- Assisted living facility



Staff providing IHCC under one of these provider types must be a current Indiana licensed registered nurse (RN) or licensed practical nurse (LPN) or be an Indiana licensed social worker (LSW) with a master's degree in social work and at least two years of experience providing health care coordination.

Assisted living facilities and adult day facilities are required to provide, as an approved waiver certified provider, assistance with the following:

- Activities of daily living (ADL)
- Instrumental activities of daily living (IADL)
- Medication oversight and monitoring
- Medication administration
- Completion of health care assessments by an Indiana licensed nurse
- Monitoring of health status
- Other required functions specific to waiver services or provider license
- Nonemergency nonmedical transportation

IHCC services cannot be used to perform the tasks listed above. IHCC services should be in addition to these services and based on the member's person-centered service plan. IHCC units shall be based on the member's overall medical needs. It should not be authorized for more or less than what the member and the member's team deem is needed to support the member's health care coordination needs.

Indiana PathWays for Aging Waiver

Individuals on the PathWays Waiver and enrolled with a managed care entity (MCE) have an assigned service coordinator and complex case manager from their MCE, as required by FSSA's contract with MCEs. Every member enrolled with an MCE and receiving PathWays Waiver services is required to have an assigned complex case manager who performs the duties listed in Table 1. IHCC waiver service is a service members can have added to their service plan when they have an assessed need and there is no other care coordination support available, such as complex case management. IHCC and complex case management activities overlap in several areas, causing a duplication of services. Table 1 illustrates the overlap of these two services.



Table 1 – IHCC and complex case management services provided under PathWays Waiver

IHCC	Status	Complex case management
Development of a healthcare support plan	Duplicate	Development of an individual care plan
Oversight of a healthcare support plan	Duplicate	Oversight of an individual care plan
Coordination of medical services and providers	Duplicate	Coordination of medical services and providers
Management of chronic and complex conditions	Duplicate	Management of chronic and complex conditions
Medication review	Duplicate	Medication review
Transitional care from hospital or nursing facility to home setting	Duplicate	Transitional care from hospital or nursing facility to home setting
Advance care planning	Duplicate	Advance care planning
Minimum of one face-to-face monthly	Similar but not a duplication	Minimum of one telephonic or face-to-face monthly
Weekly consultation with member, member's team, providers and so on	Similar but not a duplication	Required to monitor the member's health status through data reporting, health alerts, claims and service authorizations Required to do outreach to the member, member's team, providers and so on when member record reflects a change
An option members can choose to add to their service plan when there is an assessed need	Not a duplicate	Required to be provided to all members enrolled with an MCE who receive HCBS services

IHCC services cannot duplicate other services, including nursing services provided under the Indiana State-Plan Medicaid or other payer options. Complex case management sometimes duplicates IHCC activities, which limits when IHCC can be authorized on a member's service plan.

Members who receive complex case management may also receive IHCC when the member's needs require more oversight of their health status than is provided by the MCE. IHCC should be assessed and reviewed with the member and the member's team to ensure it is appropriate to add to the service plan, and it is not a duplication of complex case management services.



Example: A PathWays Waiver member receiving complex case management from the MCE may be assessed to have high medical needs and need more support than is provided under complex case management. A member may require IHCC to do weekly consultations with the member and monitor their health status on-site. This is more than what is covered under complex case management, and IHCC is in addition to but is not a duplication of complex case management. In this scenario, adding IHCC to the member's service plan is appropriate. IHCC and the complex case manager must work together to ensure the member is fully supported.

Members with IHCC listed as an authorized waiver service on their PathWays service plan shall be reviewed by the MCE and discussed with the member and the member's team during their quarterly and annual meetings. Updates to IHCC authorizations shall be communicated by the MCE service coordinator to the member and the member's team. Anytime there is a change to a member's service plan, the MCE is required to communicate the changes with the member and member's team prior to implementing the change.

Documentation standards for IHCC providers

IHCC activities must be documented in the member's record with the provider delivering the service. Required documentation includes the following:

- Evidence of a consultation, including complete date and signature (*Note: Consultation can be with the participant, informal caregivers, other staff and other professionals as well as healthcare professionals.*)
- Weekly consultations or reviews
- Minimum of one face-to-face visit with the participant per month
- Services required to address needs identified in the service plan
- Quarterly report sent to member's team

Every unit billed of IHCC must have a corresponding activity documented in the member's record to support the service rendered.

For more information

For questions about waiver services, providers can email about the PathWays Waiver at INPathWays@fssa.in.gov or the H&W Waiver at BDS.Help@fssa.in.gov.

Providers can also find more information about the PathWays Waiver in the [OMPP HCBS Waiver: Indiana PathWays for Aging](#) provider reference module. For the H&W and TBI waivers, see the [DDRS HCBS Waivers](#) provider reference module.

QUESTIONS?

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