

**Indiana Medicaid  
Home and Community-Based  
Services  
Waiver Programs**

*A GUIDE FOR CONSUMERS*

**Fourth Edition**

**March 2007**

Information courtesy of:

Indiana Governor's Council  
for People with Disabilities

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*Addendum: Waiver Guide Feed-back and Evaluation Survey*

## **Introduction**

This booklet describes Indiana Medicaid Home and Community-Based Services Waiver Programs as well as other home and community services that help adults and children with disabilities (**of any age**) receive the supports they need to live, work and recreate in the community.

The Waiver services described may be revised and changed at any time, depending upon future legislative action or administrative decisions. If the information you receive from another source differs from this booklet, it may be because of actual changes, or because the person you asked is not aware of the changes. It is always best to check further before relying on information from a single source.

Thank you for your interest in learning more about Indiana's Medicaid Waivers for Home and Community-Based Services.

### **Your Feedback Requested!**

Please complete and return the evaluation form at the back of the booklet. Your feedback will help us to determine whether this booklet meets your needs for information and ways it can be improved.

### **Accessible Formats and Additional Copies**

Additional print copies of this document are available on request. The document is also available in Spanish, accessible formats, on line and electronically in MS Word and Adobe Acrobat PDF.

- To download a copy, go to: [www.in.gov/GPCPD/publications](http://www.in.gov/GPCPD/publications)
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### **Thank You**

This booklet has been reviewed and revised by a group of people from the following agencies and organizations:

- About Special Kids (formerly IPIN)
- Department of Education, Division of Exceptional Learners
- Division of Aging (Family and Social Services Administration [FSSA])
- Division of Disability and Rehabilitative Services (FSSA)
- Family to Family
- Family Voices
- Governor's Council for People with Disabilities
- Office of Medicaid Policy and Planning (FSSA)
- The Arc of Indiana

**Printed with assistance from the Division of Disability and Rehabilitative Services**

## **Additional Waiver Resources**

**In addition to this booklet there are several sources of information about Indiana's Medicaid Waiver program that may be useful for people with disabilities and families:**

**The Waiver Provider Manual for Home and Community-Based Services** is a primary reference document for Home and Community-Based Services (HCBS) Medicaid Waiver providers. The manual provides instruction to case managers, other service providers, state staff, family members, advocates, and Waiver participants and is available to assist all those who administer, manage, and participate in Indiana's HCBS Waiver programs. This manual was issued by the Office of Medicaid Policy and Planning on February 13, 2007 and will be updated on a quarterly basis. It is the authorized reference document for Indiana Medicaid HCBS Waiver service providers and the administration of those programs. The manual is posted to the Indiana Medicaid web page at [www.indianamedicaid.com](http://www.indianamedicaid.com) Click on publications and then manuals. A printed copy can be ordered from [BDDSHelp@fssa.in.gov](mailto:BDDSHelp@fssa.in.gov).

**Additional information about the Department of Aging and the Aged & Disabled and Traumatic Brain Injury Waivers is available on the Internet:**

- New Initiatives Options and Services: [www.in.gov/fssa/elderly/options/](http://www.in.gov/fssa/elderly/options/)
- Waiver Information: <http://www.in.gov/fssa/elderly/aging/programs-services.html>

**Additional information about the Division of Disability and Rehabilitation Services and the Autism, DD and Support Services Waivers is available on the Internet:**

- Available Services: [www.in.gov/fssa/disability/avail\\_services.html](http://www.in.gov/fssa/disability/avail_services.html)
- Forms and Information Needed to Apply: [www.in.gov/fssa/disability/services/medicaidneed.html](http://www.in.gov/fssa/disability/services/medicaidneed.html)
- Providers Page: [www.in.gov/fssa/disability/providers.html](http://www.in.gov/fssa/disability/providers.html)

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<http://www.in.gov/gpcpd/publications/>

## What is Medicaid?

Medicaid is a federal and state medical assistance program that makes reimbursements for reasonable and necessary medical care to people meeting eligibility requirements. The program is state administered by the Office of Medicaid Policy and Procedure (OMPP), a part of the Family and Social Services Administration.

The Waiver services described in this booklet are only one part of the Medicaid program. Unlike regular Medicaid, Waiver services are not entitlement programs.

## What is the Medicaid Waiver Services Program?

The Medicaid Waiver program began in 1981, in response to the national trend toward providing Home and Community-Based Services (HCBS). In the past, Medicaid paid only for institutionally based long term care services, such as nursing facilities and group homes. This new program “waived” the requirement of an admission into an institution in order for Medicaid to pay for the Home and Community-Based Services (HCBS).

Indiana applied for permission to offer Medicaid Waivers from the Centers’ for Medicare and Medicaid Services (CMS). The Medicaid Waivers make use of federal Medicaid funds (plus state matching funds) for Home and Community-Based Services (HCBS), as an alternative to institutional care, under the condition that the overall cost of supporting people in the home or community is no more than the institutional cost for those people.

The Office of Medicaid Policy and Planning (OMPP) is responsible for the development and operation of the Waivers, in agreement with the Division of Aging and the Division of Disability and Rehabilitative Services. Each Division works to create the service definitions and standards for services and providers and then certifies provider applicants in order to provide the Waiver services.

The goals of Waiver services are to provide to the person meaningful and necessary services and supports, to respect the person's personal beliefs and customs, and to ensure that services are cost-effective. Specifically,

**Waivers for children and adults whose needs are primarily medical in nature assist a person to:**

- Be as independent as possible
- Live in the least restrictive environment possible while maintaining the safety in the home

**Waivers for children and adults with a developmental disability assist a person to:**

- Become involved in the community where he/she lives and works
- Develop social relationships in the person's home and work communities
- Develop skills to make decisions about how and where the person wants to live
- Be as independent as possible

## Who is Eligible for Medicaid Waiver Services?

A resident of Indiana must meet a combination of state and federal requirements in order to be eligible for a Medicaid Waiver. Specifically, a person must meet categorical eligibility (aged, blind, or disabled), financial, and non-financial eligibility requirements. When a person becomes 'targeted' for the Waiver, some of the Medicaid eligibility requirements are removed, such as the family income is not considered as part of the financial consideration for children under age 18.

Just because the person has been denied Medicaid eligibility in the past does not mean that the person should not re-apply when there are Waiver services available. Refer to tables for specific requirements for each Waiver on pages 24 and 25.

## Where Can You Live and Receive Waiver Services?

Waiver services are individually tailored supports that enable children and adults to live successfully in home and community settings. These settings include:

- **Family Home:** A person can live in his/her family home, or in the home of his/her extended family or guardian.
- **House/Apartment:** A person can live in his/her own home with or without a housemate(s). "Own home" means a home that is not licensed as a foster care home or as an ICF/MR (group home) or nursing facility.
- **Foster Care:** A person can live in a specialized Waiver approved foster care home.
- **Assisted Living Facility:** A person can live in a Waiver approved Assisted Living Facility (only available under the Aged and Disabled Waiver).

## What Are the Different Types of Waivers?

There are two different types of Indiana Medicaid Home and Community-Based (HCBS) Waiver Services Programs. One type, **for children and adults whose needs are primarily medical in nature**, is called the Nursing Facility Level of Care Waiver also know as the Medical Model Waivers and includes two Waivers – the **Aged and Disabled Waiver (A&D)** and the **Traumatic Brain Injury Waiver (TBI)**.

The other type, **for children and adults with developmental disabilities**, is the Intermediate Care Facility for the Mentally Retarded (ICF/MR) Level of Care Waiver also known as the Developmental Disability or DD Waivers. There are three Indiana Medicaid Waivers requiring ICF/MR Level of Care - the **Autism Waiver**, the **Developmental Disabilities Waiver**, and the **Support Services Waiver**.

## Frequently Used Terms

The following terms are related to Medicaid Waivers and other Home and Community-Based Services. Often providers or Area Agency of Aging and Bureau of Developmental Disabilities staff speak using acronyms and terms. This is sometimes confusing and frustrating. If you don't understand someone who uses letters or abbreviated terms, ask the person to explain right away.

### **Aged and Disabled Waiver (A&D Waiver)**

The Aged and Disabled Waiver provides an alternative to nursing facility admission for adults and children with a disability. The Waiver is designed to provide services to supplement informal supports for people who would require care in a nursing facility if Waiver services or other supports were not available. Indiana's 16 Area Agencies on Aging act as the entry points for this Waiver. Waiver services can be used to help people remain in their own homes, as well as assist people living in nursing facilities return to community settings such as their own homes, apartments, or congregate community settings like assisted living.

### **Autism Waiver**

The Autism Waiver provides community supports and services to persons with Autism, including the Autism Spectrum Disorder, who meet eligibility requirements. The Waiver is designed to provide services for the person living with family, or in other community settings to assist him/her gain and maintain optimum levels of self-determination and community integration.

### **Case Management**

Waiver case management is a comprehensive service that includes specific tasks and activities designed to coordinate all services required in the person's place of care. Case management is required in conjunction with the provision of any Home and Community-Based Services. *Case management services for people who are on **Nursing Facility Level of Care** Waivers* are provided by the Division of Aging (DA) certified case managers through one of the local Agencies on Aging. A case manager from the AAA will be assigned to an applicant. After an applicant has been determined to meet the eligibility criteria and approved to receive a Nursing Facility Level of Care Medicaid Waiver, he/she may choose to retain their current AAA case manager or choose a non-AAA or independent case manager, for ongoing case management services. *Case management services for people who are on the **ICF/MR Level of Care** Waivers* are provided as a Medicaid Administrative service by one case management company and are *not* Medicaid Waiver services.

### **Cost Comparison Budget / Plan of Care (CCB/POC)**

The Cost Comparison Budget (CCB) details the cost of each Waiver service and total cost of the Medicaid services for each person. The Cost Comparison Budget is based upon the Plan of Care (POC). The POC includes written explanation of the person's need for the Waiver services; what provider will be used; how the services protect the person's health and safety; the person's needs that will not be met; and a description of emergency back-up plans. The person receiving services or a guardian must approve and sign the CCB.

### **Developmental Disability (DD) State Definition**

A severe, chronic disability which: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the seven areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatments or services which are of lifelong or extended duration, and are individually planned and coordinated. All criteria must be met for a person to be eligible for Developmental Disability (DD) services.



## Frequently Used Terms (cont'd)

### **Developmental Disabilities (DD) Waiver**

This Waiver provides services that enable persons to remain in their homes or in community settings and assists those people who transition from state operated facilities or other institutions into community settings. This Waiver is designed to provide supports for persons to gain and maintain optimum levels of self-determination and community integration while allowing flexibility in the provision of those supports.

### **Developmental Disabilities Waiver Ombudsman**

By law, the Ombudsman receives, investigates, and attempts to resolve complaints and concerns that are made by or on behalf of people with developmental disabilities on any of the Waiver programs.

### **Disability**

Any physical, mental or social limitation of a person. Definitions vary depending on the requirements of the specific state or federal program.

### **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)**

Provides a comprehensive set of preventive and health care services to Medicaid-eligible children from birth to 21 years of age and is administered through Division of Family Resources.

### **Entitlement**

An "entitlement" within the Medicaid program means that certain benefits are guaranteed to all people who meet the eligibility requirements for those benefits. Under the Medicaid State Plan, eligible persons are entitled to all services available under that plan as soon as they are found eligible. Medicaid Home and Community-Based Waivers Services are not an entitlement. The number of people who can receive services from Waivers is limited to the number of Medicaid Waiver "slots" that are approved. Therefore, a person may be eligible for Waiver services, but may be on a waiting list until a Waiver slot becomes available.

### **Federal Poverty Level (FPL)**

The federal poverty guidelines are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, Food Stamps, School Lunch, Low-Income Home Energy Assistance, and the Children's Health Insurance Program.

### **Habilitation**

The coordinated use of medical, social, educational, and vocational measures for training persons with disabilities to the highest possible level of functional ability, usually applies to children or adults with lifelong disabilities. There are several different types of habilitation, including vocational, social, psychological, medical and educational.

### **Home and Community-Based Services (Medicaid Waivers)**

Support services provided in a person's residence or community in order to maintain or restore participation in community activities in order to prevent admission into a nursing facility or group home.

### **Individualized Support Plan (ISP)**

The ISP translates the person's long and short-range goals into reality by creatively using all available resources to accomplish those goals. It is based at least partly upon the Person Centered Planning process. *(Used with ICF/MR Level of Care Waivers only)*

## Frequently Used Terms (cont'd)

### **Individual Program Plan (IPP)**

The IPP is developed by the interdisciplinary or support team, which outlines immediate goals, and objectives that a person will be working toward next year. (Used in group home settings and other non-waiver settings)

### **Informed Choice**

Informed choice means the person, family, or legal guardian makes a voluntary decision after learning of all options and alternatives. During the creation of the Waiver Cost Comparison Budget/Plan of Care, the individual and/or legal guardian will be asked to choose types of services desired, the provider of each service and his/her ongoing case manager.

### **Intermediate Care Facility for People with Mental Retardation (ICF/MR)**

An Indiana State Department of Health licensed facility in which persons with developmental disabilities may live. There is 24-hour supervision by paid staff that assists and trains each resident in order to develop daily living skills. These residences may be facilities for nine or more residents (large private ICF/MR) run by private companies or group homes for four to eight residents (small ICF/MR). Each resident has a program plan based upon his/her needs.

### **Level of Care (LOC)**

**Nursing Facility Level of Care** – For the purposes of Level of Care eligibility for the **Aged and Disabled or the Traumatic Brain Injury** Waivers, a person must have either unstable complex medical condition which require direct assistance from others for the following conditions: decubitus ulcers, comatose condition, or management of severe pain; OR direct assistance from others for medical equipment, such as ventilator, suctioning, tube feeding, central intravenous access (I.V.); OR direct assistance for special routines or prescribed treatments from others such as tracheotomy, acute rehabilitation conditions, administration of continuous oxygen; OR medical observation and physician assessment due to a changing, unstable physical condition; OR other substantial medical conditions. The initial Level of Care determination is made by the Area Agency on Aging. LOC is required in order for the person to be admitted into a nursing facility or initially start Waiver services. The Waiver case manager completes the annual Level of Care for Waiver services.

**ICF/MR Level of Care** – For the purposes of ICF/MR Level of Care eligibility for the **Autism, DD or Support Services** Waivers, a person must have a disability that is attributable to: 1) Mental retardation, autism, epilepsy, cerebral palsy or a condition (other than mental illness) similar to mental retardation that results in impairment of functioning similar to that of a person who is mentally retarded; 2) Originates before the person is twenty-two (22) years of age; 3) Has continued or is expected to continue indefinitely, and 4) Constitutes a substantial disability to the person's ability to function normally in society due to substantial functional limitations in three of the six major life areas: self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living. The disability must result in the person requiring 24-hour supervision (*For purposes of the Waiver, the person must require access to 24-hour assistance, as needed. This can be provided through emergency beepers, telephone systems or in other ways.*) and needing lifelong or for an extended duration an aggressive program of both specialized and generic services, individually planned and coordinated by an interdisciplinary team, and intended to promote greater self-determination and functional independence. The Level of Care is required in order for a person to be admitted into a group home setting (ICF/MR) or to receive Waiver services.

The Level of Care for **Group Home** admission is determined by the Bureau of Developmental Disabilities Services Level of Care Unit.

The Level of Care for **Waiver** services: The Initial LOC is determined by the Bureau of Developmental Disabilities Service Coordinator. The Annual Level of Case for Waiver services is determined by the Waiver case manager.

## Frequently Used Terms (cont'd)

### **Medicaid (Title XIX)**

A Federally aided, state-operated and administered program, which provides medical benefits for people with low incomes and are elderly and/or have a disability. Subject to broad federal guidelines, states determine the benefits covered, eligibility, and rates of payment for providers and methods of administering the program.

### **Mental Retardation (MR)**

The preferred term is intellectual or cognitive disability.

### **Notice of Action (NOA)**

The NOA is the state form used to notify a waiver applicant/recipient of any action affecting the person's Medicaid Waiver benefits, including approving or denying eligibility and/or services, as well as terminating, reducing, increasing, or suspending eligibility or any amount of covered services. The NOA contains appeal rights and instructions for appealing any of the above decisions.

### **Nursing Facility (NF)**

Comprehensive care facility or a health facility licensed by the Indiana State Department of Health that provides nursing care, room, food, laundry, administration of medications, special diets, treatments, and may provide rehabilitative and restorative therapies under the order of an attending physician.

### **Person Center Planning (PCP)**

Person Centered Planning is a process for a person with developmental disabilities and family/guardian to direct the planning and allocation of resources to meet the person's life goals. This personal life plan is based on the person's preferences, dreams and needs; shows how the person makes decisions; how the person is and can be productive; what the person likes and dislikes; supports long-term hopes and dreams; documents and explains what supports are needed for this lifestyle; documents a short-term support plan based on reasonable costs and needs; includes a range of responsibilities for all participants; and includes a range of supports including funded and community natural supports. Person Centered Planning should be conducted as often as the needs of the person change, or at least annually. Usually, the facilitator for the Person Centered Planning is a case manager. *(For ICF/MR Level of Care Waivers)*

### **Prior Authorization (PA)**

A process within Medicaid, initiated usually by the primary care physician so that a medical procedure, medical supply or therapy, etc. may be paid by Medicaid as long as the procedure, supply or therapy is authorized prior to the procedure, supply or therapy being performed, purchased or provided. HCBS waiver members are required to exhaust all services on the (Indiana Medicaid) State Plan before utilizing HCBS waiver services. HCBS waiver programs are considered funding of last resort.

### **Provider**

A generic term describing any person, organization or company enrolled to deliver specific services. Qualifications vary depending on the type of service.

### **Rehabilitation**

The coordinated use of medical, social, educational, and vocational measures for retraining people with disabilities to the highest possible level of functional ability. There are several different types of rehabilitation, such as vocational, social, psychological, medical, and educational rehabilitation.

## Frequently Used Terms (cont'd)

### **Spend Down**

People, who are not financially eligible for Medicaid, may become eligible by paying for a certain amount of his/her medical and remedial service costs each month until the specific spend down amount is met. (This spend down amount is determined by the Division of Family Resources at the time of Medicaid eligibility determination.) When the spend down is met, then Medicaid becomes effective and it pays for the remainder of the monthly medical expenses, which can include the Waiver services.

### **Spousal Impoverishment Provision**

Protects some assets and income for the spouse who is not receiving Aged and Disabled Waiver services. This is similar to a provision that protects the spouse of Medicaid nursing home residents.

### **Support Services Waiver**

The Support Services Waiver is designed to provide limited, non-residential supports to persons with developmental disabilities residing with their families, or in other settings with informal supports.

### **Targeted**

A term used to indicate that funding is now available for the person identified (frequently from a waiting list) as a potential recipient of Waiver services. For the **Aged and Disabled and Traumatic Brain Injury** Waivers, the person will be notified by the local Area Agency on Aging. After being targeted, the person will work with the Area Agency on Aging to determine eligibility for Waiver services. For the **Autism, Developmental Disabilities and Support Services** Waivers, the person will receive a letter from the Division of Disability and Rehabilitative Services, indicating that he/she is identified to potentially receive Waiver services. After being targeted, the person will be contacted by the Bureau of Developmental Disabilities Services District Office to determine eligibility for Waiver services.

### **TheArcLink**

[www.TheArcLink.org](http://www.TheArcLink.org) provides information and resources to families and people with developmental disabilities. It provides a comprehensive database of approved providers, service coordinators, and how to apply for services.

### **Traumatic Brain Injury (TBI)**

For the purpose of the Medicaid Waiver, TBI is an injury to the brain due to an outside cause, including closed or open head injuries, toxic chemical reactions, anoxia, near drowning, and focal brain injuries. TBI does not include injuries that are vascular in origin (CVA or aneurysm), alcoholism, Alzheimer's disease or the infirmities of aging. As a result of the TBI, the person shows serious physical, cognitive, emotional and/or behavioral impairments.

### **Traumatic Brain Injury Waiver**

Medicaid eligible people of any age who have experienced an external insult resulting in a traumatic brain injury, and who require services ordinarily only available in a nursing facility, may receive services under this Waiver. This Waiver is designed to provide supports such as personal assistance, limited habilitation services, and respite care, as well as limited environmental modifications.

### **Waiver Program**

This program allows Indiana's Medicaid programs to pay for services that are provided in a person's home or other community setting rather than a Medicaid funded facility/institution. Persons must qualify for institutional care in order to be eligible for home and community-based services. Waiver refers to the waiving of certain federal requirements that otherwise apply to Medicaid program services.

## **State of Indiana and Federal Agencies**

**This section provides a brief description of the various state and federal agencies mentioned in this booklet that are part of the service system.**

### **Area Agencies on Aging (AAA)**

Also known as Area Agencies, AAA, Triple A, Area Agencies are contracted by the Division of Aging to coordinate intake, determine eligibility and to develop plans of care for eligible people who are elderly or have disabilities. These agencies are the single point of entry within a specific geographic area for adults and children who are interested in applying for the Aged and Disabled and the Traumatic Brain Injury Waivers. Area Agencies also provide other non-Waiver home and community-based services such as CHOICE to people with disabilities and people who are aging. See page 40 for a list of offices.

[www.in.gov/fssa/elderly/aaa/index.html](http://www.in.gov/fssa/elderly/aaa/index.html)

### **Bureau of Developmental Disabilities Services (BDDS)**

A part of Family and Social Services Administration/Division of Disability and Rehabilitative Services (DDRS), BDDS administers a variety of services for persons with developmental disabilities, which include the Autism, the Developmental Disabilities, and the Support Services Waiver. There are eight District Offices serving specific counties. The Service Coordinators determine eligibility for developmental disabilities' services and facilitate the determination of Level of Care for ICF/MR services. See page 41 for a listing of local offices.

[www.in.gov/fssa/disability/bqis/bddsguide.html](http://www.in.gov/fssa/disability/bqis/bddsguide.html)

### **Bureau of Quality Improvement Services (BQIS)**

A part of the Family and Social Services Administration/Division of Disability and Rehabilitative Services, BQIS researches trends in service delivery, quality improvement and best practices, analyzes quality data, and assures compliance with quality standards for the Autism, Developmental Disabilities and Support Services Waivers. [www.in.gov/fssa/disability/services/bqis.html](http://www.in.gov/fssa/disability/services/bqis.html)

### **Centers for Medicare and Medicaid Services (CMS)**

The federal agency within the Department of Health and Human Services, which directs the Medicare and Medicaid programs (Titles XVIII and XIX of the Social Security Act) and conducts research to support those programs. CMS must review and approve all Waiver proposals and amendments submitted by each state.

[www.cms.hhs.gov/](http://www.cms.hhs.gov/)

### **Department of Education (DOE) / Division of Exceptional Learners (DEL)**

The Indiana Department of Education is the state agency responsible for overseeing the public school services in the state of Indiana. A part of the Department of Education, the Division of Exceptional Learners oversees special education services for eligible children from ages three (3) through twenty-two (22) in both public and private schools. <http://ideanet.doe.state.in.us/exceptional/>

### **Developmental Disabilities Waiver Ombudsman**

By law, the Ombudsman receives, investigates, and attempts to resolve complaints and concerns that are made by or on behalf of people with developmental disabilities in any Medicaid Waiver program. Contact the DD Waiver Ombudsman at 800-622-4484.

## **State of Indiana and Federal Agencies (cont'd)**

### **Division of Aging (DA)**

A part of the Family and Social Services Administration, the DA implements the Nursing Facility Level of Care Medicaid Waivers, CHOICE, and other home and community-based services for people who are elderly and/or have disabilities. [www.in.gov/fssa/elderly/services.html](http://www.in.gov/fssa/elderly/services.html)

### **Division of Disability and Rehabilitative Services (DDRS)**

A part of the Family and Social Services Administration, DDRS assists people with disabilities and their families who need support to attain employment, self-sufficiency or independence. The Bureaus of Developmental Disabilities Services and Quality Improvement Services are under DDRS' responsibilities. The DDRS implements the ICF/MR Level of Care Medicaid Waivers and other services for people with developmental disabilities. [www.in.gov/fssa/disability/](http://www.in.gov/fssa/disability/)

### **Division of Family Resources (DFR) and Indiana Department of Child Services (DCS)**

The part of FSSA that provides Medicaid and Children's Services, including the First Steps program for infants and toddlers with developmental delays. Offices in each county serve as a single point of entry for many of the social services available to Hoosiers. Some of these services include Temporary Assistance to Needy Families (TANF), Medicaid, Medicaid-Disability, Food Stamps and Hoosier Healthwise. [www.in.gov/fssa/family/](http://www.in.gov/fssa/family/) See page 42 for a list of local offices.

### **Family and Social Services Administration (FSSA)**

Indiana's social services agency that provides services related to low income, mental illness, addiction, mental retardation, disabilities, aging, and children at risk for healthy development. Contains the Division of Family Resources, the Division of Aging, the Division of Disability and Rehabilitative Services, the Division of Mental Health and Addictions, and the Office of Medicaid Policy and Program. [www.in.gov/fssa/](http://www.in.gov/fssa/) and [www.in.gov/fssa/admin/](http://www.in.gov/fssa/admin/)

### **Hearings and Appeals Section**

An administrative section within FSSA that receives and processes appeals from people receiving services within any FSSA program and many others. Administrative hearings are held throughout the State of Indiana, usually at county Division of Family Resources locations, at which time all parties have the opportunity to present their case to an Administrative Law Judge.

### **Indiana Protection and Advocacy Services (IPAS or P & A)**

A state agency that assists people with physical, emotional and/or mental disabilities to resolve disability related problems with the service delivery system and access discrimination issues. [www.in.gov/ipas/](http://www.in.gov/ipas/).

### **Office of Medicaid Policy and Planning (OMPP)**

A part of FSSA, OMPP is the State Medicaid Agency. It is responsible to the Centers for Medicare and Medicaid Services for administration and oversight of the Medicaid Waiver program, as well as the funding for nursing facilities and group homes. It is also responsible for the State's Medicaid Health Care Program overall. [www.in.gov/fssa/programs/healthcare/index.html](http://www.in.gov/fssa/programs/healthcare/index.html) and for Medicaid eligibility requirements: [www.in.gov/fssa/disability/medicaid/elig.html](http://www.in.gov/fssa/disability/medicaid/elig.html)

## Medicaid Waiver Myths

Despite everyone's best effort to provide training and updated information, there are still some common Indiana Medicaid Waivers for Home and Community-Based Services' myths that persist. The following is a list of common myths along with the facts about the issue and suggested solutions. If the issue is with your case manager/case management agency, or if you have attempted the suggested solution and still have questions/concerns, please refer to page 32, 'How Are Problems Resolved?'

- 1. Myth:** When applying for Medicaid for a child under the age of 18 who is targeted to receive the Medicaid Waiver services, families must provide information on parental income and resources.

**Fact:** *Only the income and resources of a child are counted if the child is enrolling in or receiving Waiver services. When a person turns 18, he/she is considered an adult, and again only his/her income and resources are counted for Medicaid eligibility. When the family applies for Medicaid on behalf of the child, the family needs to present to the DFR caseworker, the letter received from the AAA or the Division of Disability and Rehabilitative Services that shows that the child is targeted for a Waiver.*

**Solution:** Mention that your application falls under Senate Bill 30 provisions. Senate Bill 30, passed in 1991, allows parental income and resources to be disregarded when determining Medicaid eligibility for children under the age of 18 who are in a Medicaid certified facility or who are enrolled or in the enrollment process for a Medicaid Waiver. If this does not work, ask to speak to the office supervisor. If that does not work, call the State Office of Medicaid Policy and Planning. See page 46.
- 2. Myth:** Your Plan of Care cannot be increased, because it will put you over the cost cap.

**Fact:** *With the exception of the Support Services Waiver, there are no overall individual Waiver cost caps; however, there are some limits on specific services.*

**Solution:** Ask to speak with your case manager's supervisor.
- 3. Myth:** You cannot change to a different provider at this time because...

**Fact:** *You can change to a different approved provider at any time.*

**Solution:** Inform your case manager that you want to change providers. In some cases the change can be made immediately. In other cases, it may take time to find a new provider, based upon availability of a new provider that can meet your specific needs. You should interview a prospective provider before making the final decision regarding a change of providers.
- 4. Myth:** If you are on the Developmental Disabilities Waiver, you must utilize one of the habilitation services.

**Fact:** *You must use at least one Waiver service but are not required to utilize any specific Waiver service or combination of services. Each Plan of Care is individually tailored to meet each individual's needs. Those needs may be met with Waiver services and non-Waiver services.*

**Solution:** Contact your case manager or the case manager's supervisor.

## Medicaid Waiver Myths (cont'd)

5. **Myth:** Now that I am on the Waiver, it can follow me wherever I move.  
**Fact:** *If you move out of the State of Indiana, the Waiver does not transfer with you. It will follow you as long as you live in the state, although the number and availability of providers may vary.*  
**Solution:** If you plan to move to another state or across the State of Indiana, make sure your new community has the appropriate support services you will need and that they are readily available. Ask if there is a waiting list.
6. **Myth:** Once I get on a Waiver, I will always be eligible.  
**Fact:** *No, you must meet the requirements for both Medicaid eligibility and Waiver eligibility every year.*  
**Solution:** Make sure to keep your appointments regarding Medicaid eligibility re-determination. The Waiver case manager will re-determine your Waiver eligibility every year also. Make sure you notify your case manager immediately if you are going to have difficulty keeping the Medicaid eligibility re-determination appointment.
7. **Myth:** Your Plan of Care needs to include extra services now to ensure you can get what you need later.  
**Fact:** *No, the Cost Comparison Budget / Plan of Care are always based upon the individual's current support needs. When those needs change, then the Plan can be revised accordingly. "Padding" the CCB with services not needed is not allowed*  
**Solution:** Contact your case manager or the case manager's supervisor.
8. **Myth:** You can only be on one Waiver waiting list at a time.  
**Fact:** *No, you can be on more than one Waiver waiting list. There are reasons why it would be appropriate to be on more than one Waiver waiting list at a time. For example, waiting lists move at different rates, so it may make sense to be on the list for as many Waivers as you are eligible for. However, with the preliminary Level of Care determination, the type of Waiver Level of Care will prescribe the appropriate waiting lists for which to apply. For example, if you meet the Level of Care for the Nursing Facility, you can only apply for the Aged and Disabled or the Traumatic Brain Injury Waivers.*  
**Solution:** Contact the Area Agency on Aging office or the Bureau of Developmental Disabilities Services District Office. See page 40 & 41.
9. **Myth:** If you are already getting Waiver services, you cannot be on a waiting list for a different Waiver.  
**Fact:** *There are reasons why it would be appropriate to be on one Waiver and be on the waiting list for a different Waiver. For example, if you are receiving the Support Services Waiver services, but plan on needing residential type services in the future, you might also be on the waiting list for the Autism and/or DD Waivers. Another example, if you are receiving Traumatic Brain Injury Waiver services and plan to request Assisted Living services, you might also be on the waiting list for the Aged & Disabled Waiver.*  
**Solution:** Contact the Area Agency on Aging office or the Bureau of Developmental Disabilities Services District Office. See page 40 & 41.



## Medicaid Waiver Myths (cont'd)

- 10. Myth:** A person with Nursing Facility LOC can transfer to an ICF/MR LOC Waiver.  
**Fact:** *A person can transfer to another Waiver only when there is another Waiver slot available within the new Waiver type. It is not an automatic transfer. The person must meet the Level of Care for the new Waiver also. The person will remain on the current Waiver until such time as there is a new Waiver slot available.*  
**Solution:** Contact your case manager for assistance with this decision and resulting action.
- 11. Myth:** If my child goes onto the Medicaid Waiver, the state will put a lien on my estate at some point in time.  
**Fact:** *No, Medicaid cannot and will not place a lien on the parent's home when your child is receiving Waiver services. The only circumstance under which Medicaid can file a lien on property is where an individual is permanently institutionalized, does not have a spouse, minor child, or disabled child living in the home. Even then, the lien can only be placed on the Medicaid recipient's real property and only to the extent of his/her ownership interest.*  
**Solution:** Contact your case manager for assistance with this issue.
- 12. Myth:** I have been told to discontinue or drop the private insurance before the Waiver services start.  
**Fact:** *The private insurance should be continued. The private insurance can add supports and benefits to the plan of services.*  
**Solution:** Contact your case manager and your insurance agent for assistance.
- 13. Myth:** If no provider is available, you cannot include the service in the PCP and ISP. If there is no provider in your area, then you cannot have the service on the CCB.  
**Fact:** *Your case manager should include the services that are included in the ISP and needed at this time. The case manager will indicate that the provider is to be announced (TBA). However, in order for the Waiver services to be approved and started, at least one provider must be identified within the CCB/POC.*  
**Solution:** Contact your case manager or the case manager's supervisor.

**ICF/MR Level of Care Waivers  
Autism, Developmental Disabilities, Support Services Waivers**

**How Do You Apply?**

1. People with a developmental disability (DD) and/or a diagnosis of Autism may apply for Waiver services at the local Bureau of Developmental Disabilities Services (BDDS) District Office by completing an Application for Long-Term Care Services. There are other forms to complete as well. Documentation from schools, hospitals, doctors' offices and therapies are helpful in determining eligibility. See the listing of the BDDS District Office locations page 41.
2. The BDDS District Office staff determines whether or not the applicant has a developmental disability as defined by the State. If DD eligible, the District Office staff also determines eligibility for ICF/MR Level of Care Waivers, meaning that the individual with the developmental disability would be at risk of placement in an institution without the home and community-based services provided by these Waivers and other informal supports.
3. The ICF/MR Level of Care is based upon the medical form completed by the physician, the completion of the Developmental Disabilities Profile (DDP) and the documentation used to determine eligibility for state DD services. In addition, the District Office staff must indicate within the Level of Care documentation that the person can be safely served within the community. (For children under the age of six (6), the BDDS Level of Care unit will determine Level of Care eligibility.)
4. In addition to the above, the applicant for the Autism Waiver **must** have a diagnosis of Autism or within the Autism Spectrum, as documented by a physician. All applicants applying for the Autism Waiver should also apply for the DD Waiver.
5. If there are no slots available for Waiver services, the applicant's name is placed on the waiting list for the appropriate Waiver(s). The waiting lists for the Autism, DD and Support Services Waivers are statewide.
6. Once targeted, the person must also apply for Medicaid at the local Division of Family Resources (DFR), if not already eligible under one of the categories of "Aged," "Blind," or "Disabled." When applying for Medicaid solely for the purpose of Waiver eligibility, only the income of the applicant seeking a Waiver is considered. For a child under the age of eighteen (18), parental income does not affect the child's eligibility for Medicaid.

## **Eligibility Criteria**

### **Autism, Developmental Disabilities and Support Services Waivers**

**For each Waiver, the Eligibility Criteria is the following:** The individual must be

- Eligible for Developmental Disability Services,
- Eligible for ICF/MR Level of Care;
- Diagnosis of Autism for Autism Waiver;
- Medicaid eligible based on 300% of maximum SSI amount (as of January 2007, SSI was \$624 per month); Parental income for children under 18 years of age is disregarded.

See page 10 for more information on Level of Care.

### **OASIS Pilot Project for ICF/MR Level of Care Waivers as of March 2007**

#### **Objective Assessment System for Individual Supports (OASIS)**

The Division of Disability and Rehabilitative Services is engaged in an effort to redesign the system that provides home and community-based services through the Autism, Developmental Disabilities and the Support Services Waivers.

This initiative will result in:

- 1) an objective assessment process,
- 2) a new resource allocation model, and
- 3) an individual budget allocation tool unique to Indiana.

The individual budget allocation tool will empower people and their support teams by increasing personal control over services and supports.

#### **Project Goal**

The goal of this project is to create a uniform funding model and to determine levels of needed services and supports for persons with developmental disabilities under the Autism, DD and Support Services Waivers. The model will be based on an objective assessment of the individual, the identified differences unique to the individual, and driven by the principles of person centered planning, measurable Individualized Support Plan (ISP) outcomes and budget neutrality for the State.

**ICF/MR Level of Care Waivers**  
**Autism, Developmental Disabilities, Support Services Waivers**

## Services Descriptions

**All services must be identified in the Person Centered Plan and be outlined in the Individualized Support Plan.**

**Adult Day Services (ADS):** (*Autism, DD, Support Services Waivers*) Structured, non-residential, community-based group programs designed to meet the needs of adults with disabilities through individual plans of care. ADS provides a variety of health, social, recreational and therapeutic activities, supervision, support, meals, and in some cases personal care.

**Adult Foster Care:** (*Autism, DD Waivers*) Twenty-four hour care consisting of personal care, homemaker, chore, attendant care, companion services, provided in a private home by a caregiver who is not related to the individual(s). Foster care homes are limited to a maximum of four people with DD.

**Applied Behavior Analysis:** (*Autism Waiver*) A therapy service that is a highly intensive individualized instruction and behavior intervention to assist an individual in developing skills with social value. It is provided to people between the ages of two and seven.

**Behavior Support Services / Crisis Assistance:** (*Autism, DD and Support Services Waivers*) Training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

**Community Transition Services:** (*Autism, DD Waivers*) Reasonable, one-time set-up expenses for an individual who makes the initial transition from an institution to his/her own home in the community. Items purchased are the property of the individual receiving the service and the individual takes the property with him/her in the event of a move to another residence. Expenses may include: security deposits, essential furnishings and moving expenses, deposits for utilities, pest eradication, allergen control or one-time cleaning prior to occupancy. There is an allowance of up to \$1,000 for this one-time only service.

**Crisis Assistance:** (*Autism, DD, Support Services Waivers*) See Behavior Support Services.

**Day Services:** (*Autism, DD, Support Services Waivers*) Services outside of an individual's home that support, in general, learning and assistance in any of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living, including development of employment skills. These activities are directly related to the Individualized Support Plan (ISP). Each individual receiving Day Services works toward acquiring the skills to become an active member of the community. The continuum of services within Day Services provides opportunities in the community based services to become more independent and more integrated within the community. Day Services can be delivered to an individual one-on-one or in a group setting and in the community, work setting. (This service includes the previously offered Waiver services: Community Habilitation and Participation, Pre-Vocational Services, Supported Employment Follow Along Services, Transportation)

**ICF/MR Level of Care Waivers**  
**Autism, Developmental Disabilities, Support Services Waivers**

**Services Descriptions (cont'd)**

**Environmental Modifications:** (*Autism, DD Waivers*) Necessary adaptations to the home ensuring the health, safety, and welfare of the individual, and enable the individual to function with greater independence in the home. There is a lifetime cap of \$15,000 for these modifications.

**Environmental Modifications Maintenance:** (*Autism, DD Waivers*) A \$500 per year maximum amount is available permitted for maintenance and repair of prior modifications.

**Family and Caregiver Training:** (*Autism, DD, Support Services Waivers*) Service provides training and education related to treatment regimes, use of equipment, community integration, parenting, family dynamics, stress management, behavior interventions and mental health, conferences to a parent, other family members or unpaid primary caregiver. Airfare, meals, hotel are not allowed. This service must be related to the enhancement of the unpaid caregivers' or family members' ability to give care to the person receiving Waiver services.

**Music Therapy:** (*Autism, DD, Support Services Waivers*) Systematic application of music in the treatment of the physiological and psychological aspects of a disability and focusing on the acquisition of nonmusical skills and behaviors.

**Occupational Therapy:** (*Autism, DD, Support Services Waivers*) Evaluation and training programs in areas of gross and fine motor function, self-care and sensory and perceptual motor function. It includes assessments; planning and reporting, direct therapeutic intervention, design, fabrication, and adaptation of materials, and equipment to meet personal needs in assisting independence. (A Medicaid Prior Authorization denial must be obtained before this service can be provided through the Waiver.)

**Personal Emergency Response System Supports:** (*Autism, DD, Support Services Waivers*) An electronic device that enables the person to secure help in case of an emergency.

**Physical Therapy:** (*Autism, DD, Support Services Waivers*) Treatment and training designed to preserve and improve abilities for independent functioning, such as gross motor skills, fine motor skills, range of motion, strength, muscle tone, and mobility. (A Medicaid Prior Authorization denial must be obtained before this service can be provided through the Waiver.)

**Recreational Therapy:** (*Autism, DD, Support Services Waivers*) Medically approved recreation program with the purpose to restore, remediate, or rehabilitate in order to improve functioning and independence, as well as reduce or eliminate the effects of a disability.

**Rent and Food for Unrelated Live-In Caregiver Services:** (*Autism, DD Waivers*) Reimbursement directly to the person receiving Waiver services in order to offset rent and food expenses for an unrelated caregiver living in the person's home.

**ICF/MR Level of Care Waivers  
Autism, Developmental Disabilities, Support Services Waivers**

**Services Descriptions (cont'd)**

**Residential Habilitation and Support:** (*Autism, DD Waivers*) Services and supports which are designed to ensure the health, safety and welfare of a person, and to assist in the acquisition, retention and/or improvement in skills necessary to support the person to live successfully in his/her home. Includes personal care, meals, shopping, bill paying, etc. Up to 24 hour assistance can be provided, as needed. (This service includes previously offered Waiver services: Community Habilitation and Participation, Independence Assistance Services, Health Care Coordination, Transportation)

**Respite Care:** (*Autism, DD, Support Services Waivers*) Periodic, short-term care to a person when the family member or the primary caregiver cannot be there or needs a rest from his/her care responsibilities. Does not include "child care" to enable caregiver to work or attend school. Does include camp settings.

**Specialized Medical Equipment and Supplies / Adaptive Aids and Devices:** (*Autism, DD, Support Services Waivers*) Devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Items that are not of direct medical or remedial benefit are excluded. Examples include communications equipment, computer adaptations, wheelchairs, environmental controls, safety restraints, or other equipment that increase the person's independence. (Equipment and services that are available under the Medicaid State Plan are not allowed under this Waiver service.) **Includes Vehicle Modifications:** Vehicle Modification may be authorized when necessary to increase a person's ability to function in a home and community-based setting to ensure accessibility. The necessity for such service must be documented in the Plan of Care by a physician's order. There is a lifetime maximum of \$15,000 for vehicle modifications. There is an allowable annual maintenance fee. (A separate prior approval must be obtained before any modifications can be completed.)

**Speech / Language Therapy:** (*Autism, DD, Support Services Waivers*) Service seeks to improve, maintain, or slow regression of the person's ability to communicate. (A Medicaid Prior Authorization denial must be obtained before this service can be provided through the Waiver.)

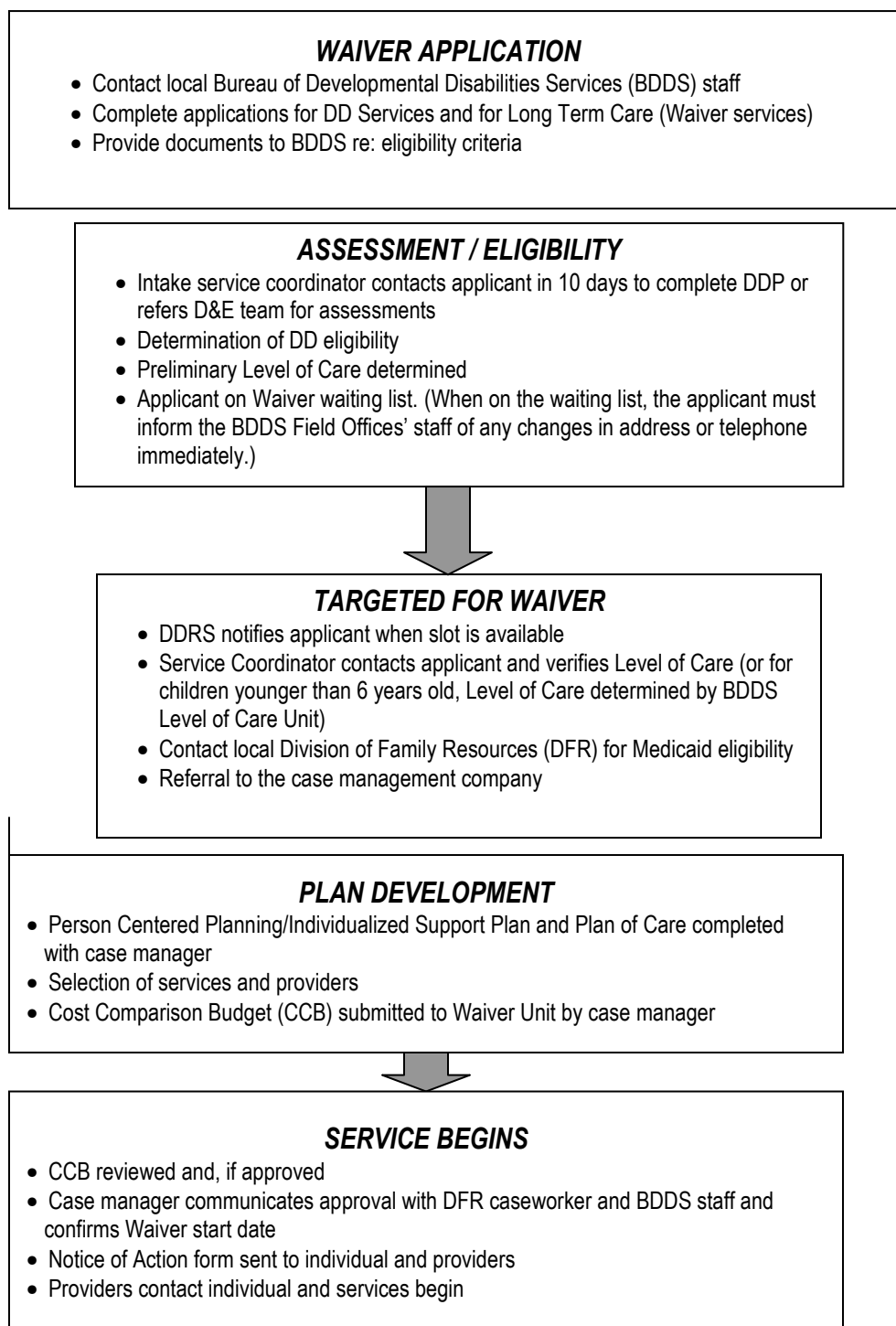
**Supported Employment Follow Along:** (*Autism, DD, Support Services Waivers*) Supports for persons to establish and maintain employment in work settings in which people without disabilities are employed. No longer a separate service, see definition for **Day Services**

**Therapy Services (Psychological Therapy):** (*Autism, DD, Support Services Waivers*) Services provided by a psychologist that lead to changes from a less adaptive state to a more adaptive state in the person's thoughts, feelings, and behavior. Includes group, family and individual counseling and substance abuse counseling. (This service is not available if services are available through the Medicaid State Plan.)

**ICF/MR Level of Care Waivers**  
**Autism, Developmental Disabilities, Support Services Waivers**

## Flow Chart of the Enrollment Process

(If at any point, eligibility or services are denied, the person will be notified in writing and have appeal rights.  
See page 33 for information on appeal rights.)



**ICF/MR Level of Care Waivers**  
**Autism, Developmental Disabilities, Support Services Waivers**

<b>ICF/MR Level of Care Waivers</b> <b>For Children and Adults with Developmental Disabilities</b>			
	<b>Developmental Disabilities (DD) Waiver</b> <b>Established 2001</b> (Formerly ICF/MR Waiver- established 1992)	<b>Autism Waiver</b> <b>Established 1990</b>	<b>Support Services Waiver</b> <b>Established 2002</b>
TO APPLY: CONTACT YOUR LOCAL BUREAU OF DEVELOPMENTAL DISABILITIES DISTRICT OFFICE- SEE PAGE 41			
<b>Eligibility Criteria</b>	Developmentally Disabled ICF/MR Level of Care (LOC) (Parental income and resources disregarded for children under 18) Medicaid eligibility is based on 300% of maximum SSI amount. As of January 2007, SSI benefits = \$624 per month	Diagnosis of Autism ICF/MR Level of Care (LOC) (Parental income and resources disregarded for children under 18) Medicaid eligibility is based on 300% of maximum SSI amount. As of January 2007, SSI benefits = \$624 per month	Developmentally Disabled ICF/MR Level of Care (LOC) (Parental income and resources disregarded for children under 18) Medicaid eligibility is based on 300% of maximum SSI amount. As of January 2007, SSI benefits = \$624 per month Limited to \$13,500 per year of services
<b>Note:</b> Income Eligibility levels for individuals on the ICF/MR Level of Care Waivers can be up to three times of maximum SSI benefits. This eliminates the spend down for most people. The SSI benefits change on an annual basis. Check with your caseworker each January for changes. For other Medicaid services, the Federal Poverty Level (FPL) is used for determination of eligibility.			
<b>Services Available</b>	Adult Day Services Adult Foster Care Behavioral Support Services//Crisis Assistance Community Transition Services Day Services includes: Community Habilitation and Participation Srvc Pre-Vocational Services Supported Employment Follow Along Services Transportation Services Environmental Modification Family and Caregiver Training Music Therapy Occupational Therapy Personal Emergency Response System Physical Therapy Recreational Therapy Rent and Food for Unrelated Live-in Caregiver Residential Habilitation and Support, includes: Community Habilitation and Participation Srvc Health Care Coordination Services Independence Assistance Services Transportation Services Respite Care Specialized Medical Equipment and Supplies Including Vehicle Modifications Speech-Language Therapy Therapy Services (psychological therapy)	Adult Day Services Adult Foster Care Applied Behavioral Analysis Behavioral Support Services//Crisis Assistance Community Transition Services Day Services includes: Community Habilitation and Participation Srvc Pre-Vocational Services Supported Employment Follow Along Services Transportation Services Environmental Modification Family and Caregiver Training Music Therapy Occupational Therapy Personal Emergency Response System Physical Therapy Recreational Therapy Rent and Food for Unrelated Live-in Caregiver Residential Habilitation and Support, includes: Community Habilitation and Participation Srvc Health Care Coordination Services Independence Assistance Services Transportation Services Respite Care Specialized Medical Equipment and Supplies Including Vehicle Modifications Speech-Language Therapy Therapy Services (psychological therapy)	Adult Day Services Behavioral Support Services//Crisis Assistance Day Services includes: Community Habilitation Participation Srvc Pre-Vocational Services Supported Employment Follow Along Service Transportation Services Family and Caregiver Training Music Therapy Occupational Therapy Personal Emergency Response System Physical Therapy Psychological Therapy Recreational Therapy Respite Care (up to \$2,000/year) Specialized Medical Equipment and Supplies Including Vehicle Modifications Speech-Language Therapy Therapy Services (psychological therapy)
<b>Case Management</b>	Case Management Service for ICF/MR Level of Care Waivers are provided through the State Medicaid Plan. When you are targeted for a Waiver, you will be referred to a case management company to help you plan for Waiver services.		
<b>Waiting List Information</b>	Local BDDS office - see page 41	Local BDDS office – see page 41	Local BDDS office – see page 41

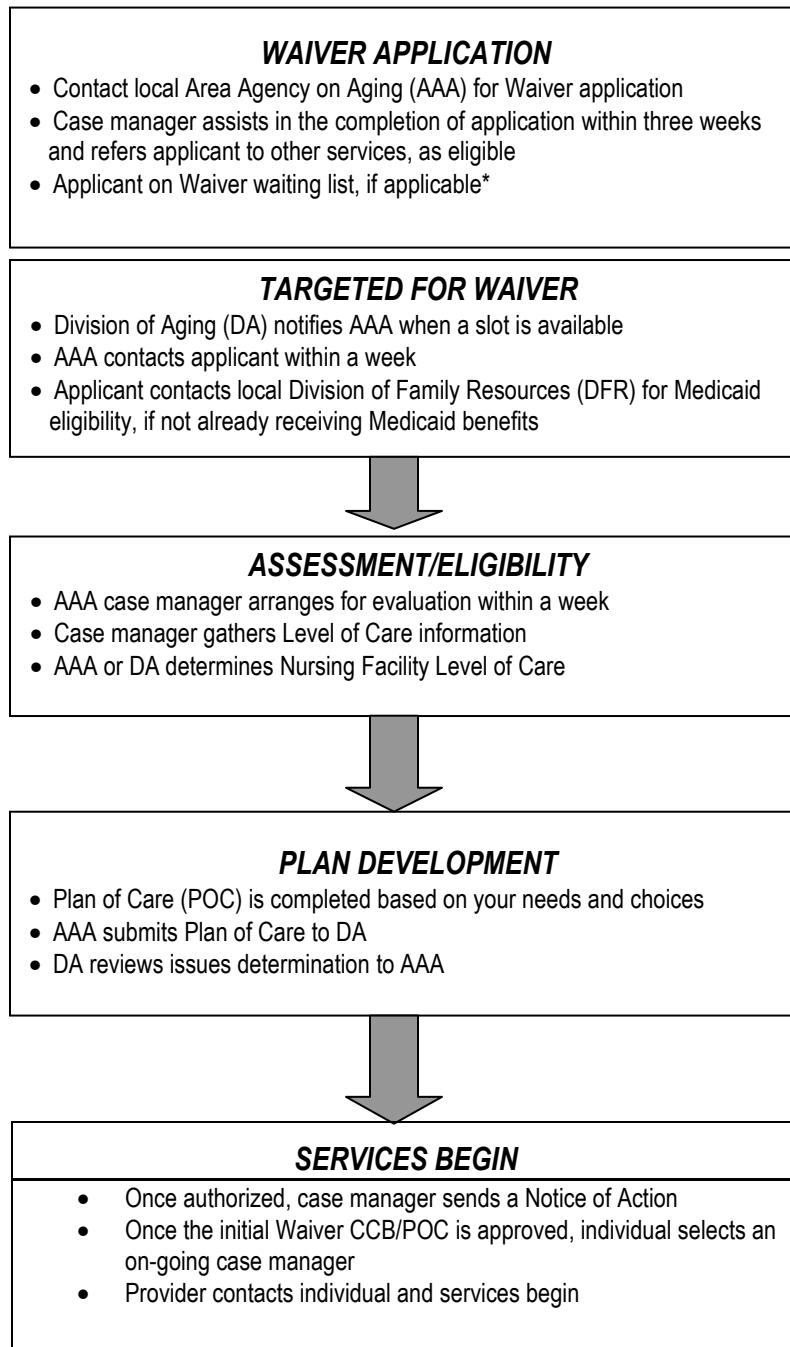


**Nursing Facility Level of Care Waivers  
Aged & Disabled and Traumatic Brain Injury Waivers**

<b>Nursing Facility Level of Care Waivers For Children and Adults with Disabilities</b>		
	<b>Aged and Disabled Waiver Established 1990</b>	<b>Traumatic Brain Injury Established 2000</b>
TO APPLY: CONTACT YOUR LOCAL AREA AGENCY ON AGING AT 800-986-3505 OR SEE PAGE 40 FOR A LIST OF THE OFFICES AND LOCAL NUMBERS		
<b>Eligibility Criteria</b>	<p>Nursing Facility Level of Care (Parental income and resources disregarded for children under 18)</p> <p>Spousal impoverishment protections similar to those for nursing homes are available under this Waiver.</p> <p>Medicaid eligibility is based upon 300% of the SSI maximum benefit.</p>	<p>Diagnosis of Traumatic Brain Injury Nursing Facility Level of Care (Parental income and resources disregarded for children under 18)</p> <p>The Medicaid eligibility is based upon 150% of the SSI maximum benefit.</p>
<p><b>Note:</b> Income Eligibility levels for individuals on the Aged and Disabled can be up to three times the maximum SSI benefits and for individuals on the Traumatic Brain Injury can be up to one and one-half times the maximum SSI benefits. This eliminates spend down for most people. For other Medicaid services, the Federal Poverty Level (FPL) is used for determination of eligibility. SSI benefits change yearly so check with your caseworker each January.</p>		
<b>Services Available</b>	Adult Day Services Adult Foster Care Assisted Living Attendant Care Case Management Community Transition Services Congregate Care Environmental Modifications Home Delivered Meals Homemaker Nutritional Supplements Personal Emergency Response System Pest Control Respite Care Specialized Medical Equipment and Supplies Including Vehicle Modifications Transportation	Adult Day Services Attendant Care Behavior Management/Behavior Program and Counseling Case Management Day Habilitation/Structured Day Program Environmental Modifications Health Care Coordination Homemaker Occupational Therapy Personal Emergency Response System Physical Therapy Residential Habilitation Respite Care Specialized Medical Equipment and Supplies Including Vehicle Modifications Speech-Language Therapy Supported Employment Transportation
<b>Waiting List Information</b>	Area Agency on Aging (AAA) 800-986-3505 See page 40	

# Nursing Facility Level of Care Waivers Aged & Disabled and Traumatic Brain Injury Waivers

## Flow Chart of the Enrollment Process



When on the waiting list, the applicant must inform the case manager of any changes in address or telephone immediately!

**If at any point, eligibility or services are denied, the person will be notified in writing and have appeal rights. See page 33 for information on appeal rights.**

## Nursing Facility Level of Care Waivers Aged & Disabled and Traumatic Brain Injury Waivers

### How Do You Apply?

1. The local Area Agency on Aging (AAA) is the single point of entry for NF Level of Care Waivers. An applicant will be assigned a case manager. See page 40 for a list of regional offices. The case manager will assist the applicant in completing an Application for Long-Term Care Services. You may apply for one or both of the Waivers, as appropriate.
2. The applicant seeking a Waiver must also apply for Medicaid Eligibility at the local Division of Family Resources (DFR), if not already eligible under one of the categories of "Aged," "Blind," or "Disabled." When applying for Medicaid solely for the purpose of Waiver eligibility, only the income of an applicant seeking a Waiver is considered. For a child under the age of eighteen (18), the parental income does not affect the child's financial eligibility for Medicaid.
3. The Level of Care is determined by the Area Agency on Aging (AAA) and/or the Division of Aging based upon a physical examination and physician's recommendation of home and community-based services on a 450B form. The case manager will have the form for the physician. The Level of Care required for the Aged & Disabled (A&D) and Traumatic Brain Injury (TBI) Waivers is Nursing Facility Level of Care, meaning that the person would be at risk of being placed in a nursing facility without the services provided by these Waivers.
4. If there are no slots available on the Waiver, the applicant will be placed on the waiting list for that Waiver. The waiting lists for the A&D and TBI Waivers are held within each of the Area Agencies on Aging (AAA).

### Eligibility Criteria

**Aged & Disabled Waiver:** The child or adult must be aged or disabled; Nursing Facility Level of Care; Medicaid eligibility (based on 300% of maximum SSI amount, as of January 2007, \$624 per month); Parental income for children under 18 years of age is not considered (disregarded); Spousal impoverishment protection is the same as if a spouse was in a nursing facility.

**Traumatic Brain Injury Waiver:** The child or adults must be aged or disabled; Nursing Facility Level of Care; Traumatic Brain Injury; Medicaid eligibility (based on 150% of maximum SSI amount, as of January 2007, \$624 per month); Parental income for children under 18 years of age is not considered (disregarded). For more information on Level of Care see page 10.

## Nursing Facility Level of Care Waivers Aged & Disabled and Traumatic Brain Injury Waivers

### Services Descriptions

**Adult Day Services (ADS):** (*Aged and Disabled, Traumatic Brain Injury Waivers*) Structured, non-residential, community-based group programs designed to meet the needs of adults who are elderly and/or with disabilities through individual plans of care. ADS provides a variety of health, social, recreational and therapeutic activities, supervision, support, meals, and in some cases personal care.

**Adult Foster Care:** (*Aged and Disabled Waiver*) Twenty-four hour care consisting of personal care, homemaker, chore, attendant care, companion services, provided in a private home by a principal caregiver who is not related to the individual(s). Foster care homes are limited to a maximum of three people in one foster home.

**Assisted Living:** (*Aged and Disabled Waiver*) 24 hour site providing personal care and services, homemaker, chore, attendant care, companion services, medication oversight, therapeutic, social and recreational programming. Licensed (by Indiana State Department of Health) residential care facility. Includes on-site response staff to meet scheduled or unpredictable needs.

**Attendant Care:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) Assistance to meet daily living needs and ensure adequate functioning in a community-based setting. Some allowable activities include assistance with dressing, eating, bathing, hygiene, activities of daily living, meal preparation and household chores.

**Behavior Management / Behavior Program and Counseling:** (*Traumatic Brain Injury Waiver*) Training, supervision, and assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

**Behavior Support Services / Crisis Assistance:** (*Autism, DD and Support Services Waivers*) Training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

**Case Management:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) In general, a case manager helps people obtain the supports needed to live as independently as possible in their community, by finding and coordinating available resources and services to meet the person's needs. Case managers also help to plan, monitor and evaluate the person's services, and assist with the process and necessary paperwork. This service coordination or case management is sometimes provided by the direct services agency, but may also be provided by the person's family or an advocate, or, for the Medicaid Waiver services, by a private case manager.

**Community Transition Supports:** (*Aged and Disabled Waiver*) Reasonable, **one-time** set-up expenses for a person who makes the initial transition from an institution to his/her own home in the community. Items purchased are the property of the person receiving the service and the person takes the property with him/her in the event of a move to another residence. Expenses may include: security deposits, furnishings and moving expenses, deposits for utilities, pest eradication, allergen control or one-time cleaning prior to occupancy. There is up to \$1,000 allowance for this one-time only service.

## Nursing Facility Level of Care Waivers Aged & Disabled and Traumatic Brain Injury Waivers

### Services Descriptions (cont'd)

**Congregate Care:** (*Aged and Disabled Waiver*) Twenty-four (24) hour supervision and the coordination of other services by a subsidized housing provider for residents who live in an apartment/living unit owned by the provider. Services are based on the Plan of Care.

**Day Habilitation / Structured Day Program:** (*Traumatic Brain Injury Waiver*) Regularly scheduled activities that focus on training to enhance social and daily living skills apart from the person's living arrangement. The person must have an Individual Program Plan (IPP) listing goals and objectives.

**Environmental Modifications:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) Necessary adaptations to the home that ensure the health, safety, and welfare of the person, and enable the person to function with greater independence in the home. There is a lifetime cap of \$15,000 for these modifications. Documentation of 'Prior Authorization' denial from Medicaid may be required.

**Environmental Modifications Maintenance:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) A \$500 per year maximum amount is available to repair or replace modifications.

**Health Care Coordination:** (*Traumatic Brain Injury Waiver*) Medical coordination provided by an RN or LPN to manage the health care of the person including physician consultations, medication ordering, and development and oversight of a health care support plan.

**Home-Delivered Meals:** (*Aged and Disabled Waiver*) Provides meals (including the preparation, handling and serving of the meals) to person unable to prepare his/her own daily meals, and for whom there are no other people available to do so. Limited to two meals per day.

**Homemaker:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) General household activities that assist the person to remain in a clean, safe, healthy home environment, that are provided when the person or an informal caregiver is unable to manage the home.

**Nutritional Supplements:** (*Aged and Disabled Waiver*) Nutritional (Dietary) supplements include liquid supplements, such as "Boost" or "Ensure" to maintain a person's health in order to remain in the community.

**Occupational Therapy:** (*Traumatic Brain Injury Waiver*) Evaluation and training programs in areas of gross and fine motor function, self-care and sensory and perceptual motor function. It includes assessments; planning and reporting, direct therapeutic intervention, design, fabrication, and adaptation of materials, and equipment to meet personal needs in assisting independence. (A Medicaid Prior Authorization denial must be obtained before this service can be provided through the Waiver.)

**Personal Emergency Response System Supports:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) An electronic device that enables the person to secure help in case of an emergency.

**Pest Control:** (*Aged and Disabled Waiver*) Services that prevent, suppress, or eradicate pest infestation such as roaches, mosquitoes, fleas, mites, ticks, rats and mice. There is a cap of \$600 per year.

## Nursing Facility Level of Care Waivers Aged & Disabled and Traumatic Brain Injury Waivers

### Services Descriptions (cont'd)

**Physical Therapy:** (*Traumatic Brain Injury Waiver*) Treatment and training designed to preserve and improve abilities for independent functioning, such as gross motor skills, fine motor skills, range of motion, strength, muscle tone, and mobility. (A Medicaid Prior Authorization denial must be obtained before this service can be provided.)

**Residential Habilitation:** (*Traumatic Brain Injury Waiver*) Services and supports which are designed to ensure the health, safety and welfare of an person, and to assist in the acquisition, retention and/or improvement in skills necessary to support the person to live successfully in his/her home.

**Respite Care:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) Periodic, short-term care to a person when the family member or the primary caregiver cannot be there or needs a rest from his/her care responsibilities. Does not include "child care" to enable caregiver to work or attend school.

**Specialized Medical Equipment and Supplies (formerly Adaptive Aids and Devices):** (*Aged and Disabled, Traumatic Brain Injury Waivers*) Devices (communications equipment, computer adaptations, etc.), wheelchairs, environmental controls, safety restraints, or other equipment that increase the person's independence. Includes assessment, inspection and training, as needed. (Equipment and services that are available under the Medicaid State Plan are not allowed to be included in this Waiver service.)

**Includes Vehicle Modifications:** Vehicle Modifications may be authorized when necessary to increase a person's ability to function in a home and community-based setting to ensure accessibility. The necessity for such service must be documented in the Plan of Care by a physician's order. There is a lifetime maximum of \$15,000. There is an allowable annual maintenance fee. (A separate Prior Authorization must be obtained before any modifications can be completed.)

**Speech / Language Therapy:** (*Traumatic Brain Injury Waiver*) Service seeks to improve, maintain, or slow regression of the person's ability to communicate. (A Medicaid Prior Authorization denial must be obtained before this service can be provided.)

**Supported Employment:** (*Traumatic Brain Injury Waiver*) Supports for persons to establish and maintain employment in work settings in which people without disabilities are employed.

**Transportation:** (*Aged and Disabled, Traumatic Brain Injury Waivers*) Transportation needed for the person to access Waiver and other community resources. (This service is not to be used for accessing medical or therapy appointments.)

## What is Quality Monitoring?

People receiving Medicaid Waiver services, their families, case managers, providers and the State all have an important role in helping maintain high quality services under any of the Waiver programs. All providers, including case managers, have internal quality assurance and monitoring systems. You should expect the providers and case managers to identify and solve problems quickly.

The Family and Social Services Administration require quality assurance and quality improvement processes that assist in monitoring the Waiver services. These processes include, but not limited to:

1. On site surveys of providers and case managers based on the Provider Standards and Case Management Standards contained within the IAC 460 – 6.
2. Quality of Life and Improvement Process and Consumer Satisfaction Surveys: People and their families are encouraged but not required to participate in these surveys and assessments.
3. Complaint Process: People receiving Waiver services, their families/guardians, providers, case managers and others can file formal complaints with FSSA when issues related to a Waiver are not resolved appropriately or in a timely manner. To file a complaint with the Division of Aging, call 317-232-7132 or 800-545-7763, ext. 2-7132. To file a complaint with the Developmental Disabilities Bureau of Quality Improvement call 317-234-2736 or 800-545-7763, ext. 4-2736.
4. Incident Reporting Process: Providers are required to report any incidents of suspected abuse, neglect or exploitation with Adult Protective Services or Child Protective Services. In addition, all Waiver providers must file an incident report with FSSA when a critical incident occurs.
5. Committees: There are various committees that help advise FSSA about waivers. If a person or family member would like to be a member of a committee related to the Quality Improvement process, contact the Division of Disability and Rehabilitative Services at 317-232-1147 or 800-545-7763, ext. 2-1147 or the Bureau of Developmental Disabilities at ext. 2-7842.

## How Are Problems Resolved?

If you are having a problem with your service provider staff or case manager, talk first with the service provider staff or the case manager. You should expect a quick and appropriate response to your concern or problem. If the issue is not resolved, speak to the supervisor of staff or case manager. After a reasonable number of days, and if you are still concerned about the problems, you can contact the following:

### **For Nursing Home Level of Care Waivers:**

If the problem remains unresolved, or if the problem is with your Area Agency on Aging (AAA), contact the Division of Aging at 317- 232-7132 or 800-545-7763, ext. 2-7132 to report the problem.

### **For ICF/MR Level of Care Waivers:**

- If the problem with a provider or case manager remains unresolved, contact the Bureau of Quality Improvement Services (BQIS) at 317-234-2736; or 800-545-7763, ext. 4-2736.
- If the problem is with the local BDDS District Office, contact the Director of Client Services at 317-234-3719; or 800-545-7763, ext. 4-3719.
- Another resource: contact the DD Waiver Ombudsman at 800-622-4484. By law, the Ombudsman receives, investigates, and attempts to resolve complaints and concerns that are made by or on behalf of people with developmental disabilities in Waiver programs.

### **Other resources for assistance in complaint resolution include:**

1. Adult Protective Services (APS) 800-992-6978 conducts investigations and provides least restrictive intervention for adults who are endangered by abuse, neglect, or exploitation.
2. Child Protective Services (CPS) 800-800-5556 conducts investigations and protects children from abuse or neglect and prevents, remedies, or assists in solving problems that may result in abuse, neglect, exploitation or delinquency of a child.
3. Indiana Protection and Advocacy Services (P&A) 800-622-4845 will investigate consumer complaints, assist in the appeals' process, if needed, or take other action needed to resolve problems.
4. Medicaid Fraud Hot Line 800-382-1039 will investigate reports and allegations of providers or people inappropriately using Medicaid benefits or funding.

### **Choosing a new provider**

Freedom of choice is guaranteed under the Waiver program. Exercising your freedom of choice is the best way to make sure you receive the services that you need. You have the right to CHOOSE to change to a different provider or case manager (as long as the different provider is certified by the Medicaid program for your area.) The process is designed to be flexible to meet changing needs and/or provide better delivery of services.

### **Provider discontinuing services**

A Waiver provider can discontinue Waiver services for a variety of reasons.

A provider of **Nursing Facility Level of Care** Waiver services that decides to stop delivering a service must give a thirty (30) day written notice to you, the case manager, and the Division of Aging Provider Relations Specialist. If proper notice is not given, contact your case manager. The case manager will also assist you in selecting another provider.

A provider of **ICF/MR Level of Care** Waiver services that decides to stop delivering a service must give a sixty (60) day written notice to you, the case manager, the District Office Service Coordinator, and the State Provider Relations Specialist. If proper notice is not given, contact your case manager. The case manager will also assist you in selecting another provider. The provider is expected to continue to deliver the Waiver services until another provider is selected and begins the services.



## What Are Your Appeal Rights?

An appeals' process is available to every person who thinks that an action taken is adverse to him/her. For example, a person is denied initial eligibility for a Waiver, or your Level of Care eligibility is denied during the annual review process or a specific Waiver service, such as an assistive technology device, has been denied. Denial of non-Waiver Medicaid services--referred to as "state plan" or "regular Medicaid" services--may also be appealed.

When the State denies your eligibility for a program or service, you will receive a written Notice of Action. The effective date of the action will be in the Notice of Action you receive. The Notice of Action will include the appeals' procedure, describing what should be sent with the written appeal request, to whom the appeal request should be sent, and the timelines. Most appeal requests must be filed within 30 days. During the appeal process, benefits and services will continue, until there is a hearing decision. If you are in doubt, always request an appeal. The appeals' process is the only way to preserve your rights under federal and Indiana administrative law.

The State will schedule a hearing before an Administrative Law Judge and must send a written notice of the hearing at least ten days before the scheduled date. You, as the person who has filed an appeal, have a right to:

1. Be represented at the hearing by legal counsel, advocate, friend, and/or relative,
2. Review the entire case file prior to the hearing; to bring witnesses and cross-examine adverse witnesses, and
3. Present evidence.

Hearings are usually conducted in a Division of Family Resource office in your county of residence.

The decision of the Administrative Law Judge may be further appealed by requesting an "Agency Review." This consists of a review of the record from the hearing and the Administration Law Judge's decision by a Family and Social Services Administration designee, in order to determine if the decision is appropriate. No new evidence is accepted for the review; however, you or your representative may submit a "Memorandum of Law" summarizing the case. To appeal the Agency Review decision, you must file for judicial review in a civil court.

For further information regarding your appeal rights, contact your case manager. You may also contact one of the advocacy agencies for more information or support on appeals or services. See page 46 for contact information.

## How Do You Select Good Providers?

Selecting good providers is critical. It's helpful to think about the issues that are important to you/your family member before you begin the process. A list of certified Waiver providers for each county, including case managers, for the **Nursing Facility LOC Waivers** is available from the AAA offices; and for the **ICF/MR LOC Waivers** from the local BDDS District Offices.

You will be able to make an informed choice by reading information, such as this booklet, or by discussing alternatives with the case manager, or an advocate. You may want to visit an individual who is currently receiving Waiver services or meet with various service providers. Case managers can assist in setting up visits or meeting with service providers.

Sometimes a provider can arrange for you to visit people who are receiving services from the provider. Remember, when you visit a house or apartment where Waiver services are being provided, you are visiting someone's home.

On the following pages are some questions to consider when selecting Waiver providers. Which questions you ask will depend on what kind of service it is, and whether you will be served in your family home, your own home/apartment with or without housemates. Many of the questions are applicable to any setting, and others can be skipped or modified as needed.

When meeting with providers or case managers, it is important to take notes, because it is easy to forget details later. Ask for copies of any written materials, write down names, titles, phone numbers, email addresses, etc., and the date of the meeting. It's important to maintain accurate information.

### ***General Topics to Discuss with Service Providers and Case Managers***

1. Discuss all areas of service that are absolute requirements for you/your family member such as: medications always administered on time, 24 hour direct supervision, sign language training, etc.
2. What makes you/your family member happy? What causes pain? How will the provider maximize opportunities for the first, and minimize or eliminate instances of the second?
3. What things do you/your family member want to have happen? A job? Member of a church? How many housemates? Living within a half hour drive of family? Anything else? Are these wishes or requirements?
4. What are the risks for you/your family member? For example, daily seizures; no street safety skills; does not talk or use sign language; forgetful; hits others when angry, etc. How will the provider deal with those risks?

### ***Specific Questions to Ask a Case Manager***

1. What is your experience working with children and/or adults with disabilities or adults who are elderly?
2. How would you ensure the implementation of my Person Centered Plan (for DD Waivers)?
3. What connections have you established in my community? How would you assist me in building a support system in my community?

## How Do You Select Good Providers?(Con't)

### ***Specific Questions to Ask a Case Manager (Con't)***

4. In what capacity do you see yourself fitting into my team of family and friends, and with each of the service providers that I choose?
5. What, and how often, would you routinely communicate with me and other team members? How do you approach negotiation and conflict resolution among team members?
6. Can I page or call you in the event of an emergency?
7. How often would you expect to see me/my family member each month?

### ***Questions to Ask Prospective Service Providers***

1. What is the provider's mission? (Does it match the intent you are seeking?)
2. Is the provider certified, accredited, or licensed? What are the standards of service?
3. What kind of safety measures does the provider have to protect and assure treatment?
4. How does the provider assure compliance with person's rights? Do you (and/or family members/advocates) receive copies of your rights as a consumer of services, as well as have these rights explained?
5. Is the provider interested in what you/your family member wants or dreams about?
6. Is the provider connected to other programs that you may need, such as day support, local school/education services, or work programs? How is the provider connected? Ask for specific contacts.
7. If you are to live in a home shared with other people, can families drop in whenever they wish?
8. How are birthdays, vacations, and special events handled?
9. How would family money issues be handled? What is the policy on personal/client finances?
10. How would minor illnesses and injuries be handled? Major illnesses/injuries?
11. What kinds of things are routinely reported to families?
12. Can we get a copy of your complaint policies and procedures? Is there someone else who family members can talk to if there is a disagreement?
13. How are behavior problems handled? Are staff allowed to contact a behavioral support provider? How are new staff trained on the behavior support plan? Are they trained before working with our family member? What is the relationship between residential provider and behavioral provider?
14. How is medication handled? What happens if medication is refused?
15. What is the smoking policy?
16. How are planning meetings scheduled and conducted, and who attends? Can a family member call a meeting? How do you assure that what is agreed upon in the meeting actually is provided?
17. Who would be the provider contact person, and how will that contact occur, and how often? Is someone available 24 hours a day in case of emergencies?
18. How many people with disabilities has the agency terminated or discontinued from services? Why? What happened to them?
19. Has the agency received any abuse/neglect allegations? Who made these allegations? What were the outcomes? What is the process for addressing abuse/neglect allegations?

## **How Do You Select Good Providers?(Con't)**

### ***Questions to Ask Prospective Service Providers (Con't)***

20. What challenges do you think my family member will create for you?
21. As a provider of Waiver services, what are your strengths and weaknesses?
22. What is the process for hiring staff? Are background checks conducted and training given? What happens to our family member while a new staff person is hired and trained?
23. How is direct staff supervised? What training does the staff receive? What is the average experience or education of staff?
24. How is staffing covered if regular staff is ill? What happens if staff does not show up for the scheduled time? How often does it happen?
25. What is the staff turnover rate? How are staff's respite needs handled?
26. What kind of supports do staff have? Who can staff call if a problem develops?

### ***What to Look For and Ask About During Visits to Supported Living Settings (DD Waivers only)***

1. How do the staff and housemates interact? Do they seem to respect and like each other?
2. Does the environment look comfortable? Is there enough to do? Are there things happening in the home?
3. What kind of food is available and who picks it? Are choices encouraged/available? Are diets supervised?
4. Do people have access to banks, shops, restaurants, etc? How is transportation handled? Are trips to access these resources planned or on an as needed basis?
5. Is there a telephone available to housemates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control, other access features) if needed?
6. Does each person have his/her own bedroom? Can each person individually decorate the bedroom?
7. Do housemates seem to get along well? What happens when they don't?
8. Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled? Are lost items replaced?
9. Are pets allowed? What are the rules regarding pets?
10. How much time is spent in active learning (neighborhood, home or community) and leisure activities? Is there a good balance with unstructured time?
11. Is there evidence that personal hygiene and good grooming (hair, teeth, nails, etc.) are encouraged?
12. How are personal need items, clothing, etc. paid for?
13. Does each person have privacy when he/she wants to be alone or with a special friend?
14. Does each person have the opportunity to belong to churches, clubs, community groups, etc?
15. Do staff knock on doors (and wait for a response) before entering a private room?
16. What kind of rules is there within the living situation? What are the consequences for breaking rules?
17. Does each housemate have opportunities to pursue his/her own individual interests, or do they travel in a group with everyone doing the same thing, attending the same movie, etc.?

## What Other Community Based Services Are Available?

Beside Waiver Services, you may also be eligible for other programs and services beyond the scope of the Waiver. You can apply for these programs and services while you are waiting for Waiver services to start; and you can use them to supplement the Waiver services. Some of the services available are listed below.

- 1. Brain Injury Association of Indiana:** Helps persons with brain injuries and the families of those persons. Provides support groups and resources. 317-356-7722
- 2. Children's Special Health Care Services:** Helps families of children with **serious chronic medical conditions** receive treatment related to the child's condition. Income eligibility standards are 250% of poverty. To apply, contact the **Indiana State Department Health** 800-475-1355.
- 3. CHOICE (Community and In-Home Options to Institutional Care for the Elderly and Disabled):** A state-funded program under the Division of Aging that provides support to both the **elderly and people with disabilities including children**. In-home services such as respite care, home modification, personal assistance, and other services can be accessed. There is a waiting list for services. For more information, contact your local **Area Agency on Aging**. See page 40 or call 800-986-3505.
- 4. Department of Education / Division of Exception Learners / Community-Supported Services:** Intensive special education and related services, necessary to enable a student to remain in the community, without resorting to residential placement, or to return a student to the local community from a residential placement. The Case Conference Committee determines if community-supported services are needed after the local educational corporation's continuum of services has been exhausted.
- 5. Employment Supports:** A wide range of supports is available for **adults with disabilities** who are seeking employment or training, including work incentives through the Social Security Administration [www.socialsecurity.gov/work/](http://www.socialsecurity.gov/work/) to support working adults with disabilities. For more information, contact your local **Vocational Rehabilitation Services** office.
- 6. Family Subsidy Program:** Provides limited financial support for respite care called 'Caregiver Support,' to assist families to keep the child or adult with **developmental disabilities** in the family home. Caregiver Support Services provide a 'break' for the primary caregiver. By definition, the primary caregiver is not allowed to use Caregiver Support Services to work or attend school classes. For more information, contact the **Bureau of Developmental Disabilities Services** District Office in your area. See page 41.
- 7. First Steps Infant and Toddler Program:** Provides early interventions services to Indiana families with infants and toddlers from birth through age three who have developmental delays or disabilities. Services may include: Special instruction, Health services, Vision services, Diagnostic services, Assistive Technology, Nursing services, Psychological services, Audiology, Transportation, Nutrition services, Physical therapy, Occupational therapy, Social work services, Speech pathology, and Family support. Co-pays are based on family income. Call 800-441-7837. [www.in.gov/fssa/first\\_step/index.html](http://www.in.gov/fssa/first_step/index.html)

## What Other Community Based Services Are Available? (cont'd)

**8. Hoosier Healthwise / Children's Health Insurance Program (CHIP):** Indiana's health care program for children, pregnant women, and low-income working families. Based on family income, children up to age 19 may be eligible for premium-free, or low-cost coverage under the Children's Health Plan. Benefits are similar to the regular Medicaid State Plan. (Children must apply for and be transferred to regular **Medicaid** health coverage once they are on a Waiver.) For more information call 800-889-9949.

**9. Medicaid / Medicaid Select:** People not yet on the Waiver may be eligible for Medicaid State Plan benefits. You apply at the local **Division of Family Resources (DFR)**. See page 42. The caseworker can also provide more comprehensive information about services available and limitations of the program. When you receive Waiver services, you must be enrolled in the Medicaid State Plan, since both programs are used to meet your needs. A brief list of regular Medicaid services includes (but is not limited to) the following:

- Hospital (inpatient, outpatient and emergency)
- Family planning services and supplies
- Durable medical equipment and supplies
- Nursing facility
- Long term care home health services
- Rural health clinics and health centers
- Other care services (PT, OT, speech, etc.)
- Lab and X-ray, prescribed drugs
- Mental health services
- Dental services
- Nurse practitioners
- Psychiatric hospital (under 21 and over 65)
- EPSDT (under age 21)
- Prosthetic devices
- Eyeglasses
- Diagnostic/screening/preventative
- Rehabilitation
- Case management for select people, including people receiving ICF/MR type Waiver services
- Hospice care
- Transportation

**10. Medicaid for Employees with Disabilities (M.E.D. Works):** Working adults with disabilities, including those receiving a Medicaid Waiver, can participate in this Medicaid program and may pay a premium based on their earned income to continue Medicaid coverage. The premiums are calculated at a lower rate than spend down and replaces traditional spend down. M.E.D. Works provides the full-range of traditional Medicaid-covered services and requires the same co-payments for services. Contact your local **Division of Family Resources (DFR)** for enrollment information. See page 42. For information about work incentive programs for people with disabilities including M.E.D. Works: [www.in.gov/fssa/healthcare/med/medicaid/receivessdi.html](http://www.in.gov/fssa/healthcare/med/medicaid/receivessdi.html)

**11. Medicare:** A hospital, medical insurance, and prescription drug program for retired people and people receiving Social Security Disability Insurance (SSDI) benefits for at least 24 months. Under certain conditions a child may be eligible for Medicare based on the parents work history. Contact the Medicare Customer Service Information at 800-622-4792 (800-MEDICARE) or [www.medicare.gov](http://www.medicare.gov)

## What Other Community Based Services Are Available? (cont'd)

**12. Section 8 Rent Subsidy:** For individuals on a limited income, rent subsidies, such as Section 8 vouchers, may be available through local public housing authorities. These subsidies allow people with limited income to live in an integrated environment in a regular apartment building. Most communities have a Housing Authority and there is usually a waiting list. For contact information look in your telephone book or go to: [www.hud.gov](http://www.hud.gov) People from communities that do not have local housing agencies/authorities should contact the Indiana Rental Housing Help Line at 800-872-0371

**13. Section 8 Home Ownership Program:** For eligible individuals and families with low income, Section 8 vouchers can be used as mortgage subsidies rather than strictly for rent. This program is not currently available in all communities. Call your local Housing Authority or Rental Housing Help Line at 800-872-0371

**14. Self-Directed Care or Private Hire:** Children and adults who receive attendant/personal care services under the **Aged and Disabled Waiver** or **CHOICE** (or an individual who is responsible for making health-related decisions for the person) have the option to assume the responsibility to initiate self-directed care and exercise judgment regarding the manner in which those Waiver or CHOICE services are delivered, including the decision to employ, train, and dismiss a personal service attendant. Speak to your **AAA** case manager about this option.

**15. Social Security Administration:** For application and status of benefits call 800-772-1213 (automated answering resource). Contact website [www.ssa.gov/disability/](http://www.ssa.gov/disability/) Only people who have a disability and meet medical criteria are eligible for the two income disability programs (see **Social Security Disability Insurance** and **Supplemental Security Income** below).

**16. Social Security Disability Insurance (SSDI):** An income disability program that pays benefits to an eligible person with a disability and certain members of the family if the person is "insured," meaning they have worked long enough and paid Social Security taxes.

**17. Supplemental Security Income (SSI):** An income disability program that pays benefits to eligible adults and children with disability based on financial need.

**18. Special Education:** IDEA (Individuals with Disabilities Education Act) a federal entitlement program that provides free appropriation public education in the least restrictive environment to **special education** students up to age 22 (including infants and toddlers-First Steps Program). Services include therapies and assistive technology. For more information, contact the Special Education Director at your local school corporation or call the state office toll free at 877-851-4106. For information about **First Steps** see page 37

**19. State Funded Supported Living Services:** An array of residential services and residential living allowance that allows a person eligible for **developmental disabilities** services to be supported in his/her own home. Currently, limited state funds are available for those people who are moving from institutional settings to supported living settings. For more information, contact the **Bureau of Developmental Disabilities Services** District Office in your area. See page 41.

# Area Agency on Aging Offices

Contact your local Area Agency on Aging toll free at 800-986-3505

**AREA 1**  
**NW IN Community Action Corp, Inc.**  
5518 Calumet Avenue  
Hammond, IN 46320  
219-937-3500  
800-826-7871  
FAX 219-932-0560

**AREA 2**  
**REAL Services, Inc.**  
1151 S. Michigan St.,  
P.O. Box 1835  
South Bend, IN 46634-1835  
574-233-8205  
800-552-2916  
FAX 574-284-2642

**AREA 3**  
**Aging and In-Home Services of Northeast Indiana**  
2927 Lake Avenue  
Fort Wayne, IN 46805-5414  
260-745-1200  
800-552-3662  
FAX 260-456-1066

**AREA 4**  
**Agency on Aging & Community Action Programs**  
660 North 36th St.  
P.O. Box 4727  
Lafayette, IN 47903-4727  
765-447-7683  
800-382-7556  
TDD 765-447-3307  
FAX 765-447-6862

**AREA 5**  
**Agency on Aging & Community Services, Inc.**  
1801 Smith Street  
Suite 300  
Logansport, IN 46947-1577  
574-722-4451  
800-654-9421  
FAX 574-722-3447

**AREA 6**  
**LifeStream Services, Inc.**  
1701 Pilgrim Drive  
P.O. Box 308  
Yorktown, IN 47396-0308  
765-759-1121  
800-589-1121  
TDD 800-589-1121  
FAX 765-759-0060



**AREA 7**  
**West Central Indiana Economic Development District, Inc.**  
1718 Wabash Ave., P.O. Box 359  
Terre Haute, IN 47808-0359  
812-238-1561 or 800-489-1561  
TDD 800-489-1561  
FAX 812-238-1564

**AREA 8**  
**CICOA Aging & In-Home Solutions**  
4755 Kingsway Dr., Suite 200  
Indianapolis, IN 46205-1560  
317-254-5465 or 800-489-9550  
TDD 317-254-5497  
FAX 317-254-5494

**AREA 9**  
**In-Home & Community Services Agency**  
520 South 9th St.  
Richmond, IN 47374-6230  
765-966-1795 or 800-458-9345  
FAX 765-962-1190

**AREA 10**  
**Agency on Aging**  
630 West Edgewood Drive  
Ellettsville, IN 47429  
812-876-3383 or 800-844-1010  
FAX 812-876-9922

**AREA 11**  
**Aging & Community Services of South Central Indiana, Inc.**  
1531 13th Street Suite G-900  
Columbus, IN 47201-1302  
812-372-6918  
866-644-6407  
FAX 812-372-7846

**AREA 12**  
**LifeTime Resources, Inc.**  
13091 Benedict Drive  
Dillsboro, IN 47018  
812-432-5215  
800-742-5001  
FAX 812-432-3822

**AREA 13**  
**Generations**  
P.O. Box 314  
Vincennes, IN 47591  
812-888-5880  
800-742-9002  
TDD 812-888-5762  
FAX 812-888-4566

**AREA 14**  
**Lifespan Resources, Inc.**  
426 Bank Street, # 100,  
P.O. Box 995  
New Albany, IN 47151-0995  
812-948-8330  
888-948-8330  
FAX 812-948-0147

**AREA 15**  
**Hoosier Uplands Agency on Aging and Disability Services**  
521 West Main Street  
Mitchell, IN 47446  
812-849-4457  
800-333-2451  
TDD 800-473-3333  
FAX 812-849-4467

**AREA 16**  
**Southwestern Indiana Regional Council on Aging, Inc.**  
16 West Virginia St  
P.O. Box 3938  
Evansville, IN 47737-3938  
812-464-7800  
800-253-2188  
FAX 812-464-7811



# Bureau of Developmental Disabilities Services Offices

## Central Office

Indianapolis  
 P O Box 7083  
 Indianapolis, IN 46207-7083  
 317-232-7842  
 800-545-7763  
 Fax: 317-234-2099

## District 1

Merrillville  
 5800 Broadway, Suite P  
 Merrillville, IN 46410  
 219-887-0503  
 877-218-3053  
 Fax: 219-985-8652

## District 2

South Bend  
 224 W Jefferson Blvd, Suite 200  
 South Bend, IN 46601  
 574-232-1412  
 877-218-3059  
 Fax: 574-287-5482

## District 3

Fort Wayne  
 219 W. Wayne Street.  
 Fort Wayne, IN 46802  
 260-423-2571  
 877-218-3061  
 Fax: 260-424-2830

## District 4

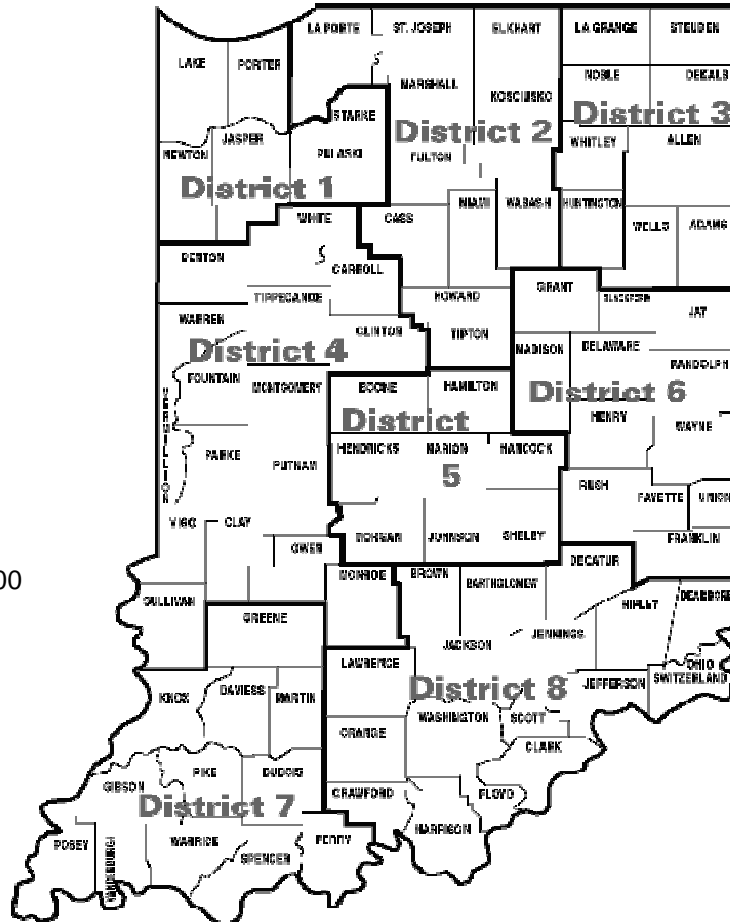
Greencastle  
 1007 Mill Pond Lane, Suite A  
 Greencastle, IN 46135  
 765-653-2468  
 877-218-3096  
 Fax: 765-653-7152

## District 5

Indianapolis  
 4701 N. Keystone, Suite 427  
 Indianapolis, IN 46205-1541  
 317-254-2065  
 877-218-3530  
 Fax: 317-254-2075

## District 6

Muncie  
 1200 S. Tillotson Overpass, Suite 4  
 Muncie, IN 47304  
 765-288-6516  
 877-218-3531  
 Fax: 765-288-8529



## District 7

Evansville  
 700 E. Walnut Street  
 Evansville, IN 47713  
 812-423-8449  
 877-218-3528  
 Fax: 812-428-4146

## District 8

Clarksville  
 P. O. Box 2517  
 1452 Vaxter Avenue  
 Clarksville, IN 47131-2517  
 812-283-1040  
 877-218-3529  
 Fax: 812-285-9533

## District 8

Seymour  
 200 E. Third Street  
 P. O. Box 930  
 Seymour, IN 47274-0930  
 812-522-5859  
 877-218-3532  
 Fax: 812-523-1160

# Division of Family Resources Offices

Check your local telephone book for counties with multiple office locations or go to:

[www.in.gov/fssa/family/children/dfc/directory](http://www.in.gov/fssa/family/children/dfc/directory)

## [Adams Co. Office](#)

1145 Bollman St., P.O. Box 227  
Decatur, IN 46733  
260-724-9169  
Director: Steven E. Scott

## [Allen Co. Office](#)

201 E. Rudisill Blvd., Suite 100  
Fort Wayne, IN 46806  
260-458-6200  
Director: Michelle Savieo

## [Bartholomew Co.](#)

1531 13th St., Suite 2700  
Columbus, IN 47201-1311  
812-376-9361  
Director: Keith Weedman

## [Benton Co. Office](#)

403 W. 5th St.  
P.O. Box 226  
Fowler, IN 47944-0026  
765-884-0120  
Director: Elva A James

## [Blackford Co. Office](#)

124 N. Jefferson St., P.O. Box 717  
Hartford City, IN 47348  
765-348-2902  
Director: Betty Lyons

## [Boone Co. Office](#)

953 Monument Dr., P.O. Box 548  
Lebanon, IN 46052  
765-482-3023  
Director: Kamilla Aeschliman

## [Brown Co. Office](#)

121 Locust Lane, P.O. Box 325  
Nashville, IN 47448  
812-988-2239  
Director: Debora L. Dailey

## [Carroll Co. Office](#)

6931 West 300 North  
Delphi, IN 46923-0276  
765-564-2409  
Director: Janis C. Mullen

## [Cass Co. Office](#)

1714 Dividend Drive  
Logansport, IN 46947  
574-722-3677  
Director: Anita S. Closson

## [Clark Co. Office](#)

1200 Madison St.  
Clarksville, IN 47129-7725  
812-288-5400  
Director: Patrick Brown

## [Clay Co. Office](#)

1015 E. National Ave.  
Brazil, IN 47834  
812-448-8731  
Director: Pam Connelly

## [Clinton Co. Office](#)

57 W. Washington St.,  
P.O. Box 725  
Frankfort, IN 46041-0725  
765-654-8571  
Director: Janis Mullen

## [Crawford Co. Office](#)

304 Indiana Avenue, P.O. Box 129  
English, IN 47118  
812-338-2701  
Director: Herbert Gordon

## [Daviess Co. Office](#)

4 N.E. 21st St., P.O. Box 618  
Washington, IN 47501  
812-254-0690  
Director: Melinda Berry

## [Dearborn Co. Office](#)

230 Mary Ave., Suite 150  
P.O. Box 401  
Lawrenceburg, IN 47025  
812-537-5131  
Director: Randy Hildebrand

## [Decatur Co. Office](#)

1025 E. Freeland Rd., Suite B  
P.O. Box 484  
Greensburg, IN 47240-9427  
812-663-6768  
Director: Traci Lynn Eggleston

## [DeKalb Co. Office](#)

934 W. 15th St., P.O. Box 870  
Auburn, IN 46706  
260-925-2810  
Director: Mary E. Southern

## [Delaware Co. Office](#)

333 S. Madison  
P.O. Box 1528  
Muncie, IN 47308  
765-751-9565, Ext. 250  
Director: Jacqueline S. Fisher

## [Dubois Co. Office](#)

611 Bartley St.  
Jasper, IN 47546  
812-482-2585  
(or P.O. Box 230  
Jasper, IN 47547-0230)  
Director: Leslie Rowland

## [Elkhart Co. Office](#)

347 West Lusher Avenue  
Elkhart, IN 46517-1825  
574-293-6551  
Director: Tony Sommer

## [Fayette Co. Office](#)

3662 Western Avenue  
Connersville, IN 47331-3428  
765-825-5261  
Director: Mark Munchel

## [Floyd Co. Office](#)

1421 E. Elm St.  
New Albany, IN 47150  
812-948-5480  
Director: John Barksdale

## [Fountain Co. Office](#)

981 E. State St., Suite A  
P. O. Box 67  
Veedersburg, IN 47987  
765-294-4126  
Director: Cindy Mason

## [Franklin Co. Office](#)

9127 Oxford Pike, Suite A  
Brookville, IN 47012-9284  
765-647-4081  
Director: Terry Suttle

[Fulton Co. Office](#)

1920 Rhodes St.  
Rochester, IN 46975-0820  
574-223-3413  
Director: Chris (Christina)  
Ackerman

[Gibson Co. Office](#)

321 S. 5th Avenue  
Princeton, IN 47670-3519  
812-385-4727  
Director: Susan Blackburn

[Grant Co. Office](#)

840 N. Miller Avenue  
Marion, IN 46952  
765-668-4500  
Director: Charles Osterholt

[Greene Co. Office](#)

104 County Road 70 E, Suite A  
P.O. Box 443  
Bloomfield, IN 47424  
812-384-4404  
Director: Vacant

[Hamilton Co. Office](#)

938 N. Tenth St.  
Noblesville, IN 46060  
317-773-2183  
Interim Director: Peggy Surbey

[Hancock Co. Office](#)

120 W. Mckenzie, Suite F  
Greenfield, IN 46140  
317-467-6360  
Director: Laura Gentry

[Harrison Co. Office](#)

2026 Highway 337 NW, P.O. Box  
366  
Corydon, IN 47112-0366  
812-738-8166  
Director: James Miller

[Hendricks Co. Office](#)

6781 E. US 36, Suite 200  
Avon, IN 46123  
317-272-4917  
Director: Andrea Goodwin

[Henry Co. Office](#)

1416 Broad St., 2nd Floor  
New Castle, IN 47362  
765-529-3450  
Director: Michael Fleming

[Howard Co. Office](#)

101 W. Superior  
Kokomo, IN 46901-4670  
765-457-9510  
Director: Marilyn Robinson

[Huntington Co. Office](#)

88 Home St.  
Huntington, IN 46750-1346  
260-356-4420  
Director: Elizabeth (Liz) J. Learned

[Jackson Co. Office](#)

220 S. Main St., P.O. Box C  
Brownstown, IN 47220  
812-358-2421  
Director: Dennis Carmichael

[Jasper Co. Office](#)

215 W. Kellner Blvd., Suite 16  
P. O. Box 279  
Rensselaer, IN 47978  
219-866-4186  
Director: Sharon R. Mathew

[Jay Co. Office](#)

1237 W. Votaw St.  
SR 67, P.O. Box 1034  
Portland, IN 47371-9590  
260-726-7933  
Director: Chris Wagner

[Jefferson Co. Office](#)

493 W Hutchinson Lane  
P.O. Box 1189  
Madison, IN 47250-1189  
812-265-2027  
Director: Robert G. King

[Jennings Co. Office](#)

2017 Crestwood Drive, P.O. Box  
1047  
North Vernon, IN 47265  
812-346-2254  
Director: Michael L. Williams

[Johnson Co. Office](#)

1784 E Jefferson St  
Franklin, IN 46131-7277  
317-738-0301  
Director: Vacant

[Knox Co. Office](#)

1050 Washington Ave., P.O. Box  
235  
Vincennes, IN 47591  
812-882-3920  
Director: Larry Marchino

[Kosciusko Co. Office](#)

205 N. Lake St.  
Warsaw, IN 46580  
574-267-8108  
Director: Peggy Shively

[LaGrange Co. Office](#)

836 N. Detroit St.  
LaGrange, IN 46761-1112  
260-463-3451  
Director: Jan Lung

[Lake Co. Office](#)

661 Broadway  
Gary, IN 46402-2407  
Mailing Address: P.O. Box 2270  
Gary, IN 46409-2270  
219-886-6000  
Director: Jane Bisbee (all locations)

[LaPorte Co. Office](#)

1230 State Road 2 W, P.O. Box  
1402  
LaPorte, IN 46352  
219-326-5870  
Director: Terrance K. Ciboch

[Lawrence Co. Office](#)

918 16th Street, Suite 100  
Bedford, IN 47421-3824  
812-279-9706  
Director: Steve Adam

[Madison Co. Office](#)

222 E. 10th Street, Suite D  
Anderson, IN 46016  
765-649-0142  
Director: Christopher Wagner

[Marion Co. Office](#)

129 E. Market St., Suite 1200  
Indianapolis, IN 46204  
Please refer to offices listed  
throughout Marion Co.  
Director: Dan Carmin

[Marshall Co. Office](#)

1850 Walter Glaub Drive  
P.O. Box 539  
Plymouth, IN 46563  
574-935-4046  
Director: Michael J. Carroll

[Martin Co. Office](#)

51 Ravine Street, P.O. Box 88  
Shoals, IN 47581  
812-247-2871  
Director: Melinda Berry

[Miami Co. Office](#)

12 S. Wabash, P.O. Box 143  
Peru, IN 46970-0143  
765-473-6611  
Director: Fay Russell

[Monroe Co. Office](#)

401 E. Miller Drive  
Bloomington, IN 47401  
812-336-6351  
Director: Lindsey A. Smith

[Montgomery Co.](#)

307 Binford St.  
Crawfordsville, IN 47933  
765-362-5600  
Director: Steve Vaughn

[Morgan Co. Office](#)

1326 S. Morton Avenue  
Martinsville, IN 46151  
765-342-7101  
Director: Tim Miller

[Newton Co. Office](#)

4117 S 240 W, P.O. Box 520  
Morocco, IN 47963-0520  
219-285-2206  
Director: Ronald S. Fisher

[Noble Co. Office](#)

107 Weber Road  
Albion, IN 46701  
260-636-2021  
Director: Sue Romans

[Ohio Co. Office](#)

125 N. Walnut, PO Box 196  
Rising Sun, IN 47040  
812-438-2530  
Director: Randy Hildebrand

[Orange Co. Office](#)

535 N. Greenbriar Dr, PO Box 389  
Paoli, IN 47454  
812-723-3616  
Director: Leslie Rowland

[Owen Co. Office](#)

450 E. Franklin St.  
Spencer, IN 47460-1824  
812-829-2281  
Director: Debora L. Dailey

[Parke Co. Office](#)

116 W. Ohio  
Rockville, IN 47872  
765-569-3156  
Director: Katie Edington

[Perry Co. Office](#)

316 E. Hwy 66  
Tell City, IN 47586  
812-547-7055  
Director: Georgann Gogel

[Pike Co. Office](#)

2105 E. Main  
Petersburg, IN 47567  
812-354-9716  
Director: Steve Cunningham

[Porter Co. Office](#)

152 Indiana Avenue  
Valparaiso, IN 46383-5514  
219-462-2112  
Director: Jon Rutkowski

[Posey Co. Office](#)

1809 Main St., PO Box 568  
Mount Vernon, IN 47620  
812-838-4429  
Director: Susan Blackburn

[Pulaski Co. Office](#)

429 N Logan St., P.O. Box 130  
Winamac, IN 46996-0130  
574-946-3312  
Director: Laurel J. Myers

[Putnam Co. Office](#)

121 Ridgeland Rd.  
Greencastle, IN 46135  
765-653-9780  
Director: Barbara South

[Randolph Co. Office](#)

325 S Oak St., Ste 201  
Winchester, IN 47394-2242  
765-584-2811  
Director: Steven Cox

[Ripley Co. Office](#)

630 S. Adams, P.O. Box 215  
Versailles, IN 47042  
812-689-6295  
Director: India Turner

[Rush Co. Office](#)

1340 N. Cherry  
Rushville, IN 46173  
765-932-2392  
Director: Terry Suttle

[St. Joseph Co. Office](#)

4634 W. Western Ave.  
South Bend, IN 46619-2304  
574-251-8668  
Director: Charles Smith

[Scott Co. Office](#)

1050 W. Community Way  
Scottsburg, IN 47170-7768  
812-752-2503  
Director: Joan Kelley

[Shelby Co. Office](#)

2565 Parkway Dr., Suite 2  
Shelbyville, IN 46176-8677  
317-392-5040  
Director: Mary Ann Medler

[Spencer Co. Office](#)

900 Old Plank Road, P.O. Box 25  
Rockport, IN 47635  
812-649-9111  
Director: Connie Branch

[Starke Co. Office](#)

318 E. Culver Road  
Knox, IN 46534  
574-772-3411  
Director: Larry Harris

[Steuben Co. Office](#)

317 S. Wayne St., Suite 2a  
Angola, IN 46703  
260-665-3713  
Director: Jan Lung

[Sullivan Co. Office](#)

128 S. State St.; PO Box 348  
Sullivan, IN 47882  
812-268-6326  
Director: Pam Connelly

[Switzerland Co. Office](#)

506 Ferry St.-SR 56, PO Box 98  
Vevay, IN 47043  
812-427-3232  
Director: Robert G. King

[Tippecanoe Co. Office](#)

111 North 4th St.  
Lafayette, IN 47901-1305  
765-742-0400  
Director: Angela Smith Grossman

[Tipton Co. Office](#)

202 S. West St.  
Tipton, IN 46072-1848  
765-675-7441  
Acting Director: Jennifer (Jenny)  
R. Hoffman

[Union Co. Office](#)

303A N. Main St., P.O. Box 344  
Liberty, IN 47353  
765-458-5121  
Director: Gene Sanford

[Vanderburgh Co.](#)

100 E. Sycamore St., P.O. Box 154  
Evansville, IN 47701-0154  
812-421-5500  
Director: Lark Buckman

[Vermillion Co. Office](#)

215 W. Extension St., P.O. Box  
218  
Newport, IN 47966  
765-492-3305  
Director: Katie Edington

[Vigo Co. Office](#)

30 N. 8th St.  
Terre Haute, IN 47807  
812-234-0100  
Director: Glenn Cardwell

[Wabash Co. Office](#)

89 W. Canal St.  
Wabash, IN 46992  
260-563-8471  
Director: Margery Justice

[Warren Co. Office](#)

20 W. Second St.  
Williamsport, IN 47993-1118  
765-762-6125  
Director: Linda Akers

[Warrick Co. Office](#)

1302 Millis Avenue, P.O. Box 265  
Boonville, IN 47601  
812-897-2270  
Director: Judith Harper

[Washington Co. Office](#)

711 Anson St.  
Salem, IN 47167-9777  
812-883-4305  
Director: Nancy Lambring

[Wayne Co. Office](#)

50 S. Second St.  
Richmond, IN 47374-4276  
765-935-0078  
Director: Jean Cates

[Wells Co. Office](#)

221 W. Market Street, P.O. Box  
495  
Bluffton, IN 46714  
260-824-3530  
Director: Jenny Tsakkos

[White Co. Office](#)

715 N. Main St.  
Monticello, IN 47960  
574-583-5742  
Director: Barbara Bedrick

[Whitley Co. Office](#)

115 S. Line St.  
Columbia City, IN 46725  
260-244-6331  
Director: Steve Weaver

# Additional Resources and Contacts

## Family & Social Services Administration (FSSA)

- Website: [www.state.in.us/fssa/](http://www.state.in.us/fssa/). The FSSA website links to the state agencies below.
- To call Toll Free, use **800-545-7763** and extension -the last five digits of the FSSA office telephone number you are calling.
- For other FSSA numbers and contacts go to: [www.in.gov/fssa/admin/about/directory](http://www.in.gov/fssa/admin/about/directory)

### 1. Bureau of Developmental Disabilities Services, DDS

P.O. Box 7083 MS-18  
Indianapolis, IN 46207-7083  
317-232-7842  
402 West Washington Street, Room W453  
800-545-7763 ext. 2-7842

### 2. Bureau of Quality Improvement Services, DDS

P.O. Box 7083 MS-46  
Indianapolis, IN 46207  
317-234-2736  
402 W. Washington Street, Room W 451  
800-545-7763 ext. 4-2736  
800-622-4484 DD Waiver Ombudsman

### 3. Division of Aging , FSSA

P.O. Box 7083 MS-21  
Indianapolis, IN 46207-7083  
317-232-7122  
402 W. Washington Street, Room W454  
800-545-7763 ext. 2-7122

### 4. Hearing and Appeals, FSSA

MS-04  
402 W. Washington Street, Room E024  
Indianapolis, IN 46204-2739  
317-234-3488  
866-259-3573 (toll free)  
317-232-4412 (fax)

### 5. Office of Medicaid Policy and Planning, FSSA

402 W. Washington Street, Room W382  
Indianapolis, IN 46204-2739  
317-232-7930 (Autism, DD & Support Services Waiver)  
317-232-0049 (A&D & TBI Waivers)  
800-545-7763 ext 2-7930 or ext 2-0049

### 6. Division of Family Resources, FSSA

402 W. Washington Street, Room W 392  
Indianapolis, IN 46204-2739  
800-545-7763 ext 2-4704, 317-232-4704

## Social Security Administration Office

Contact website [www.ssa.gov/disability/](http://www.ssa.gov/disability/)  
800-772 1213 (automated answering resource)

## Centers for Independent Living (CIL)

Provides peer support, self-help, self-determination, and individual and system advocacy for all people with disabilities. To locate a CIL near you call (800) 545-7763 ext 2-1367 or go to: [www.in.gov/fssa/disability/services/vr/ilcenters.html](http://www.in.gov/fssa/disability/services/vr/ilcenters.html)

## IN\*SOURCE

Indiana Resource Center for Families with Special Needs  
1713 S Ironwood Drive  
South Bend, Indiana 46613  
574-234-7101 or (800) 332-4433  
574-234-7279 (Fax)  
[insource@insource.org](mailto:insource@insource.org)  
[www.insource.org/](http://www.insource.org/)

## About Special Kids (formerly IPIN)

7275 Shadeland Avenue, Suite 1  
Indianapolis, IN 46250  
317-257-8683  
800-964-4746  
[FamilyNet@aboutspecialkids.org](mailto:FamilyNet@aboutspecialkids.org)  
[www.aboutspecialkids.org](http://www.aboutspecialkids.org)  
[formerly IPIN - Indiana Parent Information Network]]

## Indiana Protection & Advocacy Services

4701 N. Keystone, Suite 222  
Indianapolis, IN 46205  
317-722-5555  
800-622-4845  
800-838-1131 (TTY only)  
317-722-5564 (Fax)  
[info@ipas.state.in.us/](mailto:info@ipas.state.in.us/)  
[www.in.gov/ipas](http://www.in.gov/ipas)

## The Arc of Indiana

107 N. Pennsylvania Street, Suite 300  
Indianapolis, IN 46204  
317-977-2375  
317-977-2385 (Fax)  
800-382-9100  
[www.arcind.org](http://www.arcind.org)  
[TheArc@arcind.org](mailto:TheArc@arcind.org)

## TheArcLink

[www.TheArcLink.org/](http://www.TheArcLink.org/)

## Governor's Council for People with Disabilities

150 West Market Street, Suite 628, Indianapolis, IN 46204  
Voice: 317-232-7770 Fax: 317-233-3712  
[GPCPD@gpcpd.org](mailto:GPCPD@gpcpd.org) [www.in.gov/GPCPD](http://www.in.gov/GPCPD)

## Notes

It is important to keep a record of who you talked to, when you sent in forms, etc. Use this page to list contact names, numbers, what was discussed and other important information.

**Notes (continued)**



## Waiver Guide Feed Back and Evaluation Survey

Please let us know whether this booklet is helpful and any suggestions you have for improving it by returning the completed survey via mail or fax. The survey is available as a separate document on request.

To fax: Send to Brenda Wade 317-233-3712

To mail: Fold, tape the ends together, affix postage and drop in your nearest mailbox.

1. How helpful is the Consumer Guide to Waiver Programs as a source for information about waivers?

Very helpful     Helpful     Somewhat helpful     Not helpful

2. Overall, how satisfied are you with Consumer Guide to Waiver Programs?

Very satisfied     Satisfied     Somewhat satisfied     Not satisfied

3. What do you think about the length of the booklet and how well the topics are covered?

Too short/not enough information     Just right     Too long/too much information

4. Which describes your interest in Waivers and this booklet? (Please check all that apply)

- I am currently receiving a waiver
- I have recently been "targeted" for a Waiver opening
- I am on the waiting list for a Waiver
- I plan to apply for a Waiver
- I will use the book to educate others about the Waiver program

5. Which describes you? (Please check all that apply.)

- Person with a disability
- State agency personnel
- Advocacy organization
- Educator
- Parent of a person/child with a disability
- Service provider
- Parent group
- Other: \_\_\_\_\_

6. Comments and Suggestions:

7. Would you like to receive the Council's free monthly newsletter **On Target**?  Yes  No  Already receive

8. Would you like to receive **Council E-mail News** (about twice each month)?  Yes  No  Already receive

If you said yes to either of the last two questions, please include your contact information when returning this form. Or if you prefer, e-mail the information separately to Brenda Wade at: [BWade@gpcpd.org](mailto:BWade@gpcpd.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_, IN ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Place  
Stamp  
here

Governors Council for People with Disabilities  
Consumer Guide to Waivers Survey c/o Brenda Wade  
150 West Market Street, Suite 628  
Indianapolis, IN 46204-2801