



A Guide to Transitioning to a Home with Medicaid Waiver Supports in Your Community

Many people live in nursing facilities, intermediate care facilities for people with intellectual and developmental disabilities (ICF-ID/DD), and Medicaid funded group homes because Indiana's Medicaid Waiver program was previously not available to them.

Medicaid Waivers can help adults with developmental disabilities transition from nursing facilities, ICFs-ID/DD and group homes to small, community-based residential programs.



It is possible for people with disabilities to move from a nursing facility, ICF-ID/DD or group home to a small residential program in the community if they meet eligibility guidelines for a Medicaid Waiver. Medicaid Waivers allow Medicaid to pay for home and community-based services.

Services that may be provided include:

- Up to 24-Hour Residential Staff Supports
- Supports to Participate in Community Activities
- Various Therapies
- Specialized Medical Equipment and Supplies
- Behavior Management
- Transportation
- Case Management



The Arc of Indiana was instrumental in establishing Indiana's Medicaid Waiver program in 1990. We have specific expertise in helping families through this process.

Steps to take to move to a small, community-based residential program with supports from a Medicaid Waiver:

- If you, or a loved one, live in a nursing facility, ICF-ID/DD or group home, there should be an annual meeting to review if you are still eligible for services. At the meeting, you should be asked if you would like to move to a residential program funded by a Medicaid Waiver.
- If you have already had your annual meeting and want to explore other residential options, call the Bureau of Developmental Disabilities Services (BDDS) at 800-545-7763 to make this request. You can also contact The Arc to help with this process.
- Staff from the local BDDS office will conduct an evaluation to determine if you are eligible to move to a residential program funded by a Medicaid Waiver.
- A physician will need to sign a Confirmation of Diagnosis form (450B) to aid in determining Medicaid Waiver eligibility.
- After eligibility has been approved a service coordinator from BDDS will provide you with a list of Medicaid Waiver case management companies for you to choose from.
- You will be contacted by a case manager who will begin the process of planning for your services and supports.
- The case manager will work with you and/or your family to choose community providers.
- A support team made up of you, your family and case manager will develop an Individual Support Plan (ISP) based on an established service budget. The ISP defines the number and type of support staff that is needed, as well as the other community-based services.
- The support team will work with you and your family to choose providers and where you will live - typically in an apartment or house with one or two housemates who also receive services from a Medicaid Waiver.
- Once an ISP is established, providers have been selected and a household is established, the move can take place.

Choosing Community Providers

Choosing a provider for community services is important. In addition to providing direct support staff, the provider is responsible for assuring that medical needs are met. This includes locating doctors, dentists and other medical specialists, and arranging for medications with a local pharmacy. The family does not have responsibility for providing these services or locating them.

Deciding what providers you want to use for your community services can be challenging. Following are questions you may want to ask potential providers to help you make a decision.



What type of staff can you provide?

Have they worked in this field before? What are the job requirements - degree, good driving record, work ethic, etc.

What type of training do your employees receive? Are they trained to treat people with respect and dignity?

How do you prepare for crisis intervention and crisis prevention?

How will you keep my loved one safe?

Can you provide references?

How do you ensure that you provide quality care? Do you have a quality review board?

What type of activities will be planned for my loved one? How will activities be modified to his or her needs?

Will you spend the time getting to know my loved one's likes and dislikes? Will you listen to me when I tell you about my loved one?

How long has your company been in operation, and is it financially stable?

Who do I call if there is a concern or problem?

MOVE-IN CHECK LIST

Before an individual makes the move to his or her new home a case manager and provider will make sure the following is in place:

- ★ Have preferences for the home and community where the individual will live been met?
- ★ Are home adaptations in place, and is the home clean?
- ★ Are medications, cleaning supplies, and other potential hazards safely and securely stored?
- ★ Is the house, yard, garage, walkways, driveway, etc. free of hazards?
- ★ Is transportation available?
- ★ Is a phone installed?
- ★ Is hot water no warmer than 100 degrees Fahrenheit?
- ★ Is the home stocked with food?
- ★ Is medical equipment present or arrangements made to obtain equipment?
- ★ Is adaptive equipment present or arrangements made to obtain equipment?
- ★ Has staff been assigned and trained regarding the individual's specific needs?
- ★ Have any high risk issues been identified and plans developed to address them?

Have the following been identified:

- ✧ Physician
- ✧ Dentist
- ✧ Medical Specialists
- ✧ Therapists (if needed)
- ✧ Behavior Support Provider (if needed)
- ✧ Psychiatrist (if needed)
- ✧ Dietician and nutritional plan



Frequently Asked Questions

What is the time frame of when I will move?

The time it will take from the time an individual is approved for a Medicaid Waiver to the time he or she actually moves is different for every person. It often takes several months to move through the process.

Can I change my mind about moving?

Yes. You can change your mind right up until the date of the move.

Can I ever go back to where I lived before?

If you qualify medically, you can go back to a nursing facility that has a bed available. Moving back to a group home is anticipated to be very limited.

Who pays for this?

Your support staff in your apartment or home will be paid for by the Medicaid Waiver. Your medicine and doctors will be paid through Medicaid. Your apartment or home and household expenses will be paid with your SSI or SSDI and any other sources of income. If you have housemates, they will share in these costs by paying their part of those bills too.

How involved will my family be?

They can be as involved as you want them to be or as involved as they can be.

Do I choose where I live?

Yes. You can choose a place to live that fits within your budget.

Who decides on housemates?

You do. You can interview potential housemates to see if you like them and if they like you. You can have lunch or dinner with them and visit the home or apartment before you move in to be sure you like it.

Will I have privacy?

Yes. Everyone has his or her own bedroom.

Who decides on providers?

You and your family/guardian will have a choice of the company(s) you want to use to provide services. The provider company will hire, train and supervise your staff. If for some reason you are not happy with your staff, you can request a change in staff.

What if staff does not show up?

The person that is on duty must stay until he or she is relieved. If the new staff is late, the staff on duty must call the supervisor to have someone come and take his or her place.

Who gets the groceries and prepares the meals?

That depends on the ability of the individuals living in the home. If you like to shop you can go with a caregiver and help select the food. If you like to cook you can cook or the caregiver will cook your meals. Your food stamps, SSI and any other sources of income will help pay for the food.

How much spending money will I have?

That will depend on your budget. Your case manager and others will help you with that budget.

Can I choose what I want to do?

Yes. You can plan what you want to do with your Individual Support Plan and budget.



To learn more, call
The Arc of Indiana at
317-977-2375 or 800-382-9100,
email us at thearc@arcind.org
or visit www.arcind.org.