



2024 WAIVER CHANGES

PathWays for Aging Medicaid Waiver



On July 1, 2024, several changes to Indiana's Medicaid Waivers went into effect. This fact sheet reviews the new PathWays for Aging Medicaid Waiver. Additional information is available at in.gov/pathways.

Administrative Changes

- The Aged & Disabled Waiver has been split into two waivers. Individuals aged 60 and older will receive services through the PathWays for Aging Waiver. Individuals aged newborn to 59 will receive services through the Health & Wellness (H&W) Waiver.
- Individuals still apply for the PathWays Waiver through their Area Agency on Aging.
- The Office of Medicaid Policy and Planning (OMPP) oversees the PathWays Waiver, and it is operated by three Managed Care Entities (MCEs), Anthem, Humana and United HealthCare.
- MCEs coordinate and approve an individual's medical care and waiver services.
- Initially, participants can change MCEs within 90 days of starting coverage. On an ongoing basis, participants can change MCEs during the Medicare Open Enrollment period. They may also change once a year without a specific reason. There must be an approved reason to change the MCE more than once a year.
- Individuals must use and exhaust the MCE's internal grievance process before the state appeal process. The Member Support Services vendor can help members navigate the grievance process.

Term Changes

- Enrollment Broker – Helps individuals pick an appropriate MCE.
- Care Coordinator – Creates a personalized care plan with the member in support of their needs and supports health care needs, especially Medicaid Prior Authorization (PA) needs. They also help coordinate Medicare and Medicaid benefits for those with both plans.
- Service Coordinator – Supports waiver service needs.
- Member Support Services Vendor – Works for the state, not the MCE. Helps individuals or caregivers resolve issues when enrolled in PathWays.
- Person Centered Service Plan (PCSP) – Integrates the Care Plan and Service Plan.
- Service Authorization – Previously called a Notice of Action (NOA), which authorizes services. Any service authorized through the PCSP is automatically approved without going through additional steps.

Paid Caregivers

- **Attendant Care** – Attendant Care is still an available service for all PathWAYS Waiver participants; however, changes have been made regarding who can be paid to provide this service.
 - Spouses, defined as a Legally Responsible Individual (LRI), cannot provide Attendant Care.
 - Legal guardians of adults can be paid up to 40 hours per week for Attendant Care.
 - Any other relative can provide Attendant Care and is not subject to a 40 hour per week cap.
 - This service was modified to allow caregivers to assist with transfers and mobility devices, including Hoyer lifts.
- **Structured Family Caregiving (SFC)** – SFC is a service where a person is paid to provide care to an individual who lives with them. The caregiver is paid through a SFC provider. SFC providers are required to:
 - Provide caregiver coaching to assist caregivers in meeting the medical and behavioral needs of the person they are caring for.
 - Provide up to 15 days of unskilled respite to caregivers per year.
 - Skilled Nursing Respite and Transportation have been approved as a separate, billable service when using SFC.
- LRIs and legal guardians of an adult cannot provide Home and Community Assistance (Home Maker services).

Participant-Directed Attendant Care Services (PDACS)

PDACS allows waiver participants to hire a caregiver without going through a provider agency. The entire waiver rate is paid to the caregiver. The waiver participant is responsible for hiring, training, and retaining their caregiver. The state contracts with an agency to support the waiver participant in human resource needs such as taxes and workman's comp.

LRIs, legal guardians, POAs, health care representatives, authorized representatives, or anyone with decision making authority cannot be paid as a caregiver through PDACS.

Services Changes

- **Home Modification Assessment** – Individuals who want to use waiver services to modify their home are required to have an independent provider, who will not be completing any home modifications, assess the plans to determine if they are appropriate.
- **Vehicle Modifications** – Vehicle Modifications are now capped at 10 years rather than a lifetime cap.

For information and updates on Medicaid Waiver changes, visit arcind.org/2024-medicaid-waiver-changes & in.gov/fssa/medicaid-strategies

Need Help? Have Questions?

Call 317-977-2375 or 800-382-9100
and ask to speak with a family advocate

The Arc of Indiana
arcind.org