



2024 WAIVER CHANGES

Health & Wellness Medicaid Waiver



On July 1, 2024, several changes to Indiana's Medicaid Waivers went into effect. This fact sheet reviews the Health and Wellness (H&W) Waiver, formerly the Aged and Disabled (A&D) Waiver.

Administrative Changes

- The A&D Waiver has been split into two different waivers. Individuals aged newborn to 59 will receive services through the H&W Waiver. Individuals aged 60 and older will receive services through the PathWAYS for Aging Waiver.
- The H&W Waiver is administered by the Bureau of Disability Services (BDS) rather than the Division of Aging.
- Individuals will still apply for the H&W Waiver through their local Area Agency on Aging.
- Care management companies for the H&W Waiver will remain the same.
- A new priority category has been established to allow individuals who no longer meet the H&W Waiver's Nursing Facility Level of Care, but do meet eligibility requirements for the Family Supports Waiver (FSW), to transition to the FSW without going on the FSW waiting list.

Paid Caregivers

- **Attendant Care** - Attendant Care is still an available service for all H&W Waiver participants; however, changes have been made regarding who can be paid to provide this service.
 - Foster parents and Legally Responsible Individuals (LRIs), defined as the parent of a minor child and spouses, cannot be paid to provide Attendant Care.
 - Legal guardians of adults can be paid for up to 40 hours per week of Attendant Care.
 - Parents of adults who are not legal guardians, stepparents and any other relative can provide Attendant Care and are not subject to a 40 hour per week cap.
 - This service was modified to allow caregivers to assist with transfers and mobility devices, such as Hoyer lifts.
- **Structured Family Caregiving (SFC)** - SFC is a service where a caregiver 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.
 - SFC providers must 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.
- **Home and Community Assistance** - LRIs and legal guardians cannot be paid to provide Home and Community Assistance (Homemaker Services).

Self-Directed/Participant-Directed Attendant Care Services

Self-Directed care allows waiver participants to hire a caregiver to provide Attendant Care or Home and Community Assistance without going through a provider agency. Self-Directed care can be accessed in one of two ways. Through Attendant Care (non-agency or consumer-directed) or Home and Community Assistance (non-agency), the entire waiver rate is paid to the caregiver instead of an agency. The waiver participant acts as the employer and 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.

Participant-Directed Attendant Care Services (PDACS) and Participant-Directed Home Care Services (PDHCS) are specific services and similar in that the individual acts as the employer and is in charge of recruiting, hiring, training, and retaining staff. The state contracts with an agency for human resource needs. However, there are some differences. These services are limited in who can use them, and there are more regulations involved. Participant-Direct Home Care Services is limited to only 5 people across 4 zip codes. LRIs, legal guardians, POAs, health care representatives, authorized representatives, or anyone with decision making authority cannot be paid as a caregiver through PDACS or PDHCS.

If individuals are interested in exploring self-directed options, they should talk with their care manager for the specific regulations and limitations involved.

Service Changes

- Home Modification Assessments – 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