

The info below is taken from the Arc Newsletter for families on the wavier wait list.....

Important Waiver Updates!

Important Update for Children on Medicaid Waiver Waiting Lists

The Arc has confirmed that the Division of Disabilities and Rehabilitative Services (DDRS) will move forward with a new policy regarding children under age 6 on Medicaid waiver waiting lists. The new policy will be posted to the DDRS website soon. While it is not yet an official policy, The Arc has now been told that this will in fact be a new practice. Children under age 6 can apply for Medicaid waivers; however, during the year that they are 6, families must contact their local BDDS office to schedule a DDP (Developmental Disabilities Profile) for the child. If the child is found to be eligible for waiver services, he or she will be added to the waiting list based upon the original application date. Families will not receive a notice or reminder to request a DDP. Families must take the initiative to contact BDDS to make the request. Children who do not have a DDP completed and on file with BDDS during the year that they are six will not be added to the waiting list based upon their original application date. In addition, all families, regardless of their child's age, are responsible for contacting BDDS annually to verify that their information is still correct and that they still want waiver services. Failure to do so will result in the individual being removed from the waiting list. The Arc strongly recommends that families keep a record of their original application and any and all correspondence with BDDS in a safe and secure location.

The info below is more for families ALREADY receiving the wavier dollars

HB 1001 - Medicaid Waiver Update

Members of the conference committee on HB 1001, the state budget bill, have changed and finalized language regarding potential changes to Indiana's Medicaid waiver program. The new language limits the review and potential changes to the Developmental Disabilities (DD) Waiver. Previous versions would have applied to the Aged and Disabled, Autism and Support Services Waivers.

The bill directs the Division on Disabilities and Rehabilitative Services (DDRS) to present a plan to the Joint Commission on Medicaid Oversight to "reduce the aggregate and per capita cost of the waiver" by implementing numerous changes to the waiver. The plan must be presented to the Commission before July 1, 2012. The bill would allow DDRS to move forward with petitioning the federal government to make changes to the DD Waiver after presenting their plan to the Commission.

Issues that will be reviewed include:

- Calculating budget neutrality on an individual rather than an aggregate basis.
- Instituting a family care program to provide recipients with another option for receiving services.
- Evaluating the current system to determine whether a group home or a waiver home is the most appropriate use of resources for placement of the individual.
- Evaluating alternative placements for high cost individuals to ensure individuals are served in the most integrated setting appropriate to the individual's needs and within the resources available to the state.
- Migrating individuals from the waiver to a redesigned waiver that provides options to individuals for receiving services and supports appropriate to meet the individual's needs and that are cost effective and high quality and focus on social and health outcomes.
- Requiring cost participation by a recipient, whose family income exceeds five hundred percent (500%) of the federal income poverty level, factoring in medical expenses and personal care needs expenses of the recipient.

Following is the complete language included in HB 1001. Watch for our complete wrap-up on key issues coming out of the General Assembly.

Chapter 45. Medicaid Waivers

Sec. 1. As used in this chapter, "commission" refers to the select joint commission on Medicaid oversight established by IC 2-5-26-3.

Sec. 2. As used in this chapter, "division" refers to the division of rehabilitative services.

Sec. 3. As used in this chapter, "waiver" refers to the federal Medicaid developmental disabilities home and community based services waiver program that is administered by the office and the division.

Sec. 4.

(a) Before July 1, 2012, the division shall report orally and in writing to the commission for review of a plan to reduce the aggregate and per capita cost of the waiver by implementing changes to the waiver that may include the following:

(1) Calculating budget neutrality on an individual rather than an aggregate basis.

(2) Instituting a family care program to provide recipients with another option for receiving services.

(3) Evaluating the current system to determine whether a group home or a waiver home is the most appropriate use of resources for placement of the individual.

(4) Evaluating alternative placements for high cost individuals to ensure individuals are served in the most integrated setting appropriate to the individual's needs and within the resources available to the state.

(5) Migrating individuals from the waiver to a redesigned waiver that provides options to individuals for receiving services and supports appropriate to meet the individual's needs and that are cost effective and high quality and focus on social and health outcomes.

(6) Requiring cost participation by a recipient whose family income exceeds five hundred percent (500%) of the federal income poverty level, factoring in medical expenses and personal care needs expenses of the recipient.

(b) After the division makes the report required under subsection (a), the division may consult with the office and take any action necessary to carry out the requirements of this section, including applying to the federal Department of Health and Human Services for approval to amend the waiver.