

The Waiver Journey Continues...



Selecting a Case Manager and Providers:¹

Picking good providers is critical. It is helpful to think about the issues that are important to you/your family member before you begin the process. You and your case manager can work together to develop a strong Person-Centered Individualized Support Plan (PCISP) implemented by quality providers; but first, all involved must understand your family's circumstances, values, and needs. You may use the questions below as a starting point, but remember that questions should be relevant to the individual service or support your family is considering.

1. Consider all areas of service that are absolute requirements for you/your family member such as medications always administered on time, having direct support available, sign language training, etc.
2. What makes you/your family member happy? How will the provider maximize opportunities for this? What causes pain or discomfort? How will the provider minimize or eliminate instances of this?
3. What things do you/your family member want to have happen: A job? Attending a place of worship? Sharing a residential setting with 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? Examples: daily seizures, no street safety skills, does not speak or use sign language, may harm self or others when angry, etc. How will the provider deal with risks?

Selecting a Case Manager

An ideal case manager is responsive, a good communicator, and a problem solver. When "interviewing" potential case managers, consider asking for a copy of any written materials for your records. Consider taking detailed notes, including names, titles, and contact information for those involved, as well as the date of the meeting/phone conversation. Suggested questions to ask include:

1. What is your experience working with children and/or adults with disabilities?
2. How will you ensure that the PCISP takes my family member's values and needs into consideration?
3. How will you ensure that the PCISP is adequately implemented?
4. What connections have you established in my community? How would you assist me in building a support system in my community?
5. 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?
6. What, how, and how often will you routinely communicate with me and other team members?
7. How do you approach negotiation and conflict resolution among team members?
8. Can I call you directly in the event of an emergency?
9. How often would you expect to see me/my family member?

¹ Information adapted from "Indiana Medicaid Home and Community-Based Services Waiver Programs: A Guide for Consumers" March 2007. Courtesy of Indiana Governor's Council for People with Disabilities.

Selecting a Provider

An ideal provider should deliver services and supports in a timely, responsible, caring manner. When interviewing potential providers, consider taking detailed notes, including names, titles, and contact information for those involved, as well as the date of the meeting/phone conversation. Suggested questions to ask include:

1. Are you taking new clients?
2. What is your company/organization mission?
3. Are your services certified, accredited, or licensed? What are your standards of service?
4. What kinds of safety measures are in place to protect and ensure supports?
5. How do you ensure compliance with consumer rights? How will you inform me of my rights as a consumer? Are you prepared to explain those rights so that I fully understand them?
6. How will you actively show interest in my/my family member's needs, wants, and aspirations?
7. Is your company/organization connected with other programs that may be needed, such as day support, local school/education services, or work programs? Can you describe your local partnerships and connections? (Consider asking for specific contacts)
8. If my family member lives in a home shared with other people, what steps are taken to maintain privacy for each individual?
9. How do you handle birthdays, vacations, and special events?
10. How would minor illnesses and injuries be handled? Major illnesses and injuries?
11. What information is routinely reported to families?
12. Can you provide a copy of your complaint policies and procedures? Who is the contact person if a problem or disagreement arises?
13. How are behavior supports provided? Are staff allowed to contact a behavioral support provider if needed? How are new staff trained on the behavior support plan? Are they trained before working with our family member? How can I ensure the behavior support plan is followed?
14. How is medication handled? What happens if medication is refused?
15. What is the smoking policy? May I request non-smoking staff?
16. How are planning meetings scheduled and conducted? Who attends? Can a family member call a meeting? How do you ensure that what is agreed upon in the meeting actually is provided?
17. Who would be the provider contact person? 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?
20. How will you ensure that my family member is treated with dignity? What about when challenges arise?
21. As a provider of waiver services, what are your strengths and weaknesses?
22. What is the process for hiring staff? How can I ensure that background checks are conducted and adequate training is given? What happens to my 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 that happen?
25. What is the staff turnover rate? How are staff's respite needs handled?
26. What kinds of support do staff have? Who can staff call if a problem develops?

Note that 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 you need. You have the right to choose to change to a different case manager or provider, as long as the provider is certified by the Medicaid program for your area. The waiver services process is designed to be flexible to meet changing needs and/or provide better delivery of services. A chart of potential waiver services is provided on the next page.

Selecting Waiver Services²

The chart below is not a comprehensive list of available services but serves as a starting point to develop a Person-Centered Individualized Support Plan (PCISP) under the Family Supports Waiver (FSW) or Community Integration and Habilitation Waiver (CIH). Note that case management costs come out of the waiver budget. In this context, “individual” refers to the individual receiving waiver services.

Service	What It Provides	Important Notes
Adult Day Services	Supports Activities of Daily Living (ADLs), health monitoring, etc.	Services take place in nonresidential, community settings.
Behavioral Support Services	Assistance with social and behavioral health issues.	
Environmental Modification	Home adaptations to improve independence, health, safety, etc.	Lifetime cap of \$15,000. Available on both FSW and CIH waiver.
Family and Caregiver Training	Caregiver training on equipment, treatment, improved care.	Limit \$5000/year.
Music Therapy	Using music to support non-musical skills and behaviors.	
Occupational Therapy (OT)	Assistance in gross/fine motor skills, self-care, sensory-motor function.	Individuals under 21 should access OT services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Individuals over 21 must first be denied OT through Medicaid Prior Authorization (PA).
Participant Assistance & Care (PAC)	Supports Activities of Daily Living (ADLs), self-care, mobility, etc.	Available on Family Supports only.
Physical Therapy (PT)	Assistance in gross/fine motor function, strength, motion around Activities of Daily Living (ADLs)	Individuals under 21 should access PT services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Individuals over 21 must first be denied PT through Medicaid Prior Authorization (PA).
Prevocational Services	Teaching employment-related skills: compliance, attendance, task completion, safety, etc.	Does not include support around skills that are job-specific.
Recreational Therapy	Medically-approved service that improves independence, function, or reduces disability effects.	Ex: adapted sports, drama, art, etc.
Respite	Provides short-term care for consumer to give rest and relief to unpaid caregiver.	Caregiver may not be working or attending school during respite.
Specialized Medical Equipment, Supplies	Provides items to increase ability to perform Activities of Daily Living (ADLs) or to improve independence, communication, etc.	Lifetime cap of \$7,500 for Family Support Waiver (FSW). No lifetime cap for Community Integration and Habilitation (CIH) Waiver.
Speech/Language Therapy	Services for speech, hearing, language, and communication issues	Individuals under 21 should access SLT services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Individuals over 21 must first be denied SLT through Medicaid Prior Authorization (PA).
Transportation	Supports access to non-medical community services, destinations, employment, etc.	Specifics vary according to FSW or CIHW.
Vehicle Modification	Provides vehicle modifications to increase ability to perform ADLs or to improve independence.	\$15,000 cap every 10 years. \$1,000 allowable annually for repair, replacement or adjustment to existing modification funded by HCBS waiver.

If you receive information that differs from this fact sheet, please contact us so we can see if you were given misinformation, or if there have been changes to the system. 844-323-4636 or info@inf2f.org

² Adapted from Indiana DRS HCBS Waiver Manual 2023, Section 10: “Service Definitions and Requirements.” For full text, visit: <https://www.in.gov/medicaid/providers/files/modules/drs-hcbs-waivers.pdf>. INF2F “The Waiver Journey Continues” was updated November 2023.

