

Family Supports Waiver Journey



Part 1: Beginning Your Journey

Begin your journey by applying for the Family Supports Waiver. You can apply one of two ways.

- **Paper application**

Contact your local Bureau of Disabilities Services (BDS) field office. The contact information for each of these offices is listed [here](#) or call 1-800-545-7763 to find your local office.

Simply call the BDS office and tell the Intake Specialist that you'd like to apply for the Family Supports Waiver for an individual. The specialist will ask for some basic information and subsequently mail you a packet of information to complete.

The packet will include the following forms:

- APPLICATION FOR DEVELOPMENTAL DISABILITIES SERVICES (state form 55068)
- CONFIRMATION OF DIAGNOSIS to be completed by the individual's physician (state form 54727)

If you prefer, you may also print these three forms at this link:

<https://www.in.gov/fssa/ddrs/information-for-individuals-and-families/forms/>

- **Online application**

An online application for the Family Supports Waiver can be filled out and submitted. It is available at the *BDS Gateway*: <https://bddsgateway.fssa.in.gov/>.

The online application requests the same information as the paper application. The Confirmation of Diagnosis form will be filled out separately and can be mailed or delivered to the local BDS office. For more information about the online application or for additional instructions, guidance, application tutorial, and application FAQ, visit the BDS website at:

<https://www.in.gov/fssa/ddrs/developmental-disability-services/>

*Note that the online application must be completed in one sitting.



Don't wait to fill out the application! Applications are received by date, and the program operates on a first-come/first-served basis.

Once the application has been received by BDS, you will hear shortly from an Intake Specialist, who will schedule a time to meet with you and the individual. This appointment may take place at your regional BDS office, or the BDS intake specialist can come to your home at your request. At that appointment, the Intake Specialist will ask a series of questions to determine if the individual meets level of care (LOC).

The LOC is determined by the presence of a developmental disability, or closely related disability, which results in substantial functional limitations in at least 3 of the following areas of major life activities:

- Self-care
- Understanding and use of language
- Learning
- Mobility
- Self-direction
- Capacity for independent living

In addition to the LOC, your BDS intake specialist will also support you in filling out an "Authorization for Disclosure of Personal and Health Information" form. Other forms may need to be included, as well, depending on the individual's diagnosis and/or situation. Your BDS intake specialist will advise you of any additional information or forms needed.

Using the information gathered, it will be determined if the individual meets LOC. Upon determination, a letter of eligibility will be mailed to you. This letter includes a review of the individual's information (Eligible Conditions, Duration, Age of Onset, Care Treatment and Limitations), as well as if the individual meets criteria for Developmental Disabilities Services. If the individual meets LOC (meets criteria), a supporting letter of placement onto the waiver waiting list will be included. Directions for appealing the decision will also be included.

Note that for children under the age of 6, provisional eligibility may apply, and LOC will be determined upon when a waiver slot is available.



It is important to **keep copies of all documents** that you submit and receive regarding the waiver, along with notes of contact with the BDS office (or other agency).

You can confirm and update the individual's information by logging onto the BDS [Waiting List Portal](#). If you have questions or concerns, you can contact the BDS office at any time. Be sure to contact them with any changes or updates in your contact information.

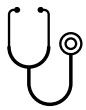
You may want to apply for Medicaid or Medicaid Disability for the individual at this time. Household income and assets are considered for eligibility at this point. If the individual meets the requirements for Medicaid, s/he may qualify for Medicaid Prior Authorization (PA) services, which are support services that may be used while waiting for the waiver.



Part 2: Completing Your Journey

You've waited and now you have received the "Invitation Letter" – that is a letter stating that the individual has now been "invited" to receive a waiver slot.

A response is required to complete the process. You can call the Bureau of Disabilities Services (BDS) office and say "YES" or return the letter to BDS within 30 days, after checking "YES" that the individual is interested in receiving the waiver. Once BDS has received the response, an Intake Specialist will contact you.



Along with the invitation letter will be a **Confirmation of Diagnosis (COD)** form that needs to be completed by a physician (MD or DO) involved in the individual's care if the current COD was completed more than 12 months prior to being invited to the waiver. Those who meet priority criteria would not have to go through this process again. The physician needs to return the letter to the BDS office within 21 days of the invitation letter date.

Your assigned Intake Specialist from BDS will contact you for any needed information during the waiver invitation process and occasionally check on progress. The Intake Specialist will assist you with any problems you may encounter until a case manager begins working with the individual.

BDS may ask for supporting medical information, school records, and request additional testing through one of their contracted providers. You will not need to pay for any evaluations that may be needed to determine Level of Care (LOC). (Although LOC was determined at time of application, the individual will be assessed for LOC again upon invitation if the current LOC was completed more than 12 months ago.)

Once BDS has received the information needed and the individual has been determined eligible (meets LOC criteria), you will be given a list of case management companies to choose from. You must indicate your choice of case management company and return the form to BDS.

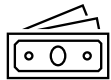


If you don't currently have Medicaid, the BDS intake specialist will notify you when the system is updated and ready for you to apply. If the individual has Medicaid, the recipient's category will need to be changed to one that is compatible with the waiver. For children under 18, this may include going through Indiana Medicaid's Medical Review Team (MRT) to determine eligibility for Indiana Health Coverage Programs (IHCP) based on disability. For those 18 and older, s/he will need to apply for and be approved for Supplemental Security Income (SSI).

To apply for Medicaid, you can:

- **Apply Online** at: <https://in.gov/medicaid/members/apply-for-medicaid/>
- **Apply In-Person** at your local Division of Family Resources (DFR). To locate your local DFR see: http://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf
- **Apply By Phone** at: 1-800-403-0864.

Within approximately a week of applying for Medicaid, a representative from the DFR will contact you and request an interview. You may choose to meet at your local DFR office or choose to participate in the interview by phone. You will be given a specific time for the interview, and it is very important that you attend the appointment at the specified time. Expect the appointment to last from 30-45 minutes. The individual being invited does not need to attend this meeting unless they are 18.



Note that if the invited individual is under the age of 18, only the income of the individual is counted in applying for Medicaid. Senate Bill 30 states that parental income is disregarded in determining eligibility for children under 18 years old who are waiver recipients. Because of this, parents and other household members' incomes are not counted when determining eligibility for Medicaid.

If you encounter any problems during the Medicaid application process, you should contact your BDS Intake Specialist.

Once Medicaid is in place, BDS will send the referral to your chosen case management company for intake. A case manager from your chosen case management company will schedule a time to meet to develop a Person-Centered Individualized Service Plan (PCISP). This plan will guide you and your case manager in determining appropriate services and support. Once you have chosen waiver service(s), the case manager will give you a "Choice List" of providers to choose from. You may interview provider companies and staff to see who might best fit the individual's needs. It is important to remember that individuals and families have a choice of services, providers, and staff. You may change your case management company, case manager, or providers at any time for any reason.



The individual can utilize or “purchase” any of the below services for a total yearly budget of \$26,482. Keep in mind that case management is a billable service paid for out of this budget. Case Management is the only required service to keep the waiver active. It is also important to remember that each service has a standard rate. When selecting a service, every provider will bill the same amount for a unit of service provided.

Services available under the Family Support Waiver include:

- Adult Day Services
- Behavioral Support Services
- Career Exploration & Planning
- Case Management
- Day Habilitation
- Home Modifications/Home Modification Assessment
- Extended Services
- Facility-Based Support Services
- Family and Caregiver Training
- Intensive Behavioral Support
- Music Therapy
- Occupational Therapy*
- Participant Assistance and Care
- Personal Emergency Response System
- Physical Therapy*
- Prevocational services
- Psychological Therapy
- Recreational Therapy
- Remote Supports
- Respite
- Specialized Medical Equipment and Supplies
- Speech/Language Therapy*
- Transportation Services
- Vehicle Modifications
- Workplace Assistance

**these services are only available to those 21 years of age and older*



The case manager will submit the PCISP, which includes the service plan, to the Division of Disability and Rehabilitative Services (DDRS). Once the service plan is approved by DDRS, a Notice of Action (NOA) will be sent to chosen providers to begin services. The provider agency will then arrange training and care for the individual, and services can begin.

There are several safeguards in place to ensure that the individual receives safe and appropriate care. Be sure to make note of these as they are explained by the case manager and provider company.



Congratulations! You have reached your destination!

If you receive information that differs from the above information, please contact us so we can see if you were given misinformation, or if there have been changes to the process.

Phone: 844-323-4636 or email: info@inf2f.org

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