



IPMG Handbook for Individuals Served

Indiana Professional Management Group, Inc.



My company,
Your company,
Our company!

100% Employee-Owned!

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I. Scope of Services

Why IPMG?

It has been IPMG's pleasure since September 1, 2006 to be Indiana's preeminent provider of case management services for participants in Indiana's Home and Community-Based Services (HCBS) program. From September 1, 2006 through August 31, 2012, IPMG was the sole statewide provider, and assisted the Indiana Family and Social Services Administration (FSSA) to transition from a system of over 400 service entities to a single, statewide operation. During that time period, IPMG set a new and unprecedented standard for high quality, measurable and Individual-driven case management services. Since September 2012, we have been happy to continue to provide the same quality of services as a waiver provider for the Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) Waiver.

Individuals who participate in the waiver program benefit from our unconditional commitment to the provision of person-centered case management services. Our services are designed and delivered in such a way as to best support people with disabilities in their pursuit of a self-determined life. They are based upon IPMG's "best practices" standards that require integrity, creativity and responsiveness in partnership with the person served. Primary among our accomplishments have been:

- The implementation of a new, effective and nationally recognized Individual-driven person-centered planning process that takes into account what is "important to" and "important for" the person;
- An assurance that all Case Managers are consistently and highly trained, and able to effectively lead the Individual and team through the waiver process; and
- The development of enduring relationships with Individuals served, their guardians (as applicable), families, natural supports, and waiver service providers and other stakeholders throughout the state that enable us to call upon their wisdom and experience when considering how best to support the people we are privileged to serve.

The founding companies that formed IPMG were among the first in the State of Indiana to provide case management services when the waiver program was initially created in the early 1990's. As a result, our administrators and many of our staff bring years of experience to the program and are happy to use that experience to the betterment of the lives of the Individuals we serve.

IPMG's certification to provide waiver case management services was obtained through the FSSA, under the auspices of the Department of Disability and Rehabilitative Services (DDRS). IPMG

operates under their guidelines and is accountable to meet all related State and Federal Medicaid Waiver program requirements.



Our Beliefs

Mission

The mission of IPMG is to be an exceptional organization that supports Individuals as they live their best lives. We do this by:

- Working with Individuals, in collaboration with those who support them, to achieve their personal dreams, ambitions, and goals.
- Providing our employee-owners with the resources they need to do their jobs exceptionally well.
- Expanding the services our company provides and consistently performing at a best-in-class level.

Vision

IPMG envisions the Individuals we support will live quality, self-determined lives as integral and valued members of their communities.

Founding Principle

“The needs of the Individual are paramount.” The relationship element of a Case Manager’s role is the core factor, or better stated, the heart of what the Case Manager does. IPMG Case Managers will recognize the importance of family, friendship, and advocate relationships as essential in developing a working environment of trust. Thus, respect for the culture and traditions of the Individual over one’s lifespan are paramount.

Core Values

IPMG’s core values form the basis for everyday decision making at a corporate and employee level:

Person-Centered Thinking:

IPMG values the person-centered process, whereby the needs and preferences of the Individual are directed by that person, in collaboration with family, friends and other team members, placing the Individual at the center of the planning process.

Self-Determination

IPMG values empowerment and supports to ensure each Individual lives a self-determined life.

Community Integration:

IPMG values full membership and participation allowing each Individual to have a respected role within their community.

Freedom of Choice:

IPMG values Individual choice by providing all options and alternatives in a manner that is meaningful to the Individual and easily understood.

Advocacy:

IPMG values self-advocacy so each Individual's voice can be heard, while at the same time advocating for the protection of each Individual's rights.

Our Commitment to Diversity, Equity, and Inclusion

Indiana Professional Management Group (IPMG) is committed to fostering an environment where all people feel welcomed and valued regardless of race, ethnicity, social background, religion, gender and gender identity, sexual orientation, age, or disability. At IPMG, we encourage, support, and celebrate the diverse voices of IPMG Employee Owners and the Individual's and families we are privileged to serve.

Ethical Code of Conduct

IPMG believes a strong [Ethical Code of Conduct](#) is important to guide us as we serve and advocate for the Individuals that we are privileged to support. The Ethical Code of Conduct is designed to ensure that our services are provided in a manner that is respectful and professional.

What Is Case Management?

Case management is defined as those services which assist you to gain access to needed waiver supports, as well as to State Plan, medical, social, educational, and other services, regardless of their funding source. Case management enables you to receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Your IPMG Case Manager will do the following for you:

- Educate you, your guardian (as applicable), and any other natural supports that you choose about the waiver program and ensure that you have the information needed to make

thoughtful decisions about all of your services. We'll also steer you toward additional resources that may help you make those decisions.

- Make sure that you understand your right to choice, which includes your choice of case management companies, Case Managers, providers and services. If you don't like a choice that you make, you can make another. Nothing that you decide is set in stone if you want to change it.
- Develop with you a Person-Centered Individualized Support Plan (PCISP) that reflects your wants, needs, and vision for your future. This plan will be utilized to help guide which
- services are purchased to assist you in achieving your goals. The plan will be updated at least annually, and as your needs and desires change. Service providers will use the plan as their blueprint to guide them as they implement the services that you have chosen.
- Create a Service Plan, initially and at least annually, that requests the funding needed to provide your desired services. We'll work to make that funding available to the providers that you have chosen.
- Conduct face-to-face meetings with you, your guardian (as applicable), and any other person who is important to you at least every three months to complete a Monitoring Checklist. In this process, we'll check on your health and safety, as well as your satisfaction with the services you are receiving, and follow up on any needed changes. Your case manager will complete at least one visit in your home per year.
- Facilitate meetings with your chosen Individualized Support Team (IST) to ensure that services are consistent with your current desired outcomes. This is a great time to make sure that we are all focused on the things that are important to you and for you, and to make any changes that might be needed.
- Communicate with service providers to solve problems as needed and monitor the quality of your services.
- Take care of all the paperwork that is needed to maintain your eligibility in the program and will make sure that you have current copies of your PCISP, and the Service Authorization (SA) that records your current budget.



Who Does IPMG Serve?

IPMG provides case management services for Individuals with developmental and/or intellectual disabilities who participate in Indiana's Home and Community Based Services Program (HCBS) through the Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH) Waiver. The purpose of this program is to provide Individuals who might otherwise be faced with institutionalization with access to community-based services and supports that are important to them and that are provided in a manner that respects their personal beliefs and customs. If you do

not currently receive waiver services, you may [apply for them](#) through your local Bureau of Disabilities Services (BDS) [field office](#).

IPMG provides case management services in every county in Indiana. Our Case Managers live in or near your community and are therefore able to link you to valuable local resources, and to assist you with becoming a valued member of that community. If you would like to work with IPMG, you need only notify your local BDS office, and a referral will be sent to us letting us know of your choice. We accept all referrals and do not discriminate in any way among those who have chosen us. We further ensure that our services are accessible to everyone.

We will provide American Sign Language (ASL) interpreters as needed, and materials that are appropriate for Individuals who have visual impairments. We also have informational documents translated into Spanish. We utilize technology to assist us in communicating with individuals who do not use English as their primary language.



How Would IPMG Help Get My Waiver Started?

IPMG employs intake staff who specialize in helping Individuals new to the waiver get started in the system. Once you have chosen our company, you will be contacted by intake staff within two business days of the date that we receive your referral from BDS. The intake staff will set a time to meet with you, typically within two weeks of the initial contact.

At your first meeting, you will engage in an initial person-centered planning process that will help to identify your strengths, preferences, and desired outcomes. This process will ensure that your wants, needs, and vision for your future take center stage in the creation of your Person-Centered Individualized Support Plan (PCISP). It also ensures that you are accorded the respect that you deserve and are given the tools to make progress toward the life you would like to create.

As part of the person-centered planning process, our intake staff will educate you about the waiver program and about available waiver services, especially those that would support the outcomes you have defined for yourself.

You can make decisions about the types and amounts of services you would like to utilize, aided by our intake staff and by any guidelines inherent in the waiver program. You will need to choose a service provider for each service. The intake staff will also create with you a Person-Centered Individualized Support Plan (PCISP) that the waiver service providers will use as a guide when training their staff to work with you.

Once your plans have been designed, and you have signed a choice list choosing at least one service provider, the intake staff will create a Service Plan (SP) that is driven by the person-centered planning process and includes a request for the waiver services you have selected. Your Case Manager will assist you to determine how best to allocate your available waiver funding to the various services you select. When the SP is approved and confirmed, the service providers will be notified, and your waiver services will start.

The intake staff will provide temporary case management services until an ongoing Case Manager is available for you to choose. It is important to choose a Case Manager you are confident will work to support your best interests or those of your loved one with disabilities. At your request, we will provide you with an internal list of all available Case Managers in your area. You may interview the available Case Managers before making a selection.

On an ongoing basis, your IPMG Case Manager's role will be to provide you with the support, education and resources you will need to make decisions about how to achieve your desired life outcomes. In addition to all mandated State trainings, our Case Managers also participate in IPMG training to increase their overall level of waiver knowledge, advocacy skills, person-

centered thinking and professionalism, so no one is better equipped to partner with you in your waiver journey.



What Is IPMG's Person-Centered Planning Process?

Person-centered planning is a process used to identify the strengths, capacities, preferences, needs and desired outcomes of the Individuals served. The process includes participants chosen by the Individual, who assist the Individual to identify personally meaningful life outcomes, as well as goals or stepping stones toward achieving those outcomes. Participants chosen by the Individual could include their guardian (if applicable), family, friends, etc. The results of this process are then translated into a Person-Centered Individualized Support Plan (PCISP) that is used to identify waiver services as well as community and natural supports.

Indiana is a part of the LifeCourse Framework community of practice. The Charting the LifeCourse Framework was created to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to think about life experiences that will help move them toward an inclusive, productive life in the future.

Learn more about the LifeCourse Framework:

- [The National Community of Practice](#)
- [LifeCourse Tools](#)

What is “important to” and “important for” the Individuals we serve is at the core of our person-centered planning process, and their self-identified outcomes are the drivers for all that we and the members of the IST do on their behalf. In addition, all IPMG staff receive training on Person-Centered Thinking so that they are better able to understand and implement the person-centered planning process.

What is “important to” is what matters most to people and is how they define a quality of life for themselves. It encompasses those things in life which help one to be satisfied, content, comforted and happy. It includes:

- People to be with /relationships
- Things to do
- Places to go
- Rituals or routines
- Rhythm or pace of life

What is “important for” people includes factors that we need to keep in mind regarding:

- Physical health and safety, including wellness and prevention
- Emotional health and safety, including support needed
- What others see as important to help the person be a valued member of their community



How Often Will I See My Case Manager?

You will see your Case Manager as often as is decided by you, your Case Manager, and your IST. At a minimum, your Case Manager will visit your home one time per year. You will meet with your case manager four times per year to complete the monitoring checklist, in the location of your choice. In addition to these face-to-face meetings with you, your Case Manager will also involve your IST in meetings during at least two visits per year with you, but more if you desire.

In addition to you, your IST includes your guardian (if applicable), your natural supports, waiver providers, and other paid supports in your life. The Case Manager will invite them to your team meetings, but if the IST providers are unable to attend, another meeting will be arranged for them, either in person or over the phone. Your Case Manager will also be responsive to any immediate

needs that you may have and will meet with you and/or your IST as needed to address those unexpected needs.

Please know that our Case Managers work out of their homes throughout the state. This is so we can ensure that they live in your community and are knowledgeable about the local resources that are available to you there. It also allows them to have less driving time and more time to spend supporting you. There is never a reason for you to have to travel to an IPMG office to attend a meeting.

What are my rights?

The rights of Individuals with disabilities are the same as for all citizens. Every Individual, unless legally determined otherwise, should be considered capable of exercising his/her full range of constitutional, statutory, and civil rights. Individuals with disabilities are also guaranteed additional, specific rights. These include:

The Right to Privacy:

- You have the right to be alone when you want to, including when toileting, when having phone conversations with family or friends, or when simply in the mood.
- Your bedroom is a private area and others need to respect your space by asking your permission to enter.
- Your mail, email and phone conversations are private, and should not be seen or heard by others unless you agree.
- Your possessions belong to you and are not the property of anyone else in your home. You can lock them up and carry a key if you so desire. If you are unable to do so, someone will assist you.

The Right to Individuality:

- You have the right to decide what is important to and important for you, and to receive support to follow your dreams.
- You have the right to practice the religion of your choice.
- You have the right to be treated with consideration and respect, and with full recognition of your dignity and individuality.
- You have the right to not be always be part of a group, but to engage in activities on your own or only with someone to assist you.
- You will be considered for services no matter what your race, creed, or religious beliefs.

The Right to Dignity:

- You have the right to humane care and protection from harm.
- You have the right to not be used as a human subject in research projects.

The Right to Community:

- You have the right to become part of your community, to make friends and gain skills that will help you toward the life outcomes that you desire.
- You have the right to receive the medical, mental health and other support services that you need in the least restrictive environment.

The Right of Choice:

- You have the right to choose:
- The services that you will receive
- The companies that will provide those services
- The outcomes and goals that are important to you
- The people who will comprise your Individualized Support Team
- When you will give informed consent
- If and when you want to authorize information about you to be released to people outside of your support team, the time limit for the release, and what you would like to release

The Right of Confidentiality:

- All of your records are kept confidential and are protected by public law and federal and state guidelines.

The Right of Access:

- You have the right to access:
- Your individual records
- Information that you need in order to make decisions
- Attorneys or other persons that can help you if you need legal representation
- Self-advocacy support services
- Advocacy support services
- Your personal funds and property

The Right to be Heard:

- Individuals may voice complaints and concerns in order to have their issues handled efficiently, responsively, and investigated and resolved in a timely manner.

- Individuals have the right to appeal a decision for which they do not agree or have been denied, as outlined through the appeal process
- Individuals have the right to contact and consult with legal counsel and private practitioners of one's choice, at one's expense.

Freedom from Abuse, Neglect, and Exploitation:

You have the right to be free from physical, mental, emotional, financial, sexual, and any other form of abuse, neglect or exploitation, including:

- Actions that are painful to you, which includes, but is not limited to:
 - forced physical activity
 - hitting
 - pinching
 - anything that hurts or is offensive to you
 - the use of electric shock
 - anyone causing you to have physical pain
 - Seclusion, or keeping you isolated or separate from everyone
- Emotional or verbal abuse, which means that someone says something to you that:
 - causes you to be afraid that someone will hurt you because of what you say or do
 - causes you to be afraid that you will be confined or restrained
 - causes you to experience emotional distress or embarrassment
 - cause others to be angry with you, or to treat you without respect
 - causes you to react in a negative manner
- A practice that keeps you from having any of the following unless your doctor orders it:
 - Sleep
 - Shelter
 - Food
 - Drink
 - Physical movement for long periods of time
 - Medical care or treatment
 - Use of the bathroom
- Work or chores for someone else without pay unless:
 - the person you work for has a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates
 - you are working in your own home cleaning or taking care of your home and yard
 - you want to perform volunteer work in the community

How Will My Case Manager Help to Protect My Rights?

All IPMG employees are trained to understand and protect the rights of Individuals we serve. IPMG has adopted the following policies and procedures that help to protect your rights:

- Your Case Manager will actively monitor your status and work to protect your rights.
- Your Case Manager will ensure that you are informed of any medical, mental health, behavioral and developmental conditions that you have, at least annually and as needed.
- Your Case Manager will monitor your services and status to help ensure that you are free from unnecessary medications and physical restraints.
- Your Case Manager will ensure that your PCISP establishes a system to reduce your dependence on medications and physical restraints.
- IPMG will take administrative or disciplinary action against, and dismissal of, any employee involved in the neglect, exploitation, or mistreatment of anyone that we serve.
- IPMG has written instructions for our employees to follow in order to report any witnessed or suspected violations of your rights.
- IPMG has written instructions for our employees to follow in the case of a rights violation to inform:
 - Adult Protective Services or Child Protection Services, as appropriate;
 - your legal representative, if you have one;
 - any other person you want us to inform;
- IPMG has written instructions for our employees to follow for reporting reportable incidents to the BDS.
- All employees of IPMG shall promote Individuals' rights, including:
 - Providing you with humane care and protection from harm.
 - Providing services that:
 - are meaningful and appropriate
 - comply with:
 - standards of professional practice
 - guidelines established by accredited professional organizations if applicable
 - budgetary constraints
 - are in a safe, secure, and supportive environment
- Obtaining your written consent, or your guardian's if applicable, before releasing information from your records, unless the person requesting release of the records is authorized by law to receive the records without consent.
- Processing and making decisions regarding any complaints you file within two weeks after IPMG receives the complaint.

- Informing you in writing and in a way that you can understand your constitutional and statutory rights, using a form approved by BDS and the complaint procedure established by IPMG.
- Obtaining a signed “Acknowledgement of Rights” statement. This statement will be entered into your record to document that you have reviewed your rights.



What Do I Do if I Have a Complaint or Concern?

You have the right to file a complaint with IPMG at any time, and anyone else may file a complaint on your behalf. If you have a complaint about your services, or about the people providing your services, this is an appropriate way to let us know.

IPMG will never retaliate against you for filing a complaint, even if it is about our company. We will do a fair and thorough investigation of the situation, will talk to anyone who has knowledge of the event, and will review all related emails, letters and files. We'll then let you know our findings in a timely manner, and in the way in which you usually communicate.

Additionally, for some complaints, we may bring in an appropriate agency to let them know of the situation and obtain their input into how it should be resolved. Those agencies can include the Bureau of Disabilities Services (BDS), Adult Protective Services (APS), and Child Protective Services (CPS).

You can file a complaint in person, on the phone, via email, or by letter. You can tell your Case Manager or contact our Customer Service Department. To reach our Customer Service Department, the contact information is as follows:

IPMG

Attn: Customer Service

1305 Cumberland Ave, Ste 225, West Lafayette, IN 47906

Customer Service: 866-672-4764

customerservice@gotoipmg.com

Additionally, for crises that occur outside of usual business hours, and immediate case management attention is sought, the Crisis Line is always available at 800-878-9133.

Here are some reasons that you might file a complaint:

Rights Violation:

If you or someone on your behalf feels that your rights have been violated, we will investigate and respond to your complaint within two weeks in the way in which you usually communicate.

Reportable Incident:

If you or someone on your behalf reports to IPMG that you have been abused, neglected, exploited or otherwise mistreated, your Case Manager will take all necessary steps to assure your immediate safety. He or she will ensure that an Incident Report is filed with BQIS within 24 hours of the report having been received and will file all needed follow up reports at seven-day intervals. The Case Manager will conduct or participate in an investigation as needed and notify APS and/or CPS to provide an additional level of oversight should the incident be of a nature that requires their intervention. When the case has been considered resolved by BQIS, the Case Manager will respond to your complaint in the way in which you usually communicate.

Systemic Issues:

If IPMG is notified that a provider agency is not behaving in accordance with established standards of practice, the Case Manager will: first attempt to resolve the issue verbally with the provider in question; if no resolution is made, put the issue in writing to the provider; if still no resolution is achieved, bring the issue to the attention of the BDS local representative to assist; and, file an Incident Report if the issue is not resolved. Upon resolution, the Case Manager will respond to your complaint in the way in which you usually communicate.

Conflict Resolution:

If the members of your Individualized Support Team (IST) are not able to agree upon a decision regarding the best way in which to support you, the Case Manager will call upon the local BDS representative to help the team decide, or to make a decision for the team. Your Case Manager will let you know of the BDS's decision in the way in which you usually communicate.

Complaint Against IPMG Staff:

If you share with us a complaint about your case management services, an IPMG representative other than the Case Manager will investigate the situation. We will share the results of the findings with you within two weeks of the date we receive your complaint, in writing and in the manner in which you usually communicate. If an Incident Report was filed as part of the investigation process, we will also let you know the results of the BQIS decisions.

If you do not agree with IPMG's decision regarding the way a complaint was resolved, we will notify the Department Director of the staff identified in the complaint. You will be notified of that second decision within two weeks, and in the manner in which you usually communicate.

We also do a formal review of all complaints received at least annually and use the information used to determine trends, areas needing improvement, and actions to be taken toward systemic resolutions.



What Are My Responsibilities as a Waiver Participant?

An Individual has the following responsibilities when receiving waiver services:

- To attend all meetings and participate in planning your services
- To choose your providers for your services
- To work on achieving your goals
- To keep appointments
- To participate in an annual unannounced visit by your Case Manager (for Individuals residing in supported living settings and not family homes)
- To participate in required in-home visits as required by DDRS
- To inform your Case Manager about any changes that are pertinent to your participation in your program, such as changes in benefits or how you feel about your plan

In addition, by agreeing to receive waiver services, Individuals are accepting Medicaid dollars and therefore accepting some additional responsibilities. The primary factor in the Centers for Medicare & Medicaid Services (Federal agency) determining if a state can be approved to provide HCBS waiver services is the state's commitment to assure participants' health and welfare.

Individuals, and as applicable, their guardians, families, friends, and other natural supports, play a significant role in helping the state meet this assurance.

There will be times when a representative of the state will request information or will ask to visit Individuals' homes. These requests and visits are not meant to be intrusive but are necessary to assure that services are being delivered appropriately and whenever possible efforts will be made to schedule these visits in advance. Specific responsibilities are outlined in the [DDRS Policy](#) for Individual and Guardian responsibilities.



How Does IPMG Help to Ensure the Quality of My Waiver Services?

IPMG Case Managers monitor the quality of your waiver services on an ongoing basis, using a variety of methods to ensure that the services meet the standards set forth in your Person-

Centered Individualized Support Plan (PCISP) and in DDRS regulations. They will meet with you in person at least four times per year, and more frequently as needed, and will review with you your satisfaction with those services. They will review documentation created by the provider agencies and will have ongoing contact with the agencies via email and phone, and in meetings as needed. Additionally, your Case Manager will perform at least one unannounced visit per year to check on the quality of services being provided if you live in a provider-owned or controlled setting (not the family home). Your case manager will visit your home at least once per year, but you have the right to choose the location of your team meetings. IPMG will be responsive to any issues that you may have with your services.



Is There a Cost for IPMG's Services?

The Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH) Waiver contain integrated funding that supports the cost to Individuals and their families for waiver case management services. That cost is a fixed fee set by the DDRS, and is the same for all Individuals served, regardless of their level of need, or of the case management company that serves them.

Can I Reach Someone at IPMG 24 Hours per Day?

You are always able to reach someone at IPMG, no matter the time of day or night. You can call or email your Case Manager during regular working hours Monday through Friday. If he or she is not available, and you want to speak to someone immediately, you may call our Customer Service line at 866-672-4764.

Our Customer Service Liaison is available from 8:00 am to 4:30 pm each weekday and can also be reached at customerservice@gotoipmg.com.

If you need crisis case management intervention on the weekends, evenings or holidays, you can call our Crisis Line for immediate assistance at 800-878-9133. You will be connected with a live person who will put you in touch with the appropriate case management professional.



Provision of Services to Individuals That Are Identified Criminal Offenders or Involved in the Legal System

Individuals served by IPMG may at times be identified as criminal offenders or may be involved in the legal system. IPMG supports the American Association of Intellectual and Developmental Disabilities (AAIDD) position, “People with intellectual and/or developmental disabilities must have the same opportunities to experience justice as victims, suspects or witnesses, similar to those without disabilities, when in contact with the criminal justice system.”

The State of Indiana will make the initial determination of eligibility for waiver services. Within the Intake referral, a detailed history of the Individual’s criminal history should be part of

the referral process. If this history is not available within the referral, this information will be gathered by the IPMG staff completing the initial planning process.

When services are provided to identified criminal offenders either at the intake process or due to criminal violations after services are in place, IPMG will:

- Ensure information is provided to the person served concerning the relationship between the criminal justice entity and case management services available
- Ensure a detailed history of the Individual’s criminal history is maintained
- Ensure services are coordinated with other systems, as needed or requested

When an Individual served enters jail, waiver services must be interrupted. Case Managers are required to immediately:

- Ensure an Incident Report has been filed.
- Inform their Supervisor. A consultation with the Intensive Services Coordinator may be necessary and assistance from Intake and Coverage Coordinator may be required.
- Inform and work with the BDS Service Coordinator to determine the extent of support that will be required.



IPMG’s Role in Medication Administration

IPMG does not prescribe, dispense or administer medications to those persons served on the waiver. We do not have physical control over medications. Medications are monitored either by the

Individual, residential provider agency, guardian, family or anyone else that may live in the residence of that Individual.

II. Indiana's Waiver Program

What is Indiana's Medicaid Waiver Program?

Indiana's Medicaid Waiver program began in 1981, in response to the national trend toward providing home and community-based services. In the past, Medicaid paid only for institutional-based, long term care services, such as nursing facilities and group homes. Under the Waiver program, it now pays to provide community-based services to people with developmental and intellectual disabilities. Those services are provided in a person-centered manner and are designed to respect the Individual's personal beliefs and customs. Specifically, the Waiver program is meant to assist a person to:

- Become integrated in the community where he/she lives and works
- Develop social relationships in the person's home and work communities
- Develop skills to make decisions about how and where the person wants to live
- Be as independent as possible

In Indiana, the Medicaid Waiver program is administered by the Indiana Family and Social Services Administration (FSSA) through the Department of Disability and Rehabilitative Services (DDRS). DDRS oversees two waivers, the Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) Waiver.



What is the Family Supports Waiver (FSW)?

The FSW was created to be the initial point of entry into the Medicaid Waiver system in Indiana.

This waiver provides services to individuals of any age who live in their own homes, family homes, or other community settings. The purpose of this waiver is to provide individuals with access to community-based services and supports that are important to them and that are provided in a manner that respects their personal beliefs and customs. Below is a list of the services available through the FSW.

Services available through this waiver are:

Adult Day Services:

Community-based group programs designed to meet the needs of adults through individualized plans of care. These non-residential programs provide health, social, recreational, and therapeutic activities; supervision; support services; and, personal care.

Behavioral Support Services:

Training, supervision, or assistance in appropriate expression of emotions and desires; acquisition of socially appropriate behaviors; and, the reduction of inappropriate behaviors.

Day Habilitation:

Services provided outside of the home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports. This service can be provided on an individual basis or in a group setting.

Environmental Modifications:

Physical adaptations to the home, required by the Individual's plan of care, which are necessary to ensure the health, welfare and safety of the Individual, or which enable the Individual to function with greater independence in the home, and without which the Individual would require institutionalization. Environmental Modifications has a lifetime cap of \$20,000. The cost of modification, along with the allowable \$1000 annual repair are outside of the FSW annual cap. These costs must be within the cap on the CIH.

Extended Services:

Services and supports, that enables a participant who is paid at or above the federal minimum wage to maintain employment in a competitive community employment setting.

Facility Based Support Services:

Facility-based group programs designed to meet the needs of participants through Individual plans of care. These non-residential programs provide health, social, recreational and therapeutic activities; supervision; support services; and, personal care. They may also include optional or non-work related educational and life skill opportunities. Participants attend on a planned basis.

Family and Caregiver Training:

Services that provide training and education to instruct a parent, other family member, or primary caregiver about the treatments and equipment specified in the PCISP.

Intensive Behavioral Intervention:*

A highly specialized, individualized program of instruction and behavioral intervention. The primary

goal of IBI is to reduce behaviors such as tantrums and acting out behaviors, and to increase or teach replacement behaviors that have social value for the Individual and that increase access to their community. Program goals are accomplished by the application of research-based interventions. This service is limited to individuals age 21 and over, due to the existing availability of these services on the Medicaid State Plan for individuals under age 21.

Music Therapy:

Services provided for the systematic application of music in the treatment of the physiological and psychosocial aspects of an Individual's disability and focusing on the acquisition of nonmusical skills and behaviors.

Occupational Therapy:*

Services provided under 460 IAC 6-5-17 by a licensed/certified occupational therapist. This service is limited to individuals age 21 and over, due to the existing availability of these services on the Medicaid State Plan for individuals under age 21.

Participant Assistance and Care:

Staffing and personal assistance in the home. This service can be provided by a trusted friend, neighbor or relative of the family if preferred.

Personal Emergency Response System:

An electronic device which enables certain Individuals who are elderly or have high medical needs to secure help in an emergency. The Individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center, which is staffed by trained professionals, once a "help" button is activated.

Physical Therapy:*

Services provided under 460 IAC by a licensed physical therapist.

Prevocational Services:

Services that prepare a participant for paid or unpaid employment. Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized result.

Psychological Therapy:*

Services provided under 460 IAC 6-3-56 by a licensed psychologist with an endorsement as a health service provider in psychology, a licensed marriage and family therapist, a licensed clinical social worker, or a licensed mental health counselor.

Recreational Therapy:

Services provided under this article and consisting of a medically approved recreational program to: restore, remediate, or rehabilitate an Individual in order to improve the Individual's functioning and independence; and, to reduce or eliminate the effects of an Individual's disability.

Respite:

Services furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant's home or place of residence, in the respite caregiver's home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite home). This service can be provided by a trusted friend, neighbor or relative of the family if preferred.

Remote Supports:

The use of technology to foster independence by providing support and supervision without staff in the home. Newly added to the FS waiver and allowing the first \$500 in reimbursement outside the annual FSW cap in any service plan year. In addition, remote support has expanded to the age range 14-17.

Speech/Language Therapy:*

Services provided by a licensed speech pathologist under 460 IAC 6.

Transportation:

Services that enable waiver participants to gain access to non-medical community services and resources, maintain or improve their mobility within the community, increase independence and community participation.

Workplace Assistance:

Workplace Assistance services provide a range of personal care services and/or supports during paid competitive community employment hours and in a competitive community employment setting to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability.

** Speech/Language Therapy, Occupational Therapy, Physical Therapy, Intensive Behavioral Intervention, and Psychological Therapy may be added to the waiver budget after private insurance and Medicaid funding have been exhausted or denied for those waiver participants age 21 and over.*



What is the Community Integration and Habilitation (CIH)

Waiver?

The CIH waiver was created to assist those FSW participants who experience emergencies for which that waiver does not provide sufficient supports to ensure the Individual's health and safety. Situations that might constitute an emergency include: loss of primary caregiver, caregivers over the age of 80, evidence of abuse or neglect in the current home, and an extraordinary health and safety risk. There is no annual waiver service cost cap associated with the CIH waiver.

In addition to the services also available on the FSW, the following services are available on the CIH Waiver (excluding Participant Assistance and Care).

Community Transition:

Reasonable, one-time set-up expenses for Individuals who make the transition from an institution to their own home in the community. These will not be reimbursable on any subsequent move. The provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is stand-by intervention staff prepared for prompt engagement with the participant(s).

Rent and Food for an Unrelated, Live-in Caregiver:

The additional cost a participant incurs for the room and board of an unrelated, live-in caregiver (who has no legal responsibility to support the participant) as provided for in the participant's Residential Budget. This can be utilized if the participant is receiving Structured Family Caregiving.

Residential Habilitation and Support:

Services that provide up to a full day (24-hours) of services and/or supports which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills needed to support participants to live successfully in their homes.

Structured Family Caregiving:

A living arrangement in which a participant lives in the private home of a principal caregiver who may be a non-family member (foster care) or a family member who is not the participant's spouse, the parent of the participant who is a minor, or the legal guardian of the participant. Necessary support services are provided by the principal caregiver. Only agencies may be Structured Family Caregiving providers.

Wellness Coordination:

The development, maintenance and routine monitoring of the waiver participant's Wellness

Coordination plan and the medical services required to manage his/her health care needs. his/her health care needs.



Will the Waiver Provide all the Necessary Services and Supports to meet my needs?

The Indiana Home and Community Based Services are intended to enable an Individual to reside in a community setting, rather than in a facility setting. The supports available under the waiver are intended to provide educational, rehabilitative, or therapy services aimed at improving an Individual's independence or functioning level. Other forms of supports are available throughout the State of Indiana. The IPMG Case Manager will work with you and the support team to identify any potential resources available to help alleviate the identified needs. IPMG maintains a database of over 1000 community resources which Case Managers can reference to identify potential and appropriate resources to meet the Individuals' needs.

Additionally, Case Managers will refer Individuals to seek assistance from those agencies that can assist one to obtain Social Security benefits, Public Housing assistance, Food Stamps and other types of benefits outside of the waiver program.

How do I Apply for a Waiver?

I want to receive waiver services. How do I get started?

- Apply for service online via the [BDS Gateway](#).
- Complete and return the packet and all documents requested to the BDS office.

I have turned in my application. Now what happens?

A representative from your local BDS office will contact you to complete the assessment for a preliminary Level of Care (LOC), using the information and documents you provide.

This part of the process determines Developmental Disability (DD) eligibility and preliminary Level of Care (LOC).

I meet Level of Care requirements. What is next?

After the application process is complete and LOC is determined, you will be placed on the waiting list for waiver services. While you are waiting for an open slot, you may:

- Utilize Medicaid State Plan Services, if eligible
- Apply for caregiver supports (respite), as they are available
- Apply for Supplemental Security Insurance (SSI)
- Use Natural supports for help (e.g., family members, church, neighbors, co-workers and friends)
- Utilize other resources, such as the Department of Education (if under age 22), the Indiana Centers for Independent Living Services, Division of Vocational Rehabilitation, and the Aging and Disability Resource Centers

Contact your local BDS office immediately if there are any changes in an address or telephone number and check annually to ensure they have the correct and most current contact information.

Check the BDS Waiting List online. To better serve Individuals on the FSW waiting lists, DDRS has developed the [BDS Waitlist Web Portal](#). The Portal will allow you to review and update your contact information and to review the waiver application dates the Bureau of Disabilities Services has on record.

When will I begin waiver services?

- DDRS will mail you a targeting letter when a waiver slot is available.
- Once you have confirmed that you still want to receive services, our intake staff will contact you and complete a current LOC. If you do not currently meet LOC, you will not be able to utilize the available waiver slot.
- If Medicaid eligibility was previously denied, you will need to take your targeting letter to your local [Division of Family Resources \(DFR\)](#) to reapply.

My child will be graduating from high school. How long is the wait for services?

The State of Indiana has reserved a portion of the waiver slots for Eligible Individuals age 18-24 with permanent separation from their educational setting. Qualified/eligible Individuals age 18 through age 24 who have aged out of, graduated from, or have permanently separated from their school setting may be able to enter waiver services upon that separation if funded slots are available.

Priority access by reserve capacity category is made available as long as priority waiver slots in the reserve capacity category remain open. Once the priority waiver slots in the reserve capacity category are filled, Individuals meeting the priority access criteria will be placed on the waiting list.

They will subsequently be tracked based on their need for a priority waiver slot and offered a waiver slot when:

- A newly available priority waiver slot for which they qualify becomes available; or
- A non-priority waiver slot using the first come, first served criteria for waiver enrollment (date placed on the waiting list) becomes available and the applicant is the first person on the waiting list.



What Choices Can I Make?

The Medicaid Waiver program offers you the opportunity to make choices about the waiver services and providers that will be part of your waiver experience. Your IPMG Case Manager will educate you and provide you with the resources that you will need in order to make educated decisions.

Case Management Company (CMO):

Your first choice is that of the company that you would like to be the provider of your case management services. When you have been offered and have accepted a waiver slot, your local

BDS service coordinator will provide you with a “Pick List,” or list of all certified CMCOs that offer services in your county. You may contact any or all of those companies and interview them to determine which one you would like to provide your case management services. You may interview them over the phone, or request that they visit you in person. Feel free to request references so that you can better determine the satisfaction of Individuals that they currently serve.

Case Manager:

After you have chosen a CMO, some companies, such as IPMG, also offer you the opportunity to choose the Case Manager that will work side-by-side with you on your waiver journey.

Those companies will provide you with a list of available Case Managers, and you may choose to interview any or all of them to determine who best meets your needs. If this choice is an important one to you, be sure to ask the CMCO as you are interviewing if they offer this opportunity. IPMG has dedicated staff to complete the intake process for all Individuals new to the waiver. Once the intake process is complete, the dedicated intake staff will assist you in choosing an ongoing case manager.

Waiver Services:

The FSW and CIH waivers provide you with a variety of services that are designed to support you as you move closer to the outcomes that you have identified as being important to you and for you.

Each of those services has guidelines regarding their usage, funding, and scope. Your IPMG Case Manager will ensure that you have the information needed to determine which ones would be most meaningful and useful to you and will create a budget that encompasses those services.

Waiver Service Providers:

When you have determined which waiver services you would like to use, your Case Manager will provide you with a choice list of all providers who offer services in your county or area of the state. You may interview any or all of them and can do so on the phone or in person. You can request to visit the sites at which services are provided and can ask to meet Individuals that are currently served by the provider. You may want to use the list of questions in the section “How to Select Waiver Providers” to assist you in interviewing providers.

Can I Change my Mind About my Choices?

Absolutely! You are not limited to only making one choice about any of your waiver providers or services. You can change your CMO, Case Manager, services or service providers at any point at which you are not satisfied or feel that your needs have changed. Your Case Manager or CMO will assist you.



How to Select Waiver Providers

Selecting good providers is critical. It’s helpful to think about the issues that are important to you and your family member before you begin this process. You will be able to make an informed choice by reading information about the providers, visiting their websites, or by interviewing them in person.

Below are some questions to consider when selecting waiver service providers.

General Topics to Discuss With Service Providers

1. Discuss all areas of service that are absolute requirements for you, such as: medications are always administered on time; there is direct supervision; you are able to attend your place of worship on Sundays; or, staff has sign language training.
2. What makes you happy? What causes pain? How will the provider maximize opportunities for the first, and minimize or eliminate instances of the second?
3. What outcomes would you like to strive for in your life? Would you like to have a job or be a member of a place of worship? How many housemates would you like and how close to your family would you like to live? How would the provider assist you with these outcomes?

4. What risks might you experience with which the provider would need to assist you? For example, do you have seizures? Do you need training in street safety skills? Do you need someone to help you communicate? How will the provider address those risks?
5. How would the provider ensure the implementation of your Person-Centered Plan?

Questions to Ask Prospective Service Providers

1. What are their standards of service?
2. What kind of safety measures does the provider have to protect you?
3. How does the provider assure compliance with your rights? Will you receive copies of your rights as a consumer of services, and have those rights explained to you? Will they also provide and explain their complaint policies?
4. Is the provider interested in what you want or dream about doing?
5. Is the provider connected to other programs that you may need, such as day support and local school/education services?
6. If you are to live in a home shared with other people, can families drop in whenever they wish?
7. How are birthdays, vacations, and special events handled?
8. What is the policy on their handling of your finances?
9. How would minor and major illnesses and injuries be handled?
10. What types of events are routinely reported to families?
11. How is medication administration handled?
12. What is the smoking policy?
13. 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 emergency?
14. 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?
15. As a provider of waiver services, what are their strengths and weaknesses?
16. What is the process for hiring staff? Are background checks conducted and training required? Who provides staffing while a new staff person is hired and trained?
17. How is direct staff supervised? What training does staff receive? What is the average experience or education of staff?
18. How is staffing covered if regular staff is ill? What happens if staff does not show up for the scheduled time? How often does it happen?
19. What is the staff turnover rate?
20. What kind of supports and supervision does staff have? Who can staff call if a problem develops?

What to Look For and Ask During Visits to Supported Living Settings

1. How do the staff and housemates interact? Do they seem to respect and like each other?
2. Does the environment look comfortable? Is there enough to do?

3. What kind of food is available and who chooses it? Are choices encouraged and options available? Are diets supervised?
4. Do people have access to banks, shops, restaurants and other community resources? How is transportation handled? Are trips to access these places planned or on an as-needed basis?
5. Is there a telephone available to housemates, with privacy? Is the telephone accessible (equipped with large buttons, volume control and other access features) if needed?
6. Does each person have his/her own bedroom? Can each person individually decorate the bedroom?
7. Do housemates seem to get along well? What happens if they don't?
8. Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled? Are lost items replaced?
9. Are pets allowed? What are the rules regarding pets?
10. Is there a good balance between learning new skills and leisure or unstructured time?
11. Is there evidence that personal hygiene and good grooming are encouraged?
12. Does each person have privacy when he/she wants to be alone or with a special friend?
13. Does each person have the opportunity to belong to places of worship, clubs or community groups of their choosing and pursue his/her own individual interests?
14. Does staff knock on doors to private rooms and wait for a response before entering?
15. What kind of "house rules" exist? Are there consequences for breaking the rules?



Additional Benefits Through Medicaid

Medicaid

Medicaid is a public health insurance program that is jointly funded by the state and federal government. It is a comprehensive health insurance that covers things like hospitalization, doctor's appointments, therapies, prescriptions, as well as some things that may not typically be covered by private insurance such as transportation to medical appointments, dental/vision services, and incontinence supplies. All waiver participants have Traditional Medicaid which means that they are not enrolled with a Medicaid managed care entity.

Medicaid Eligibility

A waiver participant must have active Medicaid to use waiver services. Eligibility for Medicaid is established separately from eligibility for the waiver. Eligibility for Medicaid needs to be re-determined annually unless the Individual is receiving Supplemental Security Income (SSI) or has special circumstances. The Division of Family Resources (DFR) is a state agency under the Family and Social Services Administration. DFR is responsible for processing initial Medicaid applications as well

as determining ongoing eligibility for Medicaid. You can reach DFR by calling 1-800-403-0864 or by visiting your local DFR office. https://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf

Medicaid Prior Authorization

Medicaid as a health insurance may require Prior Authorization (PA) to assure that the service is medically necessary. Possible services through a Medicaid PA include: Home health aide, nurse, occupational therapy, speech and language therapy, physical therapy, and durable medical equipment. A home health aide provides care to Individuals who need support with personal care and tasks of daily living while the primary caregiver is working or medically unable to care for the Individual themselves. The service provider will gather the needed information and submit the prior authorization request to Medicaid.

Supplemental Security Income (SSI)

SSI is a federal income supplement program administered through the Social Security Administration (SSA). It is designed to help aged, blind, and disabled people, who have little or no income; and provides cash to meet basic needs for food, clothing, and shelter. Household income is counted when applying for SSI until the waiver participant turns 18. Once the waiver participant turns 18, only the income and resources in their name will be counted. A person under the age of 65 must be determined disabled by SSA in order to qualify. For more information, including how to apply, please visit <https://www.ssa.gov/benefits/ssi/>

III. Acronyms and Definitions

Annual Planning Documents: Documents utilized on an annual basis to coordinate an Individual's services and supports, such as the Person-Centered Individualized Support Plan (PCISP) and CCB/Service Plan.

AAIDD: Since 1876, the American Association on Intellectual and Developmental Disabilities (AAIDD) has been providing worldwide leadership in the field of intellectual and developmental disabilities. AAIDD are promoters of progressive policies, sound research, effective practices and universal human rights for people with intellectual and developmental disabilities.

APS: Adult Protective Services (APS) Law (Act 70 of 2010) was enacted to protect adults between the ages of 18 and 59 with a physical or mental disability that limits one or more major life activities.

Call 1-800-992-6978. Your Case Manager can also assist you with local contact, reporting and follow up with your local agency when needed.

ASL: American Sign Language serves as the predominant sign language of Deaf communities in the United States and most of Anglophone Canada. ASL is a complete and organized visual language that is expressed by facial expression as well as movements and motions with the hands.

BDS: Bureau of Disabilities Services: The division of the Family and Social Services Agency that oversees the implementation of services to Individuals with developmental disabilities.

BMGO: Behavior Management: Behavior management includes training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

Board of Directors: Board of Advisors/Senior Advisors: The role of the advisor is to direct, monitor, and support the delivery of quality case management services to Individuals served by IPMG.

SP: Service plan. The service plan details the cost of each waiver service and total cost of the Medicaid services for each person.

CMGT: Case management. Case management is defined as those services which assist Individuals who receive waiver services to gain access to needed waiver and State plan services, as well as to needed medical, social, educational, and other services, regardless of funding source for the services for which the access is gained. Case management services enable an Individual to receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner.

CMO: Case Management Company which is chosen by the Individual/guardian/family, when entering the waiver process with BDS. The CMO will provide (CM's) Case Managers with training to help navigate waiver services and help you create a (PCISP) Person-Centered Individual Support Plan for the waiver Individual to achieve their life goals. CM's will provide a choice list for you to choose waiver services from eligible companies to also help the Individual achieve their goals. CM's will meet quarterly with you and the IST (Individual Support Team) as part of state required oversight to determine goal progress and review the, PCISP to determine if it is meeting the Individual's needs.

Community Integration & Habilitation Waiver: The CIH Waiver is designed to provide a wide range of supports to Individuals residing in a range of community settings, as an alternative to care in an intermediate care facility for Individuals with intellectual disabilities. The CIH Waiver is a priority needs waiver.

CPS: Child Protective Services is a state agency that investigates reports of child abuse and neglect. Child safety is the first concern of Child Protective Services. They will work with both parents to safely care for their child. Call 1-800-800-5556. Your Case Manager can also assist you with local contact, reporting and follow up with your local agency when needed.

DD: Developmental Disability: A severe, chronic disability that: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the seven areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatments or services that are of lifelong or extended duration, and are individually planned and coordinated. All criteria must be met for a person to be eligible for DD services.

DDRS: Division of Disability and Rehabilitative Services: A division of FSSA that strives to inform, protect, and serve Individuals with disabilities and their families. We achieve this by helping people with disabilities maintain independence through in-home services, supported employment, independent living, nutrition, deaf and hard of hearing services, blind and visually impaired services, and social security disability eligibility.

DFR: The Division of Family Resources is responsible for establishing eligibility for Medicaid, Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families benefits. The division also manages the timely and accurate delivery of SNAP and TANF benefits. DFR also provides employment and training services to some SNAP and TANF recipients. The division's overarching focus is the support and preservation of families by emphasizing self-sufficiency and personal responsibility.

FSSA: Family and Social Services Administration: The state agency that oversees the Indiana home and community-based Medicaid waiver program, case management, and related services in Indiana.

FSW: Family Supports Waiver: New title for the Support Services Waiver, effective 9/01/2012. Designed to provide limited, non-residential supports to persons with developmental disabilities residing with their families, or in other settings with informal supports.

HCBS: Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

HIPAA: Health Insurance Portability and Accountability Act: A federal law that protects the privacy of personal health information.

ICAP: Inventory for Client and Agency Planning. Assessment used in coordination with other tools to determine resource allocations for Individuals receiving waiver services.

ICF/ID: Intermediate Care Facility for the Intellectually Disabled. A facility in which individuals with developmental disabilities live together. There is 24-hour supervision by paid staff that provides assistance and training to help residents develop daily-living skills, with programming for each individual's active treatment needs. These residences may be large, privately-operated facilities housing from 40 to 200 persons, or group homes for four to eight residents (small ICF/IDs). ICF/ID residential services are funded by Medicaid, and placements are coordinated through the Bureau of Disabilities Services.

ID: Intellectual Disability: Intellectual Disability is a disability characterized by significant limitations in both intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.

Individual: The term 'Individual' will be used to describe all persons with disabilities receiving Medicaid waiver services.

IDR (formerly known as IPAS): Indiana Disability Rights: State agency that assists people with physical, emotional, and/or mental disabilities to resolve disability-related problems with the service delivery system and access discrimination issues.

IST: Individual Support Team: The IST includes the Individual, guardian (if applicable), family members, the Case Manager, service providers, and other members selected by the Individual and/or guardian to contribute to the person-centered planning process.

IPMG: Indiana Professional Management Group (IPMG): Indiana's preeminent statewide provider of case management services for Individuals in the state's Home and Community-Based Service (HCBS) Medicaid Waiver program. IPMG is dedicated to facilitating success through person-centered case management.

IR: Incident Report: Completed in State-authorized format for all reportable incidents that are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an Individual or death of the Individual.

LOC: Level of Care: Required in order for a person to receive waiver services. LOC for CIH or Family Support Waivers requires that the Individual meet criteria for DD eligibility and require access to 24-hour care and need lifelong or extended duration aggressive program of both specialized and generic services, individually planned and coordinated by an interdisciplinary team, and intended to promote greater self-determination and functional independence.

SA: Service authorization. This is the State form used to notify a waiver applicant/recipient of any action affecting the person's Medicaid waiver benefits.

OBA: Objective-based Allocation: This is a set amount of money available to individuals on the CIH waiver based upon a variety of factors including individuals' needs and living situation.

PCISP: Person-Centered Individual Support Plan: A plan that establishes supports and strategies, based upon the person-centered planning process, intended to accomplish the Individual's long and short-term outcomes by accommodating the financial and human resources offered to the Individual through paid provider services or volunteer services, or both, as designed and agreed upon by the Individual's support team. (460 IAC 6-3-32)

QDDP or QIDP: Qualified Developmental Disability Professional (also referred to as QIDP / Qualified Intellectual Disability Professional): The minimum requirements for this credential are a college degree and one year of experience working within the developmental disability sector.

RFA: Request for Approval (Home Modifications): State-authorized process to approve specialized medical equipment or environmental modifications through the Medicaid waiver.

Service Plan: (Also known as the CCB): Details the cost of each waiver service and total cost of the Medicaid services for each person.

SSI: SSI stands for Supplemental Security Income. Social Security administers this program. The Social Security will pay monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older.

VR: Vocational Rehabilitation: Provides employment services and funding needed by eligible Individuals with disabilities to prepare for, enter, engage in, and retain employment.