



Mike Braun, Governor
State of Indiana

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning

402 W. WASHINGTON ST., W382, MS07
INDIANAPOLIS, IN 46207

Case: IID from AssessmentPro

DATE

Waiting List Date: (DATE of the LOC for waiver)

Name of Individual
Address 1
Address 2
City, State, ZIP

RE: PathWays Medicaid Waiver waiting list placement

Dear NAME:

On (DATE of LOC Assessment was completed), it was determined you met the required level of care and are interested in home and community-based services through the PathWays Medicaid Waiver.

The PathWays Medicaid Waiver has a maximum capacity each year for individuals to receive services through the waiver. This number is determined in the state's PathWays Waiver Application which is approved by the Centers for Medicare and Medicaid Services (CMS). FSSA has reached the allowed limit and must implement a waiting list for individuals seeking to access services through the PathWays Medicaid Waiver.

You have been placed on the waiting list for the PathWays Medicaid Waiver. Your waiting list date is **(DATE of the LOC for waiver)**. This date represents your level of care assessment date for the waiver.

While you are on the waiting list, you are responsible for notifying (Insert MCE Name and phone #) of any change in your address or other contact information. You can also confirm you are on the waiting list and verify the accuracy of your contact information using the online HCBS Waitlist Dashboard. The dashboard is available at <https://ddrsprovider.fssa.in.gov/ConsumerInfo>.

Your placement on the waiting list does not guarantee access to or receipt of services. If access to services becomes available, you will be contacted by (Insert MCE Name) with information on how to continue the enrollment process for the PathWays Medicaid Waiver.

This is considered an administrative action by the State of Indiana appealable to an administrative law judge from the State of Indiana Office of Administrative Law Proceedings. If you disagree with this



determination of being placed on the waiting list for the PathWays Medicaid Waiver, you have a right to appeal by following the procedures in the attached appeal rights.

If you have questions, some may be addressed in the enclosed Frequently Asked Questions, or you can review the resources available at <https://www.in.gov/fssa/medicaid-strategies>. Information on invitations to the waiver is available at <https://www.in.gov/fssa/ddrs/information-for-individuals-and-families/hcbs-waiver-waiting-list-information/>. If you still have questions about the information in this notice, you can contact (MCE Name) at (MCE Phone #).

Sincerely,

E. Mitchell Roob Jr., Interim Director, Office of Medicaid Policy & Planning

Enclosure: Appeal Rights, Frequently Asked Questions

cc: File

Appeal Rights for Home and Community-Based Services

You have the right to appeal the enclosed decision and have a fair hearing. The enclosed letter explains the decision regarding your application for or changes in your services. If you disagree with the decision, you have the right to appeal by submitting a request for a fair hearing.

How to request an appeal:

Your request for an appeal must be received by close of business no later than 30 days from the receipt of the enclosed letter. You must also list with reasonable particularity the reason(s) for requesting the appeal.

To file an appeal, please sign, date and return this form to:

AOPA Appeals
FSSA Office of General Counsel
402 W. Washington Street, Room W451, MS 27
Indianapolis, IN 46204

Or send the form via fax to:
(317) 232-1133

If you are unable to sign and date this form, you may have someone assist you.

You will be notified in writing by the Indiana Family and Social Services Administration, Office of Hearings and Appeals of the date, time, and location for the hearing. Prior to the hearing, you have the right to examine the entire contents of your case record maintained by your care manager.

You may represent yourself at the hearing or you may authorize a person to represent you, such as an attorney, relative, or other person. You will have the opportunity to bring witnesses, establish all pertinent facts and circumstances, advance any arguments without interference and question, or refute any testimony or evidence presented.

I wish to appeal the above decision for the following reasons:

RE: Placement on the PathWays Medicaid Waiver Waiting List

If you require more space, include additional pages.

Name of Applicant: _____

Signature of Applicant/Guardian: _____

Date: _____

Reference: IID from AssessmentPro

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