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TO: Providers under the Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) 1915(c) Home and Community Based Medicaid Waivers and Money Follows the Person (MFP) Demonstration Programs

FROM: Leslie Huckleberry, Director—Division of Aging

SUBJECT: Updated Guidance Regarding Service Plan Elements Which Require Manual Review

DATE: June 5, 2024

The purpose of this memorandum is to provide clarifications to all providers that perform Home Modification Assessments and those who perform Home Modifications.

As outlined in previous communication, FSSA is working to improve service definition compliance through reinforcement of practices that align with federally approved definitions, and to increase state staff engagement to ensure a person-centered, thoughtful, and thorough review process for service plans.

The Application for a §1915(c) Home and Community-Based Services Waiver clearly states the following:

The Home Modification Assessment will be used to objectively determine the specifications for a home modification that is safe, appropriate, and feasible to ensure accurate bids and workmanship. All individuals must receive a home modification assessment if a provider is available in that county, with a certified waiver provider selected by the Individual prior to any subsequent home modifications as well as a home modification inspection upon completion of the work. A home modification will not be reimbursed until the final inspection has been completed. \$628 Total - SPEC \$409.46; EXAM \$218.54. Individuals are allowed only one (1) Home Modification Assessment per plan year. Home Modification Assessments are required for *all* Home Modifications, even minor ones such as grab bars and handrails.

Home Modifications are physical adaptations to the home, as required by the participant's service plan, which are necessary to ensure the health, welfare, and safety of the participant, and which enable the participant to function with greater independence in his/her home, and without which the individual would require institutionalization. Incidental structural repairs to facilitate modifications may be included in this service however existing structural repair is not allowable, including but not



limited to the subflooring and joists. Individuals should be made aware, prior to beginning a project, that if existing structural repair is needed, they will be responsible for this portion of the project

If there is existing structural damage needing repair or the project would exceed that CAP, Care Managers should discuss with the individual and provider the different or additional funding options that can be explored including but not limited to other community resources, obtaining additional bids for cost-effectiveness, private paying the difference, etc. Conversation should also explore if all items requested are necessary, which could potentially lower the bid.

Additional information regarding service plan reviews can be found at the [Medicaid Strategies webpage](#). For questions, please contact FSSA.DAresponseteam@fssa.IN.gov

