

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025190 DECEMBER 31, 2025

IHCP revises previously announced changes to HCBS assisted living billing policy

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP); the Division of Disability, Aging and Rehabilitative Services (DDARS); and the Indiana Health Coverage Programs (IHCP) are issuing changes to the billing policy that was previously announced in *IHCP Bulletin* [BT2025173](#) for Assisted Living services provided under a Home- and Community-Based Services (HCBS) waiver.



After careful consideration of feedback received from stakeholders, the FSSA is pausing the implementation of monthly billing requirements and daily per diem requirements outlined in [BT2025173](#). Until further notice, assisted living providers can continue to bill for Assisted Living waiver services using either the monthly or daily billing method. The FSSA will work with stakeholders to implement a new billing policy later in 2026.

Assisted living providers can bill monthly or daily for services **up to 29 days**. Monthly billing can still be done even when a resident is out of the facility, as long as the resident is present in the facility for a minimum of 15 days per month.

Assisted living providers may submit claims for reimbursement only *after* the HCBS waiver services are rendered. Claims for daily billing submitted for *future* dates of service (that is, before the service has been rendered) will be denied. Claims for monthly billing can be submitted after the member has been present in the facility for a minimum of 15 days of the month.

Example – Assisted living resident is present from Jan. 1 through Jan. 15 and then absent from the facility from Jan. 16 through Jan. 31. The assisted living provider can submit a claim using the monthly billing method since the resident was present in the facility for a minimum of 15 days. The provider can submit the claim using the monthly billing method after the 15th day the member is present in the facility. In this scenario, the provider may submit their claim on or after Jan. 16 using the monthly billing method.

As a reminder, assisted living providers are required to document HCBS Assisted Living services when rendered. When the assisted living provider submits claims for the monthly or daily billing method, the assisted living provider is required to ensure that documentation exists for each day the member is present in the facility to support their billing. The information in *IHCP Bulletin* [BT2025173](#) regarding documentation standards, activities included under per diem and monthly reimbursement for Assisted Living waiver services, and activities not allowed under Assisted Living remain unchanged.

For more information

For questions about Assisted Living services provided through the Indiana PathWays for Aging (PathWays) Waiver, contact INPathWays@fssa.in.gov. For questions about Assisted Living services provided through the Health and Wellness (H&W) or Traumatic Brain Injury (TBI) waivers, contact BDS.Help@fssa.in.gov.

Providers can also find more information about the [PathWays Waiver in the OMPP HCBS Waiver: Indiana PathWays for Aging](#) provider reference module. For the H&W or TBI waiver, see the [DDRS HCBS Waivers](#) provider reference module.

QUESTIONS?

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