

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202614    JANUARY 22, 2026

## CMS approves waiver amendment for Medicaid HCBS H&W and TBI waivers

The Indiana Family and Social Services Administration (FSSA) has received approval from the Centers for Medicare & Medicaid Services (CMS) for the agency's proposed waiver amendment to the Medicaid Home- and Community-Based Services (HCBS) Health and Wellness (H&W) and Traumatic Brain Injury (TBI) waivers. In this bulletin, the Division of Disability, Aging and Rehabilitative Services (DDARS) is announcing changes to waiver services for the H&W and TBI waivers, effective for dates of service (DOS) on or after **Jan. 1, 2026**.

Some of these changes were initially announced in *Indiana Health Coverage Programs (IHCP) Bulletins* [BT2025169](#) and [BT202603](#). For the full approved waivers, see the following:

- [H&W waiver](#)
- [TBI waiver](#)



### Self-directed service options

New self-directed service options will be made available on the H&W and TBI waivers. These services will be authorized annually and provide the individual with full employer and budget authority. These services will be authorized based upon a self-directed budget calculation that includes the members' assessed need for the service. Members now have the ability to self-direct the following services:

- Attendant Care
- Respite Care Services
- Home and Community Assistance

These new self-directed service options replace the following services, which ended Dec. 31, 2025:

- Attendant Care, Consumer-Directed
- Attendant Care, Consumer-Directed Overtime
- Participant-Directed Home Care Service (PDHCS)

### Benefits Counseling

Benefits Counseling is a new service intended to assist an individual to understand the potential impact of employment on the individual's public benefits, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, food/nutrition programs, housing assistance, Achieving a Better Life Experience (ABLE) accounts, and other federal/state/local benefits. This service is intended to address concerns about work-related income potentially compromising benefits by providing the individual with the information they need to make an informed choice regarding pursuing employment or career advancement.

Benefits Counseling can be provided to individuals considering or seeking competitive integrated employment or self-employment, career advancement, or to individuals who need financial problem-solving assistance to maintain competitive integrated employment or self-employment.

### **Reimbursable activities**

Reimbursable activities for Benefits Counseling include the following:

- Individualized benefits analysis and counseling
- Development of work incentive plan
- Education regarding income reporting requirements
- Technical assistance to complete and submit appropriate forms and supporting documentation required for applicable work incentives



### **Service standards**

Service standards include the following:

- Benefits Counseling services must be included on the individual's person-centered individualized support plan (PCISP).
- Benefits Counseling services must address needs identified in the person-centered planning process.
- Benefits Counseling services may be delivered in the individual's home, the community, the benefit counselor's office or a location of the individual's choice.

### **Activities not allowed**

The following activities are not allowed with Benefits Counseling:

- Services that are available under a program funded under section 110 of the *Rehabilitation Act of 1973* or the *Individuals with Disabilities Education Act* (IDEA)
- Services provided by the parent of a minor child participant or the spouse of a participant (also known as a legally responsible individual or LRI), relative, or legal guardian

### **Extended Employment Services**

Extended Employment Services have been added to the H&W waiver. On the TBI waiver, this service has been updated to align with all waivers.

Extended Employment Services are ongoing employment-support services that enable an individual to maintain integrated competitive employment in a community setting. Competitive integrated employment is full- or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with coworkers without disabilities. Community settings are nonresidential, integrated settings that are in the community. Additionally, Extended Employment Services may include supports that enable an individual to maintain self-employment (if the individual chooses self-employment) and work from their own home or in the community when the work is competitive and could also be performed in an integrated environment by and among persons without disabilities. To access this service, individuals must be self-employed or employed in a competitive and integrated job in a community setting that pays at or above minimum wage.

**Reimbursable activities**

The following activities are reimbursed under Extended Employment Services:

- Ensuring that natural supports at the worksite are secured through interaction with supervisors and staff
- A tangible outcome of this activity would be a decrease in the number of hours of Extended Employment Services an individual accessed over time.
- Training for the individual, and/or the individual's employer, supervisor or coworkers, to increase the individual's inclusion at the worksite
- Regular observation or support of the individual to reinforce and stabilize the job placement
- Job-specific or job-related safety training
- Job-specific or job-related self-advocacy skills training
- Reinforcement of work-related personal care and social skills
- Training on the use of public transportation and/or acquisition of appropriate transportation
- Facilitating, but not funding, driver's education training
- Coaching and training on job-related tasks such as computer skills or other job-specific tasks
- Travel by the provider to the job site as part of the delivery of this service

**Service standards**

Service standards include the following:

- Extended Employment Services must be included on the individual's service plan.
- Extended Employment Services must address needs as are necessary to maintain employment and identified in the person-centered planning process.
- Extended Employment Services are not time limited.
- Individual (one-on-one) services can be billed in 15-minute increments.
- For Extended Employment Services provided in a group setting, reimbursement equals the unit rate divided by the number of individuals served.
- With the exception of one-on-one on-the-job coaching, support and observation, the potential exists for all components of the Extended Employment Services service definition to be applicable to either an individual or a group.
  - ⇒ Specific examples of activities that might be rendered in a group setting would include instructing a group of individuals on professional appearance requirements for various types of employment, reinforcement of work-related personal care or social skills, and knowing how to get up in time to get ready for and commute to work.
  - ⇒ Groups could receive job-specific or job-related safety training, self-advocacy training or training on the use of public transportation.
  - ⇒ A group could receive training on computer skills or other job-specific tasks when individuals in the group have similar training needs.

**Activities not allowed**

The following activities are not allowed with Extended Employment Services:

- Services that are available under section 110 of the *Rehabilitation Act of 1973* or section 602(16) & (17) of the IDEA
  - ⇒ Documentation must be maintained verifying that the service is not otherwise available or funded under the *Rehabilitation Act of 1973* as amended, or the IDEA.
- Services supporting sheltered work observation, sheltered work participation or volunteer endeavors
- Group supports delivered to individuals with different needs necessary to maintain employment

**Extraordinary care allowance**

The extraordinary care allowance is being implemented for individuals receiving Attendant Care services under the H&W waiver.

At the option of the state and under extraordinary circumstances specified by the state, payment may be made to a legally responsible individual or LRI (defined as the parent of a minor child or spouse) for the provision of personal care or similar services. The state will allow payment to be made to LRIs for the provision of Attendant Care when the conditions specified by the Bureau of Disabilities Services (BDS) are met.

Extraordinary care in the provision of services means care that the individual is unable to perform independently to meet his or her intensive nursing care needs under the supervision of an interdisciplinary team. Intensive nursing care needs include continuous ventilator care, tracheostomy care, total parenteral nutrition (TPN), or other comparable nursing services approved by the FSSA.

**Limitations**

The following limits are applied to extraordinary care allowance:

- The maximum number of hours of Attendant Care services that may be reimbursed when provided by LRIs must not exceed an aggregate of 40 hours per week across all extraordinary care caregivers.
- Attendant Care services will not be reimbursed when provided by an LRI if the participant is self-directing this service.

**Attendant Care**

Changes to the Attendant Care service under the H&W waiver are being made to documentation standards and paid family caregivers.

**Documentation standards**

Documentation requirements for Attendant Care are updated to hourly. Paid caregivers providing Attendant Care will now be required to document the activities that are carried out in each hour of their shift. Documentation requirements maintain the following:

- Complete date and time of service (in and out)
- Specific services/tasks provided



- Signature of participant verifying the service was provided by agency
- Signature of employee providing the service (minimally the last name and first initial)
- If the person providing the service is required to be a professional, the title must also be included.
- Documentation of service delivery signed by the participant or designated participant representative
- All documented care provided to the participant must be aligned with their individualized, specific needs as outlined in their PCISP.

***Paid family caregivers***

Relatives and legal guardians of adults can be paid caregivers under the Attendant Care service for their loved ones. The maximum number of hours of Attendant Care services that may be reimbursed must not exceed 40 hours per week per paid relative caregiver and/or paid legal guardian caregiver.

Paid family caregivers do not include the individual's spouse, the parent of the individual who is a minor, or the legal guardian of the minor individual.

The total number of approved hours of Attendant Care are determined by the individual's assessed needs. Assessed needs are determined by the individual's nursing facility level of care and available nonwaiver supports. These should be included in the PCISP developed using person-centered planning practices.

***Home health agency license requirement***

The home health agency license requirement has been removed from Attendant Care, Home and Community Assistance, Integrated Health Care Coordination, Specialized Medical Equipment and Supplies, and Transportation services effective for DOS on or after Jan. 1, 2026. Personal services agency licensure is still required for Attendant Care and Home and Community Assistance unless the person is self-directing those services.

**Home Modifications and Assessments service**

Home Modifications and corresponding Home Modification Assessment were two separate services. These two services are now combined into one service, Home Modifications and Assessments. In continuation of current standards, home modification assessment services must not be performed by the same provider that performs the subsequent home modification. The individual will maintain choice of providers, with the continuing requirement to choose the home modification provider that submits the lowest bid for the requested modification. Additionally, all service definition standards, reimbursable activities and nonallowable activities remain in place and unchanged for both the modification and assessment.

**Residential-Based Habilitation services**

The Residential-Based Habilitation service definition for the TBI waiver has been revised to allow individuals living with housemates to use a shared staffing model.

## Case management updates to promote clarity across four DDARS waivers

All case manager responsibilities have been moved to the case manager service definition instead of adding them to each individual service. Additionally, the term “care manager” has been changed to “case manager” to promote clarity across the DDARS H&W and TBI waivers as well as the Family Services and Community Integration and Habilitation (CIH) waivers.



### QUESTIONS?

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