

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202628 MARCH 3, 2026

Clarification provided to H&W, TBI and PathWays waiver providers regarding termination of services

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) and Bureau of Disabilities Services (BDS) would like to clarify the requirements for providers rendering services under the Medicaid Home- and Community-Based Services (HCBS) Health and Wellness (H&W), Traumatic Brain Injury (TBI), and Indiana PathWays for Aging (PathWays) waiver services when serving a notice of termination to an individual prior to terminating services.



According to *Indiana Administrative Code* [455 IAC 2-8-4](#), a service provider shall furnish at least 30 days' written notice to an individual, their legal representative (if applicable), and their case manager or PathWays service coordinator before terminating waiver services to an individual.

If the provider is furnishing any HCBS service as outlined in the person's plan, before termination, the provider shall participate in a team meeting to coordinate the transfer of services to a new provider. The provider shall agree to continue providing services to an individual until a new provider furnishing similar services is in place, unless written permission from the state has been received authorizing services to cease.

Because direct care staff are often family members, the FSSA has identified a pattern in which providers terminate services when that specific staff person is no longer available. Providers are required to continue delivering authorized services and may not terminate solely due to the loss of an individual staff member. Providers must ensure continuity of care, including maintaining adequate staffing and implementing backup staffing plans. Provider agencies must work with individuals, along with their legal guardian or representative, and their primary caregivers to establish backup plans for emergencies and other times when the primary caregiver is unable to provide care. This should be part of the individual's plan to ensure the individual's health and safety and to prevent inappropriate service disruption.

Note for Case Managers: Before adding a provider to an individual's plan, the case manager should talk with the potential provider about the individual's needs to make sure the provider is both capable of and willing to deliver the required services. After the provider is chosen through the person-centered planning process and identified as the provider of record, all requirements outlined in this bulletin apply.

QUESTIONS?

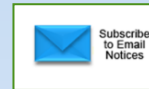
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