

You have *goals*.
You have *dreams*.
You have...



Indiana Professional Management Group, Inc.

Facilitating Success through Person-Centered Case Management

IPMG Handbook for Individuals Served





Table of Contents

I. SCOPE OF SERVICES..... 4

Why IPMG?4

Our Beliefs.....5

What Is Case Management?6

Who Does IPMG Serve?7

How Would IPMG Help Get My Waiver Started?.....7

What Is IPMG’s Person-Centered Planning (PCP) Process?.....8

How Often Will I See My Case Manager?9

What Are My Rights?9

How Will My Case Manager Help to Protect My Rights?.....12

What Do I Do if I Have a Complaint or Concern?.....13

What Are My Responsibilities as a Waiver Participant?15

How Does IPMG Help to Ensure the Quality of My Waiver Services?16

Is There a Cost for IPMG’s Services?16

Can I Reach Someone at IPMG 24 Hours per Day?.....16

Provision of Services to Individuals That Are Identified Criminal Offenders or Involved in the Legal System17

IPMG’s Role in Medication Administration17

II. INDIANA’S WAIVER PROGRAM18

What is Indiana’s Medicaid Waiver Program?.....18

What is the Family Supports Waiver (FSW)?18

What is the Community Integration and Habilitation Waiver (CIH)?21

Will the Waiver Provide all the Necessary Services and Supports to meet my needs?.....25

How do I Apply for a Waiver?.....25

What Choices Can I Make?27

Can I Change my Mind About my Choices?28

III. ACRONYMS AND DEFINITIONS.....29



Revisions of Manual

Date	Revision Notation	Page (s) #	Completed by
9/19/13	Modified language in 8a	8	Jeff Richendollar
5/28/14	Replaced cover with new design	1 (Cover)	Laura Shelley
03/01/2015	Completed review and annual approval for 2015		Ann Robertson
09/15/15	Acronym changes: Removed ICLB. ICF/ID changed Mentally Retarded to Intellectually Disabled QMRP changed to QDDP	Pgs. 29-31	Jennifer Lantz
9/15/15	Add Division of Vocational Rehabilitation under other resources for Level of Care Section	Pg. 26	Jennifer Lantz
9/15/15	CIH Services: Removed AFC, added SFC Removed PAC Removed SEFA, added Extended services Added Wellness Coordination	Pgs. 21-24	Jennifer Lantz
9/15/15	Change references to cm with a capital CM	Throughout Handbook	Jennifer Lantz
9/15/15	Updated Core Values	Pg. 6	Jennifer Lantz
9/15/15	Change references to SCM to MFS	Throughout Handbook	Jennifer Lantz
9/29/15	Added Provision of Services to identified criminal offenders	Pg. 17	Jennifer Lantz
9/29/15	Role in Medication Administration	Pg. 17	Jennifer Lantz
9/29/15	Updated Table of Contents Pages and Categories	Pg. 3	Jennifer Lantz
9/29/15	Added in days of service and clarification of hours.	Pg. 16 and 17	Jennifer Lantz
10/6/15	Completed review and annual approval for 2016		Senior Leadership

I. Scope of Services

Why IPMG?

It has been IPMG's pleasure since September 1, 2006 to be Indiana's preeminent provider of case management services for participants in Indiana's Home and Community-Based Services (HCBS) program. From September 1, 2006 through August 31, 2012, IPMG was the sole statewide provider, and assisted the Indiana Family and Social Services Administration (FSSA) to transition from a system of over 400 service entities to a single, statewide operation. During that time period, IPMG set a new and unprecedented standard for high quality, measurable and individual-driven case management services. Since September 2012, we have been happy to continue to provide the same quality of services as a waiver provider for the Family Supports Waiver (FSW) and the Community integration and Habilitation Waiver (CIH).

Individuals who participate in the waiver program benefit from our unconditional commitment to the provision of person-centered case management services. Our services are designed and delivered in such a way as to best support people with disabilities in their pursuit of a self-determined life. They are based upon IPMG's "best practices" standards that require integrity, creativity and responsiveness in partnership with the person served. Primary among our accomplishments have been:

- the implementation of a new, effective and nationally recognized individual-driven Person Centered Planning process that takes into account what is "important to" and "important for" the person;
- an assurance that all Case Managers are consistently and highly trained, and able to effectively lead the individual and team through the waiver process; and
- the development of enduring relationships with individuals served, their guardians, waiver service providers and other stakeholders throughout the state that enable us to call upon their wisdom and experience when considering how best to support the people we are privileged to serve.

The founding companies that formed IPMG were among the first in the State of Indiana to provide case management services when the waiver program was initially created in the early 1990's. As a result, our administrators and many of our staff bring years of experience to the program, and are happy to use that experience to the betterment of the lives of the individuals we serve.



IPMG's certification to provide waiver case management services was obtained through the FSSA, under the auspices of the Department of Disability and Rehabilitative Services (DDRS). IPMG operates under their guidelines and is accountable to meet all related State and Federal Medicaid Waiver program requirements.

Our Beliefs

Mission

The mission of IPMG is to develop Case Managers who are acknowledged as experts in their field, who empower individuals served to understand and access quality, efficient and coordinated services that result in the betterment of their lives.

Vision

IPMG is recognized by all stakeholder groups in Indiana as the state's groundbreaking and preeminent provider of Medicaid waiver case management services.

Founding Principle

"The needs of the individual are paramount." The relationship element of a Case Manager's role is the core factor, or better stated, the heart of what the Case Manager does. IPMG Case Managers will recognize the importance of family, friendship, and advocate relationships as essential in developing a working environment of trust. Thus, respect for the culture and traditions of the individual over one's lifespan are paramount.

Core Values

IPMG's core values form the basis for everyday decision making at a corporate and employee level.

Person-Centered Thinking: IPMG values the person-centered process, whereby the needs and preferences of the individual are directed by that person, in collaboration with family, friends and other team members, placing the Individual at the center of the planning process.

Self-determination: IPMG values empowerment and supports to ensure each individual lives a self-determined life.

Community Integration: IPMG values full membership and participation allowing each Individual to have a respected role within their community.

Freedom of Choice: IPMG values Individual choice by providing all options and alternatives in a manner that is meaningful to the Individual and easily understood.

Advocacy: IPMG values self-advocacy so each Individual's voice can be heard, while at

the same time advocating for the protection of each Individual's rights.

What Is Case Management?

Case management is defined as those services which assist you to gain access to needed waiver supports, as well as to State Plan, medical, social, educational, and other services, regardless of their funding source. Case management enables you to receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Your IPMG Case Manager will do the following for you:

- Educate you and your guardian about the waiver program, and ensure that you have the information needed to make thoughtful decisions about all of your services. We'll also steer you toward additional resources that may help you make those decisions.
- Make sure that you understand your right to choice. This includes your choice of case management companies, Case Managers, providers and services. If you don't like a choice that you make, you can make another. Nothing that you decide is set in stone if you want to change it.
- Create with you a Person-Centered Plan (PCP) that reflects what is important to you and for you. This plan will be the basis for all services that you will receive, and will be updated annually and as your needs and desires change.
- Use your PCP to help you create an Individualized Support Plan (ISP) that defines specific outcomes that you would like to strive for in your life. Service providers will use this as their blueprint to guide them as they implement the services that you have chosen. It will also change as your needs and desires change.
- Create a Cost Comparison Budget (CCB), initially and at least annually, that requests the funding needed to provide your desired services. We'll work to make that funding available to the providers that you have chosen.
- Conduct face-to-face meetings with you and your guardian at least every three months to complete a 90 Day Checklist. In this process, we'll check on your health and safety, as well as your satisfaction with the services you are receiving, and follow up on any needed changes.
- Facilitate meetings with your chosen Individualized Support Team (IST) at least every three months to ensure that services are consistent with your current desired outcomes. This is a great time to make sure that we are all focused on the things that are important to you and for you, and to make any changes that might be needed.
- Communicate with service providers to solve problems as needed and monitor the quality of your services.
- Take care of all the paperwork that is needed to maintain your eligibility in the program, and will make sure that you have current copies of your PCP, ISP, and



the Notice of Action (NOA) that records your current budget.

Who Does IPMG Serve?

IPMG provides case management services for individuals with developmental and/or intellectual disabilities who participate in Indiana's Home and Community Based Services Program (HCBS) through the Family Supports Waiver (FSW) and Community Integration and Habilitation Waiver (CIH). The purpose of this program is to provide individuals who might otherwise be faced with institutionalization with access to community-based services and supports that are important to them and that are provided in a manner that respects their personal beliefs and customs. If you do not currently receive waiver services, you may [apply for them](#) through your local Bureau of Developmental Disabilities Services (BDDS) [field office](#).

IPMG provides case management services in every county in Indiana. Our Case Managers live in or near your community, and are therefore able to link you to valuable local resources, and to assist you with becoming a valued member of that community. If you would like to work with IPMG, you need only notify your local BDDS office, and a referral will be sent to us letting us know of your choice. We accept all referrals and do not discriminate in any way among those who have chosen us. We further ensure that our services are accessible to everyone. We will provide American Sign Language (ASL) interpreters as needed, and materials that are appropriate for individuals who have visual impairments. We can also provide Spanish speaking interpreters.

How Would IPMG Help Get My Waiver Started?

IPMG employs Managers of Field Support (MFS) who specialize in helping individuals new to the waiver get started in the system. Once you have chosen our company, you will be contacted by an MFS within 48 hours of the date that we receive your referral from BDDS. The MFS will set a time to meet with you, typically within two weeks of the initial contact.

At your first meeting, you will engage in an initial Person-Centered Planning process that was designed by a nationally recognized expert in the disability field. This process will ensure that what is "important to" and "important for" you take center stage in the creation of your Person-Centered Plan (PCP). It also ensures that you are accorded the respect that you deserve, and are given the tools to make progress toward the life you would like to create.

As part of the PCP process, the MFS will educate you about the waiver program and about available waiver services, especially those that would support the outcomes you have defined for yourself.



You can make decisions about the types and amounts of services you would like to utilize, aided by the MFS and by any guidelines inherent in the waiver program. The MFS will also create with you an Individualized Support Plan (ISP) that the waiver service providers will use as a guide when training their staff to work with you.

Once your plans have been designed, the MFS will create a Cost Comparison Budget (CCB) that outlines our request for monies for the services you desire. While that is being reviewed by the DDRS, you will have the opportunity to choose a permanent Case Manager as well as the service providers with whom you would like to work. We will provide you with a “Pick List” from DDRS for the service providers, as well as an internal list of all available Case Managers. When the CCB is approved and confirmed, the service providers will be notified and your waiver services will start.

On an ongoing basis, your IPMG Case Manager’s role will be to provide you with the support, education and resources you will need to make decisions about how to achieve your desired life outcomes. In addition to all mandated State trainings, our Case Managers also participate in IPMG training to increase their overall level of waiver knowledge, advocacy skills, person-centered thinking and professionalism, so no one is better equipped to partner with you in your waiver journey.

What Is IPMG’s Person-Centered Planning (PCP) Process?

Person-centered planning is a process used to identify the strengths, capacities, preferences, needs and desired outcomes of the individuals served. The process includes participants chosen by the individual or guardian who assist the individual to identify personally meaningful life outcomes, as well as goals or stepping stones toward achieving those outcomes. The results of this process are then translated into an Individualized Support Plan (ISP) that is used to identify waiver services as well as community and natural supports.

IPMG had the honor to work directly with Michael Smull, a nationally recognized PCP expert, in the design and implementation of IPMG’s Person-Centered Planning Process. Mr. Smull, the creator of Essential Lifestyle Planning, visited IPMG in 2008 to help us take a serious look at how we could better support individuals to reach their desired outcomes. The resulting process changed our lives and those of the people we serve in a dramatic and positive way.

What is “important to” and “important for” the individuals we serve is at the core of our PCP process, and their self-identified outcomes are the drivers for all that we and the members of the IST do on their behalf. In addition, all IPMG staff receive training on Person-Centered Thinking so that they are better able to understand and implement the

PCP process.

What is “important to” is what matters most to people, and is how they define a quality of life for themselves. It encompasses those things in life which help one to be satisfied, content, comforted and happy. It includes:

- People to be with /relationships
- Things to do
- Places to go
- Rituals or routines
- Rhythm or pace of life

What is “important for” people includes factors that we need to keep in mind regarding:

- Issues of health or safety
- Physical health and safety, including wellness and prevention
- Emotional health and safety, including support needed
- What others see as important to help the person be a valued member of their community

How Often Will I See My Case Manager?

You will see your Case Manager as often as is decided by you, your Case Manager, and your IST. At a minimum, your Case Manager will visit your home at least three times per year to complete a 90 Day Checklist with you. The fourth quarterly visit can be held at your home, day program or any other place of your choosing. In addition to these face-to-face meetings with you and your guardian, your Case Manager will also involve your IST in meetings at least four times per year. The Case Manager will invite them to your quarterly meetings, but if the IST providers are unable to attend, another meeting will be arranged for them, either in person or over the phone. Your Case Manager will also be responsive to any emergencies that you may have, and will meet with you and/or your IST as needed to address those unexpected needs.

Please know that our Case Managers work out of their homes throughout the state. This is so we can ensure that they live in your community and are knowledgeable about the local resources that are available to you there. It also allows them to have less driving time and more time to spend supporting you. There is never a reason for you to have to travel to an IPMG office to attend a meeting.

What Are My Rights?

The rights of Individuals with disabilities are the same as for all citizens. Every Individual,

unless legally determined otherwise, should be considered capable of exercising his/her full range of constitutional, statutory, and civil rights. Individuals with disabilities are also guaranteed additional, specific rights. These include:

The Right to Privacy:

- You have the right to be alone when you want to, including when toileting, when having phone conversations with family or friends, or when simply in the mood.
- Your bedroom is a private area and others need to respect your space by asking your permission to enter.
- Your mail, email and phone conversations are private, and should not be seen or heard by others unless you agree.
- Your possessions belong to you, and are not the property of anyone else in your home. You can lock them up and carry a key if you so desire. If you are unable to do so, someone will assist you.

The Right to Individuality:

- You have the right to decide what is important to and important for you, and to receive support to follow your dreams.
- You have the right to practice the religion of your choice.
- You have the right to be treated with consideration and respect, and with full recognition of your dignity and Individuality.
- You have the right to not always be part of a group, but to engage in activities on your own or only with someone to assist you.
- You will be considered for services no matter what your race, creed, or religious beliefs.

The Right to Dignity:

- You have the right to humane care and protection from harm.
- You have the right to not be used as a human subject in research projects.

The Right to Community:

- You have the right to become part of your community, to make friends and gain skills that will help you toward the life outcomes that you desire.
- You have the right to receive the medical, mental health and other support services that you need in the least restrictive environment.

The Right of Choice:

- You have the right to choose:
 - The services that you will receive
 - The companies that will provide those services
 - The outcomes and goals that are important to you
 - The people who will comprise your Individualized Support Team

- When you will give informed consent
- If and when you want to authorize information about you to be released to people outside of your support team, the time limit for the release, and what you would like to release

The Right of Confidentiality:

- All of your records are kept confidential and are protected by public law and federal and state guidelines.

The Right of Access:

- You have the right to access:
 - Your individual records
 - Information that you need in order to make decisions
 - Attorneys or other persons that can help you if you need legal representation
 - Self-advocacy support services
 - Advocacy support services
 - Your personal funds and property

The Right to be Heard:

- Individuals may voice complaints and concerns in order to have their issues handled efficiently, responsively, and investigated and resolved in a timely manner.
- Individuals have the right to appeal a decision for which they do not agree or have been denied, as outlined through the appeal process
- Individuals have the right to contact and consult with legal counsel and private practitioners of one's choice, at one's expense.

Freedom from Abuse, Neglect, and Exploitation:

- You have the right to be free from physical, mental, emotional, financial, sexual, and any other form of abuse, neglect or exploitation, including:
 - Actions that are painful to you, which includes, but is not limited to:
 - forced physical activity
 - hitting
 - pinching
 - anything that hurts or is offensive to you
 - the use of electric shock
 - anyone causing you to have physical pain
 - Seclusion, or keeping you isolated or separate from everyone
 - Emotional or verbal abuse, which means that someone says something to you that:

- causes you to be afraid that someone will hurt you because of what you say or do
 - causes you to be afraid that you will be confined or restrained
 - causes you to experience emotional distress or embarrassment
 - cause others to be angry with you, or to treat you without respect
 - causes you to react in a negative manner
- A practice that keeps you from having any of the following unless your doctor orders it:
 - Sleep
 - Shelter
 - Food
 - Drink
 - Physical movement for long periods of time
 - Medical care or treatment
 - Use of the bathroom
 - Work or chores for someone else without pay unless:
 - the person you work for has a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates
 - you are working in your own home cleaning or taking care of your home and yard
 - you want to perform volunteer work in the community

How Will My Case Manager Help to Protect My Rights?

All IPMG employees are trained to understand and protect the rights of individuals we serve. IPMG has adopted the following policies and procedures that help to protect your rights:

- Your Case Manager will actively monitor your status and work to protect your rights.
- Your Case Manager will ensure that you are informed of any medical, mental health, behavioral and developmental conditions that you have, at least annually and as needed.
- Your Case Manager will monitor your services and status to help ensure that you are free from unnecessary medications and physical restraints.
- Your Case Manager will ensure that your ISP establishes a system to reduce your dependence on medications and physical restraints.
- IPMG will take administrative or disciplinary action against, and dismissal of, any employee involved in the neglect, exploitation, or mistreatment of anyone that we serve.
- IPMG has written instructions for our employees to follow in order to report any

real or suspected violations of your rights.

- IPMG has written instructions for our employees to follow in the case of a rights violation to inform:
 - Adult Protective Services or Child Protection Services, as appropriate;
 - your legal representative, if you have one;
 - any other person you want us to inform;
 - the Bureau of Quality Improvement Services.
- IPMG has written instructions for our employees to follow for reporting reportable incidents to the BDDS.
- All employees of IPMG shall promote individuals' rights, including:
 - Providing you with humane care and protection from harm.
 - Providing services that:
 - are meaningful and appropriate
 - comply with:
 - ✓ standards of professional practice
 - ✓ guidelines established by accredited professional organizations if applicable
 - ✓ budgetary constraints
 - are in a safe, secure, and supportive environment
 - Obtaining your written consent, or your guardian's if applicable, before releasing information from your records, unless the person requesting release of the records is authorized by law to receive the records without consent.
 - Processing and making decisions regarding any complaints you file within two weeks after IPMG receives the complaint.
 - Informing you in writing and in a way that you can understand your constitutional and statutory rights, using a form approved by BDDS and the complaint procedure established by IPMG.
 - Obtaining a signed "Acknowledgement of Rights" statement. This statement will be entered into your record to document that you have reviewed your rights.

What Do I Do if I Have a Complaint or Concern?

You have the right to file a complaint with IPMG at any time, and anyone else may file a complaint on your behalf. If you have a complaint about your services, or about the people providing your services, this is an appropriate way to let us know.

IPMG will never retaliate against you for filing a complaint, even if it is about our company. We will do a fair and thorough investigation of the situation, will talk to anyone who has knowledge of the event, and will review all related emails, letters and files. We'll then let you know our findings in a timely manner, and in the way in which you usually communicate.



Additionally, for some complaints, we may bring in an appropriate agency to let them know of the situation and obtain their input into how it should be resolved. Those agencies can include the Bureau of Developmental Disabilities Services (BDDS), the Bureau of Quality Improvement Services (BQIS), Adult Protective Services (APS), and Child Protective Services (CPS).

You can file a complaint in person, on the phone, via email, or by letter. You can tell your Case Manager or contact our Customer Service Department. To reach our Customer Service Department, the contact information is as follows:

IPMG

Attn: Customer Service

1305 Cumberland Ave, Ste 110, West Lafayette, IN 47906

Customer Service: 866-672-4764

customerservice@gotoipmg.com

Additionally, for crises that occur outside of usual business hours, and immediate case management attention is sought, the Crisis Line is always available at 800-878-9133.

Here are some reasons that you might file a complaint:

- **Rights Violation:** If you or someone on your behalf feels that your rights have been violated, we will investigate and respond to your complaint within two weeks in the way in which you usually communicate.

- **Reportable Incident:** If you or someone on your behalf reports to IPMG that you have been abused, neglected, exploited or otherwise mistreated, your Case Manager will take all necessary steps to assure your immediate safety. He or she will ensure that an Incident Report is filed with BQIS within 24 hours of the report having been received, and will file all needed follow up reports at seven-day intervals. The Case Manager will conduct or participate in an investigation as needed, and notify APS and/or CPS to provide an additional level of oversight should the incident be of a nature that requires their intervention. When the case has been considered resolved by BQIS, the Case Manager will respond to your complaint in the way in which you usually communicate.

- **Systemic Issues:** If IPMG is notified that a provider agency is not behaving in accordance with established standards of practice, the Case Manager will: first attempt to resolve the issue verbally with the provider in question; if no resolution is made, put the issue in writing to the provider; if still no resolution is achieved,

bring the issue to the attention of the BDDS local representative to assist: and, file an Incident Report if the issue is not resolved. Upon resolution, the Case Manager will respond to your complaint in the way in which you usually communicate.

- **Conflict Resolution:** If the members of your Individualized Support Team (IST) are not able to agree upon a decision regarding the best way in which to support you, the Case Manager will call upon the local BDDS representative to help the team decide, or to make a decision for the team. Your Case Manager will let you know of the BDDS's decision in the way in which you usually communicate.
- **Complaint Against IPMG Staff:** If you share with us a complaint about your case management services, an IPMG representative other than the Case Manager will investigate the situation. We will share the results of the findings with you within two weeks of the date we receive your complaint, in writing and in the manner in which you usually communicate. If an Incident Report was filed as part of the investigation process, we will also let you know the results of the BQIS decisions.

If you do not agree with IPMG's decision regarding the way a complaint was resolved, we will notify the Department Director of the staff identified in the complaint, or the IPMG Company Advisers if the Director completed the initial determination of findings. You will be notified of that second decision within two weeks, in writing and in the manner in which you usually communicate. If you are still not satisfied with the decision, the complaint or concern received will be forwarded to the IPMG Stakeholder Committee. We will let you know of their decision within 30 days of the date it was provided to them.

We also do a formal review of all complaints received at least annually and use the information used to determine trends, areas needing improvement, and actions to be taken toward systemic resolutions.

What Are My Responsibilities as a Waiver Participant?

An individual has the following responsibilities when receiving waiver services:

- To participate in planning your services
- To choose your providers for your services
- To work on achieving your goals
- To keep appointments
- To inform your Case Manager about any changes that are pertinent to your participation in your program, such as changes in benefits or how you feel about your plan

In addition, by agreeing to receive waiver services, individuals are accepting Medicaid dollars and therefore accepting some additional responsibilities. The primary factor in the Centers for Medicare & Medicaid Services (Federal agency) determining if a state can be approved to provide HCBS waiver services is the state's commitment to assure participants' health and welfare. Individuals and their guardians play a significant role in helping the state meet this assurance.

There will be times when a representative of the state will request information or will ask to visit individuals' homes. These requests and visits are not meant to be intrusive but are necessary to assure that services are being delivered appropriately and whenever possible efforts will be made to schedule these visits in advance. Specific responsibilities are outlined in the [DDRS Policy](#) for Individual and Guardian responsibilities.

How Does IPMG Help to Ensure the Quality of My Waiver Services?

IPMG Case Managers monitor the quality of your waiver services on an ongoing basis, using a variety of methods to ensure that the services meet the standards set forth in your Individualized Support Plan (ISP) and in DDRS regulations. They will meet with you and your team in person no less than every three months, and more frequently as needed, and will review with you your satisfaction with those services. They will review documentation created by the provider agencies, and will have ongoing contact with the agencies via email and phone, and in meetings as needed. Additionally, your Case Manager will perform at least one unannounced visit per year to check on the quality of services being provided. IPMG will be responsive to any issues that you may have with your services and will work to ensure that those issues are resolved, or will give you the opportunity to see other service providers.

Is There a Cost for IPMG's Services?

The Family Supports Waiver (FSW) and Community Integration and Habilitation Waiver (CIH) contain integrated funding that supports the cost to individuals and their families for waiver case management services. That cost is a fixed fee set by the DDRS, and is the same for all individuals served, regardless of their level of need, or of the case management company that serves them.

Can I Reach Someone at IPMG 24 Hours per Day?

You are always able to reach someone at IPMG, no matter the time of day or night. You can call or email your Case Manager during regular working hours Monday through Friday. If he or she is not available, and you want to speak to someone immediately, you may call our Customer Service line at 866-672-4764.

Our Customer Service Liaison is available from 8:00 am to 5:00 pm each weekday, and can also be reached at customerservice@gotoipmg.com.

If you need crisis case management intervention on the weekends, evenings or holidays, you can call our Crisis Line for immediate assistance at 800-878-9133. You will be connected with a live person who will put you in touch with the appropriate case management professional.

Provision of Services to Individuals That Are Identified Criminal Offenders or Involved in the Legal System

Individuals served by IPMG may at times be identified as criminal offenders or may be involved in the legal system. IPMG supports the American Association of Intellectual and Developmental Disabilities (AAIDD) position, “People with intellectual and/or developmental disabilities must have the same opportunities to experience justice as victims, suspects or witnesses, similar to those without disabilities, when in contact with the criminal justice system.”

The State of Indiana will make the initial determination of eligibility for waiver services. Within the Intake referral, a detailed history of the Individual’s criminal history should be part of the referral process. If this history is not available within the referral, this information will be gathered by IPMG’s Intake Manager.

When services are provided to identify criminal offenders either at the intake process or due to criminal violations after services is in place, IPMG will:

- Ensure information is provided to the person served concerning the relationship between the criminal justice entity and case management services available
- Ensure a detailed history of the Individual’s criminal history is maintained
- Ensure services are coordinated with other systems, as needed or requested

When an Individual served enters jail, Medicaid services must be discontinued, therefore there is no funding for waiver services. Case Managers are required to immediately:

- Ensure an Incident Report has been filed.
- Inform their Manager. A consultation with the Manager of Intensive Services may be necessary and assistance from Managers of Field Support may be required.
- Inform and work with the BDDS Service Coordinator to determine the extent of support that will be required.

IPMG’s Role in Medication Administration

IPMG does not prescribe, dispense or administer medications to those persons served

on the waiver. We do not have physical control over medications. Medications are monitored either by the Individual, residential provider agency, guardian, family or anyone else that may live in the residence of that Individual.

II. Indiana's Waiver Program

What is Indiana's Medicaid Waiver Program?

Indiana's Medicaid Waiver program began in 1981, in response to the national trend toward providing home and community-based services. In the past, Medicaid paid only for institutional-based, long term care services, such as nursing facilities and group homes. Under the Waiver program, it now pays to provide community-based services to people with developmental and intellectual disabilities. Those services are provided in a person-centered manner, and are designed to respect the individual's personal beliefs and customs. Specifically, the Waiver program is meant to assist a person to:

- Become integrated in the community where he/she lives and works
- Develop social relationships in the person's home and work communities
- Develop skills to make decisions about how and where the person wants to live
- Be as independent as possible

In Indiana, the Medicaid Waiver program is administered by the Indiana Family and Social Services Administration (FSSA) through the Department of Disability and Rehabilitative Services (DDRS). DDRS oversees two waivers, the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH).

What is the Family Supports Waiver (FSW)?

The FSW was created to be the initial point of entry into the Medicaid Waiver system. This waiver provides services to individuals of any age who live in their own homes, family homes, or other community settings. The purpose of the waiver is to provide individuals with access to community-based services and supports that are important to them and that are provided in a manner that respects their personal beliefs and customs. Priorities are to facilitate individuals' development of social relationships in the home and work communities, and as well as their ability to live as independently as possible. This waiver is subject to an annual cost cap of \$16,545.

Services available through this waiver are:

ADULT DAY SERVICES: Community-based group programs designed to meet the needs of adults through individualized plans of care. These non-residential programs provide health, social, recreational, and therapeutic activities; supervision; support services; and, personal care.

BEHAVIORAL SUPPORT SERVICES: Training, supervision, or assistance in appropriate expression of emotions and desires; acquisition of socially appropriate behaviors; and, the reduction of inappropriate behaviors.

COMMUNITY BASED HABILITATION: Services provided outside of the home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports. This service can be provided on an individual basis or in a group setting.

EXTENDED SERVICES: Ongoing employment support services which enable an individual to maintain integrated competitive employment in a community setting. Individuals must be employed in a community-based, competitive job that pays at or above minimum wage in order to access this service.

FACILITY BASED HABILITATION: Services provided outside of the home in an approved facility that support learning and assistance in the areas of self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. This service can be provided on an individual basis or in a group setting.

FACILITY BASED SUPPORT SERVICES: Facility-based group programs designed to meet the needs of participants through individual plans of care. These non-residential programs provide health, social, recreational and therapeutic activities; supervision; support services; and, personal care. They may also include optional or non-work related educational and life skill opportunities. Participants attend on a planned basis.

FAMILY AND CAREGIVER TRAINING: Services that provide training and education to instruct a parent, other family member, or primary caregiver about the treatments and equipment specified in the Individualized Support Plan.

INTENSIVE BEHAVIORAL INTERVENTION: A highly specialized, individualized program of instruction and behavioral intervention. The primary goal of IBI is to reduce behaviors such as tantrums and acting out behaviors, and to increase or teach

replacement behaviors that have social value for the individual and that increase access to their community. Program goals are accomplished by the application of research-based interventions.

MUSIC THERAPY: Services provided for the systematic application of music in the treatment of the physiological and psychosocial aspects of an individual's disability, and focusing on the acquisition of nonmusical skills and behaviors.

OCCUPATIONAL THERAPY: Services provided under 460 IAC 6-5-17 by a licensed/certified occupational therapist.

PARTICIPANT ASSISTANCE AND CARE: Staffing and personal assistance in the home.

PERSONAL EMERGENCY RESPONSE SYSTEM: An electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center, which is staffed by trained professionals, once a "help" button is activated.

PHYSICAL THERAPY: Services provided under 460 IAC by a licensed physical therapist.

PREVOCATIONAL SERVICES: Services that prepare a participant for paid or unpaid employment. Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized result.

PSYCHOLOGICAL THERAPY: Services provided under 460 IAC 6-3-56 by a licensed psychologist with an endorsement as a health service provider in psychology, a licensed marriage and family therapist, a licensed clinical social worker, or a licensed mental health counselor.

RECREATIONAL THERAPY: Services provided under this article and consisting of a medically approved recreational program to: restore, remediate, or rehabilitate an individual in order to improve the individual's functioning and independence; and, to reduce or eliminate the effects of an individual's disability.

RESPIRE: Services provided to participants that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant's home or place of residence, in the respite

caregiver's home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite home).

SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES: Includes devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live and without which the individual would require institutionalization.

SPEECH/LANGUAGE THERAPY: Services provided by a licensed speech pathologist under 460 IAC 6.

TRANSPORTATION: Services that enable waiver participants to gain access to non-medical community services and resources, maintain or improve their mobility within the community, increase independence and community participation and prevent institutionalization.

WORKPLACE ASSISTANCE: A range of personal care services and/or supports during paid competitive community employment hours and in a competitive community employment setting to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability.

What is the Community Integration and Habilitation Waiver (CIH)?

The CIH was created to assist those FSW participants who experience emergencies for which that waiver does not provide sufficient supports to ensure the individual's health and safety. Situations that might constitute an emergency include: loss of primary caregiver, caregivers over the age of 80, evidence of abuse or neglect in the current institutional or home placement and an extraordinary health and safety risk. There is no annual waiver service cost cap associated with the CIH.

Services available through the CIH are:

ADULT DAY SERVICES: Community-based group programs designed to meet the needs of adults through individualized plans of care. These non-residential programs provide health, social, recreational, and therapeutic activities; supervision; support services; and, personal care.

BEHAVIORAL SUPPORT SERVICES: Training, supervision, or assistance in appropriate expression of emotions and desires; acquisition of socially appropriate behaviors; and, the reduction of inappropriate behaviors.

COMMUNITY BASED HABILITATION: Services provided outside of the home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports. This service can be provided on an individual basis or in a group setting.

COMMUNITY TRANSITION: Reasonable, one-time set-up expenses for individuals who make the transition from an institution to their own home in the community. These will not be reimbursable on any subsequent move.

ELECTRONIC MONITORING/SURVEILLANCE SYSTEM & ON-SITE RESPONSE: The provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is stand-by intervention staff prepared for prompt engagement with the participant(s).

ENVIRONMENTAL MODIFICATIONS: Physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which the individual would require institutionalization.

EXTENDED SERVICES: Ongoing employment support services which enable an individual to maintain integrated competitive employment in a community setting. Individuals must be employed in a community-based, competitive job that pays at or above minimum wage in order to access this service.

FACILITY BASED HABILITATION: Services provided outside of the home in an approved facility that support learning and assistance in the areas of self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. This service can be provided on an individual basis or in a group setting.

FACILITY BASED SUPPORT SERVICES: Facility-based group programs designed to meet the needs of participants through individual plans of care. These non-residential programs provide health, social, recreational and therapeutic activities; supervision; support services; and, personal care. They may also include optional or non-work related educational and life skill opportunities. Participants attend on a planned basis.

FAMILY AND CAREGIVER TRAINING: Services that provide training and education to

instruct a parent, other family member, or primary caregiver about the treatments and equipment specified in the Individualized Support Plan.

INTENSIVE BEHAVIORAL INTERVENTION: A highly specialized, individualized program of instruction and behavioral intervention. The primary goal of IBI is to reduce behaviors such as tantrums and acting out behaviors, and to increase or teach replacement behaviors that have social value for the individual and that increase access to their community. Program goals are accomplished by the application of research-based interventions.

MUSIC THERAPY: Services provided for the systematic application of music in the treatment of the physiological and psychosocial aspects of an individual's disability, and focusing on the acquisition of nonmusical skills and behaviors.

OCCUPATIONAL THERAPY: Services provided under 460 IAC 6-5-17 by a licensed/certified occupational therapist.

PERSONAL EMERGENCY RESPONSE SYSTEM: An electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center, which is staffed by trained professionals, once a "help" button is activated.

PHYSICAL THERAPY: Services provided under 460 IAC by a licensed physical therapist.

PREVOCATIONAL SERVICES: Services that prepare a participant for paid or unpaid employment. Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized result.

PSYCHOLOGICAL THERAPY: Services provided under 460 IAC 6-3-56 by a licensed psychologist with an endorsement as a health service provider in psychology, a licensed marriage and family therapist, a licensed clinical social worker, or a licensed mental health counselor.

RECREATIONAL THERAPY: Services provided under this article and consisting of a medically approved recreational program to: restore, remediate, or rehabilitate an individual in order to improve the individual's functioning and independence; and, to reduce or eliminate the effects of an individual's disability.

RENT AND FOOD FOR AN UNRELATED, LIVE-IN CAREGIVER: The additional cost a participant incurs for the room and board of an unrelated, live-in caregiver (who has no legal responsibility to support the participant) as provided for in the participant's Residential Budget.

RESIDENTIAL HABILITATION AND SUPPORT: Services that provide up to a full day (24-hours) of services and/or supports which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills needed to support participants to live successfully in their homes.

RESPIRE: Services provided to participants that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant's home or place of residence, in the respite caregiver's home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite home).

SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES: Includes devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live and without which the individual would require institutionalization.

SPEECH/LANGUAGE THERAPY: Services provided by a licensed speech pathologist under 460 IAC 6.

STRUCTURED FAMILY CAREGIVING: A living arrangement in which a participant lives in the private home of a principal caregiver who may be a non-family member (foster care) or a family member who is not the participant's spouse, the parent of the participant who is a minor, or the legal guardian of the participant.

TRANSPORTATION: Services that enable waiver participants to gain access to non-medical community services and resources, maintain or improve their mobility within the community, increase independence and community participation and prevent institutionalization.

WELLNESS COORDINATION: The development, maintenance and routine monitoring of the waiver participant's Wellness Coordination plan and the medical services required to manage his/her health care needs.

WORKPLACE ASSISTANCE: A range of personal care services and/or supports during paid competitive community employment hours and in a competitive community employment setting to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability.

Will the Waiver Provide all the Necessary Services and Supports to meet my needs?

The Indiana Home and Community Based Services are intended to enable an individual to reside in a community setting, rather than in a facility setting. The supports available under the waiver are intended to provide educational, rehabilitative, or therapy services aimed at improving an individual's independence or functioning level. Other forms of supports are available throughout the State of Indiana. The IPMG Case Manager will work with you and the support team to identify any potential resources available to help alleviate the identified needs. IPMG maintains a database of nearly 1000 community resources which Case Managers can reference to identify potential and appropriate resources to meet the individuals' needs. Additionally, Case Managers will refer individuals to seek assistance from those agencies that can assist one to obtain Social Security benefits, Public Housing assistance, Food Stamps and other types of benefits outside of the waiver program.

How do I Apply for a Waiver?

I want to receive waiver services. How do I get started?

- Contact your local [BDDS office](#) to request an application packet.
- Complete and return the packet and all documents requested to the BDDS office.

I have turned in my application. Now what happens?

- An Intake Specialist from your local BDDS office will contact you to complete the assessment for a preliminary Level of Care (LOC), using the information and documents you provide.
- This part of the process determines Developmental Disability (DD) eligibility and preliminary Level of Care (LOC).

I meet Level of Care requirements. What is next?

- After the application process is complete and LOC is determined, you will be placed on the waiting list for waiver services.
- While you are waiting for an open slot, you may:
 - Utilize Medicaid State Plan Services, if eligible
 - Apply for caregiver supports (respite), as they are available
 - Apply for Supplemental Security Insurance (SSI)

- Use Natural supports for help (e.g., family members, church, neighbors, co-workers and friends)
- Utilize other resources, such as the Department of Education (if under age 22), the Indiana Centers for Independent Living Services, Division of Vocational Rehabilitation, and the Aging and Disability Resource Centers
- Contact your local BDDS office immediately if there are any changes in an address or telephone number and check annually to ensure they have the correct and most current contact information.
- Check the BDDS Waiting List online. To better serve individuals on the FSW waiting lists, DDRS has developed the [BDDS Waitlist Web Portal](#). The Portal will allow you to review and update your contact information and to review the waiver application dates the Bureau of Developmental Disabilities Services has on record.

When will I begin waiver services?

- DDRS will mail you a targeting letter when a waiver slot is available.
- Once you have confirmed that you still want to receive services, an Intake Specialist will contact you and complete a current LOC. If you do not currently meet LOC, you will not be able to utilize the available waiver slot.
- If Medicaid eligibility was previously denied, you will need to take your targeting letter to your local [Division of Family Resources](#) (DFR) to reapply.

My child will be graduating from high school. How long is the wait for services?

The State of Indiana has reserved a portion of the waiver slots for Eligible individuals age 18-24 with permanent separation from their educational setting. Qualified/eligible individuals age 18 through age 24 who have aged out of, graduated from, or have permanently separated from their school setting may be able to enter waiver services upon that separation if funded slots are available.

Priority access by reserve capacity category is made available as long as priority waiver slots in the reserve capacity category remain open. Once the priority waiver slots in the reserve capacity category are filled, individuals meeting the priority access criteria will be placed on the waiting list. They will subsequently be tracked based on their need for a priority waiver slot and offered a waiver slot when:

- A newly available priority waiver slot for which they qualify becomes available; or
- A non-priority waiver slot using the first come, first served criteria for waiver enrollment (date placed on the waiting list) becomes available and the applicant is the first person on the waiting list.

How to Apply:

Contact your local [BDDS District Office](#) to apply.

What Choices Can I Make?

The Medicaid Waiver program offers you the opportunity to make choices about the waiver services and providers that will be part of your waiver experience. Your IPMG Case Manager will educate you and provide you with the resources that you will need in order to make educated decisions.

Case Management Company (CMCO): Your first choice is that of the company that you would like to be the provider your case management services. When you have been offered and have accepted a waiver slot, your local BDDS will provide you with a “Pick List,” or list of all certified CMCOs that offer services in your county. You may contact any or all of those companies and interview them to determine which one you would like to provide your case management services. You may interview them over the phone, or request that they visit you in person. Feel free to ask them to provide references to you so that you can better judge the satisfaction of individuals that they currently serve.

Case Manager: After you have chosen a CMCO, some companies, such as IPMG, also offer you the opportunity to choose the Case Manager that will work side-by-side with you on your waiver journey. Those companies will provide you with a list of available Case Managers, and you may choose to interview any or all of them to determine who best meets your needs. If this choice is an important one to you, be sure to ask the CMCO as you are interviewing if they offer this opportunity.

Waiver Services: The FSW and CIH provide you with a variety of services that are designed to support you as you move closer to the outcomes that you have identified as being important to you and for you. Each of those services has guidelines regarding their usage, funding, and scope. Your IPMG Case Manager will ensure that you have the information needed to determine which ones would be most meaningful and useful to you, and will create a budget that encompasses those services.

Waiver Service Providers: Once you have determined which waiver services you would like to use, your Case Manager will provide you with a Pick List of all providers who offer services in your county or area of the state. You may interview any or all of them, and can do so on the phone or in person. You can request to visit the sites at which services are provided, and can ask to meet individuals that are currently served by the provider. You may want to use the list of BDDS Helpful Hints to assist you in interviewing providers.



Can I Change my Mind About my Choices?

Absolutely! You are not limited to only making one choice about any of your waiver providers or services. You can change your CMCO, Case Manager, services or service providers at any point at which you are not satisfied, or feel that your needs have changed. Your Case Manager or CMCO will assist you.

III. Acronyms and Definitions

AAA	Area Agencies on Aging: Contracted by the Division of Aging to coordinate intake, determine eligibility, and to develop plans of care for eligible people who are elderly or have disabilities that are eligible for services through the medical model waivers.
A&D Waiver	Aged & Disabled Waiver: Provides an alternative to nursing facility admission for adults and children with a disability. The waiver is designed to provide services to supplement informal supports for people who would require care in a nursing facility if waiver services or other supports were not available.
ARC	Association for Retarded Citizens: Provides information, resources, and advocacy for families and people with disabilities. Referenced to as 'The ARC'.
BDDS	Bureau of Developmental Disabilities Services: The division of the Family and Social Services Agency that oversees the implementation of services to individuals with developmental disabilities.
BMAN	Behavior Management: Behavior management includes training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.
Board of Advisors	Board of Advisors/Senior Advisors: The role of the advisor is to direct, monitor, and support the delivery of quality case management services to individuals served by IPMG.
BQIS	Bureau of Quality Information Services: A section of the FSSA that researches trends in service delivery, quality improvement, and best practice; analyzes quality data; and assures compliance with quality standards for the Community Integration and Habilitation and Family Supports Waivers.
CCB	Cost Comparison Budget: Details the cost of each waiver service and total cost of the Medicaid services for each person.
CIH	Community Integration & Habilitation Waiver: Conversion of the Autism and Developmental Disabilities Waivers to the Community Integration & Habilitation (CIH) Waiver, effective 9/01/2012. The CIH Waiver is a priority needs waiver.
CM	Case Management: Case management is defined as those services which assist individuals who receive waiver services to gain access to needed waiver and State plan services, as well as to needed medical, social, educational, and other services, regardless of funding source for the services for which the access is gained. Case management services enable an individual to receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner.
DD	Developmental Disability: A severe, chronic disability that: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the seven areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatments or services that are of lifelong or extended duration, and are individually planned and coordinated. All criteria must be met for a person to be eligible for DD services.
DDRS	Division of Disability and Rehabilitative Services: A division of FSSA that strives to inform, protect, and serve individuals with disabilities and their families. We achieve this by helping people with disabilities maintain independence through in-home services, supported employment, independent living, nutrition, deaf and hard of hearing services, blind and visually impaired services, and social security disability eligibility.
FSSA	Family and Social Services Administration: The state agency that oversees the Indiana home and community-based Medicaid waiver program, case management, and related services in Indiana.

FSW	Family Supports Waiver: New title for the Support Services Waiver, effective 9/01/2012. Designed to provide limited, non-residential supports to persons with developmental disabilities residing with their families, or in other settings with informal supports.
HIPAA	Health Insurance Portability and Accountability Act: A federal law that protects the privacy of personal health information.
ICAP	Inventory for Client and Agency Planning. Assessment used in coordination with other tools to determine resource allocations for individuals receiving waiver services.
I AAAA	Indiana Association of Area Agencies on Aging: A membership organization whose purpose is to provide training and support to Area Agencies on Aging.
ICF/ID	Intermediate Care Facility for the Intellectually Disabled). A facility in which PCP individuals with developmental disabilities live together. There is 24-hour supervision by paid staff that provides assistance and training to help residents develop daily-living skills, with programming for each individual's active treatment needs. These residences may be large, privately-operated facilities housing from 40 to 200 persons, or group homes for four to eight residents (small ICF/IDs). ICF/ID residential services are funded by Medicaid, and placements are coordinated through the Bureau of Developmental Disabilities Services.
Individual	The term 'individual' will be used to describe all persons with disabilities receiving Medicaid waiver services.
IPAS	Indiana Protection and Advocacy Services: State agency that assists people with physical, emotional, and/or mental disabilities to resolve disability-related problems with the service delivery system and access discrimination issues.
IPMG	Indiana Professional Management Group (IPMG): Indiana's preeminent statewide provider of case management services for participants in the state's Home and Community-Based Services (HCBS) Medicaid Waiver program. IPMG is dedicated to facilitating success through person-centered case management.
IR	Incident Report: Completed in State-authorized format for all reportable incidents that are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of the individual.
ISP	Individual Support Plan: A plan that establishes supports and strategies, based upon the person-centered planning process, intended to accomplish the individual's long- and short-term outcomes by accommodating the financial and human resources offered to the individual through paid provider services or volunteer services, or both, as designed and agreed upon by the individual's support team. (460 IAC 6-3-32)
LOC	Level of Care: Required in order for a person to receive waiver services. LOC for CIH or Family Support Waivers requires that the individual meet criteria for DD eligibility and require access to 24-hour care and need lifelong or extended duration aggressive program of both specialized and generic services, individually planned and coordinated by an interdisciplinary team, and intended to promote greater self-determination and functional independence.
NOA	Notice of Action: The State form used to notify a waiver applicant/recipient of any action affecting the person's Medicaid waiver benefits.
OBA	Objective-based Allocation: The goal of this project is to create a uniform funding model and to determine levels needed services and supports for persons with developmental disabilities under the Community Integration & Habilitation and Family Support Waivers. The model will be based on an objective assessment of the individual and allocation of resources based upon this assessment.
PCP	Person-centered Planning: Process that allows individuals to direct the planning and allocation of resources to meet their life goals and development of a plan to encourage and support the individual's long-term hopes and dreams.
POC	Plan of Care (also identified as a CCB): Details the cost of each waiver service and total cost of the Medicaid services for each person. Identifies the needs for waiver services, the service provider, the health and safety needs, any unmet needs, and the emergency back-up plans for each individual receiving services.
QDDP	Qualified Developmental Disability Professional: The minimum requirements for this credential are a college degree and one year of experience working within the developmental disability sector.



RFA	Request for Approval (Home Modifications): State-authorized process to approve specialized medical equipment or environmental modifications through the Medicaid waiver.
TBI	Traumatic Brain Injury (Waiver): Designed to provide supports such as personal assistance and limited habilitation service and respite care, as well as limited environmental modifications, for individuals with traumatic brain injury that would otherwise only be available in a nursing facility.
VR	Vocational Rehabilitation: Provides employment services and funding needed by eligible individuals with disabilities to prepare for, enter, engage in, and retain employment.