

Medicaid Waiver Case Management Services

Third of a four-part series on Indiana's Medicaid Waiver Program

[Part 1](#), [Part 2](#)

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Indiana's Medicaid Waiver Program includes Case Management services as an integral part of each waiver participant's budget. Case Management services assist the participant and/or guardian or family member to understand the Waiver Program, and to gain access to needed waiver services and other community supports such as medical, social, and educational services. The ultimate goal of Case Management is to enhance participants' abilities to achieve their desired life outcomes through the thoughtful use of waiver services.

Once you have been awarded a Medicaid Waiver slot by your local Bureau of Developmental Disabilities (BDDS), your first task will be to choose a Case Management Company (CMCO) to provide your waiver Case Management services. BDDS will provide you with a list of CMCOs, called a Pick List, that provide services in your area. It is recommended that you call and interview any or all of the CMCOs prior to choosing one to provide your services. Note that even after you have chosen a CMCO, you may always change your mind at a future date. If you would like to change your decision, simply ask for another Pick List and choose another company.

Some CMCOs will allow you to choose the Case Manager with whom you work. If this is important to you, you can ask to interview available Case Managers. It is important to work with a Case Manager in whom you have confidence, as that person will be your primary contact for the Waiver Program. You can expect a Case Manager to:

- Educate you about the waiver program and ensure that you have the information needed to make thoughtful decisions about all of your services.
- Make sure that you understand your right to choose your CMCO, your Case Manager, your waiver services and the companies that provide those services.
- Help you create a Person-Centered Plan (PCP) that will be the basis for all services that you will receive. The PCP 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.
- Create a Cost Comparison Budget (CCB), initially and at least annually, that requests the funding needed to provide your desired services.
- Conduct face-to-face meetings with you and your guardian at least every three months to complete a 90 Day Checklist.
- 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.
- 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 make sure that you have current copies of your PCP, ISP and the Notice of Action (NOA) that records your current budget.

Here are some [questions](#) that you may find of value to ask as you interview CMCOs.

Here are some additional [questions](#) that you may ask a Case Manager when interviewing candidates within a CMCO.

Next: [Medicaid for Children](#)

Resources:

[Indiana Family and Social Services](#)

[DDRS Waiver Manual](#)

[IPMG Handbook for Individuals Served](#)

[IPMG Handbook for Individuals Served \(Spanish\)](#)

[IPMG Medicaid Waiver FAQs](#)