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## **Fact Sheet: Proposed Changes to the Traumatic Brain Injury (TBI)**

### **Waiver**

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The Bureau of Disabilities Services (BDS) is proposing a series of changes to the TBI waiver that, if approved by the Centers for Medicaid and Medicare Services (CMS), would go into effect at the end of 2025. Starting in mid-July, all interested members of the public will have 30 days to review these changes and provide feedback. This process is known as a public comment period.

This Fact Sheet provides an overview of the major changes that are being proposed as part of this waiver amendment. This list, although not comprehensive, outlines the types of changes that are included in this proposal and, in some instances, the reasons for these changes.

The full proposed waiver draft will be available for review soon. Be on the lookout for an announcement via [DDRS Updates](#) about when this and other BDS waivers are ready for public comment.

#### **❖ Service Changes**

- Extraordinary Care Allowance for Attendant Care—Parents of minor children and spouses will be permitted to be paid staff up to a maximum of 40 hours per week of attendant care to their loved one if the individual meets the definition of “extraordinary care”. The approved hours of attendant care are determined by the individual’s assessed needs.
- Paid Family Caregivers— Each allowable family member who is a paid caregiver of Attendant Care to their loved one may not exceed a total of 40 hours a week. The total number of hours of Attendant Care are determined by the individual’s assessed needs.



- Revise Residential-Based Habilitation service to allow individuals living with housemates to use a shared staffing model. Add Benefits Counseling— This service will allow people to better understand the benefits they receive (like Medicaid or food stamps) and help them understand how they can explore working without being at risk of losing services they rely on.
- Combine Home Modification and Home Modification Assessment—These two services are currently separate; however, CMS requested that they be combined into one service.

#### ❖ **Service Definition and Qualification Changes**

- Remove the Home Health Agency license requirement from Attendant Care, Home and Community Assistance, Integrated Health Care Coordination, Specialized Medical Equipment and Supplies, and Transportation. Personal Service Agency licensure is still required for Attendant Care and Home and Community Assistance unless the person is self-directing those services.
- Revise Supported Employment services definition to align with the Extended Services definition offered on other waivers. ).
- Documentation requirements for Attendant Care updated to hourly instead of once per day. Reorganize service definitions across all BDS waivers so they have the same look and feel to make them easier to understand.

#### ❖ **Self-Direction Changes**

- A person who self-directs their services acts as the employer.
- Individuals will now be able to self-direct three waiver services— Attendant Care, Skilled Respite, and Home and Community Assistance.
- Individuals who self-direct will have the ability to decide how much their support workers are paid (within certain predetermined limits).
- Individuals can recruit, hire, train, and supervise their employees as they see fit, however, the parents of minors, spouses, and legal guardians cannot be paid for providing self-directed services.

#### ❖ **Technical Changes to Improve Clarity**

- Change the term “care manager” to “case manager”.
- Move all case manager responsibilities to the case manager service definition, instead of adding them to each individual service.
- Add information to the waiver guidance on services that were previously only shared within the provider module.

#### ❖ **Complete New Waiver Application Sections**

- CMS made changes to the waiver application template in early 2025. This is the first time BDS is completing these new sections. These sections include adding details about:
  - Required case management training
  - Services that can be delivered using telehealth
  - Home and Community-Based Services (HCBS) Settings requirements are being monitored and met. The HCBS Settings Rule is a federal rule that makes sure people who get long-term services and support have full access to the benefits of community living and can receive services in the most integrated setting possible.