



■ **Community and Home Options to Institutional Care for the Elderly and Disabled**

The Community and Home Options to Institutional Care for the Elderly and Disabled program is administered through Indiana's 15 Area Agencies on Aging (serving 16 planning and service areas). The CHOICE program provides home- and community-based services to assist individuals in maintaining their independence in their own homes or communities for as long as is safely possible.

How does one qualify for the Community and Home Options to Institutional Care for the Elderly and Disabled program?

Community and Home Options to Institutional Care for the Elderly and Disabled applicants must be at least 60 years of age or be any age and have a disability due to a mental or physical impairment. Applicants must also be found to be at risk of losing their independence, usually indicated by difficulties with activities of daily living, such as bathing, dressing, walking, transferring or medications set-ups, etc.

Community and Home Options to Institutional Care for the Elderly and Disabled funds may not be used if other funding such as Medicare or Medicaid is available to meet the individual's needs.

What are the income limits?

There are no income limits for the Community and Home Options to Institutional Care for the Elderly and Disabled program. However, there is a cost-sharing formula, and applicants with higher incomes may be asked to pay for a portion of their services.


What are the asset/resource limits?

An individual may not have assets that exceed \$250,000. In determining assets, an additional \$20,000 in countable assets will be excluded from the total. There is a cost-sharing formula based on countable assets and individuals may be asked to pay for a portion of their services.

The resource standard for a single individual is \$2,000 and for a married couple it is \$3,000. However, for certain married couples, if one spouse is receiving a home- and community-based services waiver and the other spouse is not and continues to live in the community, then spousal impoverishment provisions apply in which there are additional resource protections for the community spouse.

How does someone apply for the Community and Home Options to Institutional Care for the Elderly and Disabled program?

If you are interested in learning more about the Community and Home Options to Institutional Care for the Elderly and Disabled program, contact



your local INconnect Alliance member at **800-713-9023**. A complete listing of INconnect Alliance members is available on page 86 or you can visit the INconnect Alliance website at **www.INconnectAlliance.org**.

What services are available?

Services available under the Community and Home Options to Institutional Care for the Elderly and Disabled program include:

- Adult day services
- Attendant care
- Case management
- Environmental modification
- Handy chore
- Homemaker
- Home-delivered meals
- Home health aide
- Personal emergency response systems
- Pest control
- Respite
- Skilled nursing
- Specialized medical equipment
- Transportation
- Vehicle modifications

■ Community Integration and Habilitation waiver

The Community Integration and Habilitation waiver helps children and adults with intellectual and developmental disabilities live successfully in their home. This is one of two waivers administered by the Bureau of Developmental Disabilities Services.

How does someone qualify for the Community Integration and Habilitation waiver?

To qualify, a child or adult must have been diagnosed with an intellectual disability, developmental disability or related condition prior to the age of 22 years and the condition must be expected to continue indefinitely.

The individual must exhibit substantial functional limitations in at least three of the six major life areas. Those areas include self-care, learning, self-direction, capacity for independent living, understanding and use of language, and mobility.

In addition, the individual must also meet priority criteria. Those priority criteria are as follows:

- Individuals transitioning to the community from a nursing facility, extensive support needs facility and state operated facility
- Individuals determined to no longer need/receive active treatment in Supervised Group Living
- Individuals transitioning from 100% state-funded services
- Individuals aging out of Department of Education, Department of Child Services or Supervised Group Living
- Individuals requesting to leave a large private Intermediate Care Facility for Individuals with Intellectual Disabilities