



CELEBRATING **70** YEARS  
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**March 18, 2026**

**Public Comments Submitted by The Arc of Indiana**

**Section 1915(b) (4) Waiver Fee-for-Service Selective Contracting Program**

**Opening Comments**

The Arc of Indiana is a state-wide organization that advocates for the issues important to people with intellectual and developmental disabilities (IDD) and their families. Our mission is to ensure that people with IDD realize their goals of living, learning, working, and fully participating in their communities. With 41 local chapters covering 65 counties and a strong statewide membership, The Arc of Indiana has been a cornerstone of advocacy since its founding in 1956 by parents seeking a better and more accepting world for their children. Today, our combined efforts at the local, state, and national levels make The Arc the largest national community-based organization leading this work.

We are proud to be celebrating our 70th Anniversary. With over seven decades of experience and insight, we have learned valuable lessons that offer context to our comments on the proposed amendments to the the proposed Section 1915(b) (4) Waiver Fee-for-Service Selective Contracting Program amendments.

While we understand that the state administration is concerned about the growth of Medicaid spending, Hoosiers, including those with disabilities, are living longer. This demographic reality requires intentional long-term planning and investment. While plans should already have been put in place to address this growing, vulnerable population, amendments to Indiana’s Medicaid Waiver program provide an opportunity to “get it right.”

The Arc is committed to ensuring that people with IDD have access to services in their local communities and are not forced into institutional care. When Indiana committed to closing state institutions and investing in home and community-based services, it absolutely made the right decision. We need to build on what we know is best for people with IDD and their families. This amendment should reinforce, not weaken, that commitment. We cannot go back. We must move forward.

Throughout our comments, you will see that The Arc strongly believes there is room for improvement in all areas of Medicaid oversight. There is a need for transparency by both the state and provider network so that those utilizing services can be good stewards of those services and the overall Medicaid program.

The Arc of Indiana is an organization that advocates not just for those receiving services in our state, but also for the thousands of people now on Medicaid Waiver waiting lists. We support the philosophy of people utilizing the services they need to meet their goals and desired outcomes, rather than being encouraged to choose services that maximize their waiver budget but may not add true value to their daily lives. A value-based, person-centered approach should guide all waiver decisions.

This approach will take time, and everyone involved in Medicaid will need to play a role. The Arc of Indiana is committed to being a partner in this effort.

The state also needs to recognize FSSA's current bandwidth to administer these programs. The state has not invested in growing human resources to meet the demand for services over the last three decades. The Arc strongly recommends an assessment of the manpower needed to create person-centered efficiencies, rather than broad-based cuts or elimination of services. This will make the program more effective for those who rely on it. The state must update its infrastructure so that the full cost of caring for people is known. Without this, policy decisions risk being driven by incomplete or inaccurate data. The state must partner with families, people with disabilities, advocates, and quality providers to include their recommendations on where true efficiencies lie.

**With these thoughts in mind, The Arc of Indiana submits the following comments on the proposed Section 1915(b) (4) Waiver Fee-for-Service Selective Contracting Program amendments.**

The state is seeking a waiver to limit the number of Case Management Organizations (CMOs) that can provide case management services to the Community Integration and Habilitation (CIH), Family Supports (FS), Health & Wellness (H&W), Traumatic Brain Injury (TBI), and fee-for-service PathWays for Aging Waiver participants. This will assist the state in increasing monitoring and oversight of CMOs and provide consistency across all applicable waivers administered by the Bureau of Disabilities Services. This consistency will benefit waiver participants, families, and service providers. The Arc of Indiana agrees with this request and the desired outcomes.

We support the requirements outlined in the waiver amendment, including the state's desire to maintain sufficient case management capacity to ensure timely access to services and appropriate caseload distribution, maintain the case management workforce, and cap the average full-time caseload to 47 cases per case manager.

We also support the requirement that case managers must live in the same county as their clients or within 60 miles or 60 minutes of their clients. This will help waiver participants have a case manager who is familiar with the community and local resources, including resources beyond paid waiver services. This will provide increased opportunities for waiver participants to build upon or add new natural and community supports. We encourage the state to monitor implementation to ensure this requirement does not unintentionally limit workforce availability in rural or underserved areas.

The state's goal is to have a minimum of two CMOs in each geographic region of the state. The Arc recommends increasing this to a minimum of three CMOs per geographic region to provide more choice for waiver participants. At a minimum, the state should ensure that participants have meaningful choice among CMOs within each region.

We appreciate that the state has provided a dedicated transition plan for waiver participants whose CMO is not chosen to continue. We encourage the state to follow up with affected individuals on multiple occasions and through multiple means, including letters, phone calls, and emails, to assist with the transition to a new CMO until the waiver participant has chosen a new one. If an individual does not select a new CMO and is assigned a new one, we encourage the state to clearly share that the individual is welcome to choose a new CMO at any time.