Indiana Waiver Case Management Organizations

NAVIGATING THE TRANSITION DURING INDIANA'S CASE MANAGEMENT ORGANIZATION CONSOLIDATION

(317) 455-3218

https://geoh.app

WHAT'S INSIDE

OVERVIEW

Starting August 1, 2026, Indiana is narrowing waiver case management down to just five approved organizations. If your agency serves clients on the Family Supports, CIH, Health & Wellness, TBI, or Money Follows the Person waivers, this change directly affects you, whether or not anyone from your agency has heard from a new case manager yet. Clients are being reassigned right now, some by choice and some automatically, and every reassignment means a new point of contact, a new relationship to build, and a real risk of authorization gaps if it's not handled carefully.

1 The Big Picture

INTRO

Starting August 1, 2026, Indiana is narrowing waiver case management down to five approved organizations.

FIVE ORGANIZATIONS, NO EXCEPTIONS

Only five CMOs will be authorized to provide waiver case management in Indiana after August 1. Any CMO not on that list, including AAAs currently doing case management, will stop providing these services once the deadline hits.

PATHWAYS IS NOT AFFECTED

If your clients are on PathWays for Aging, nothing changes for them. They stay with their current MCE care coordinator, no action needed.

REASSIGNMENTS ARE ALREADY HAPPENING

Some of your clients may already have a new CMO and case manager, whether they chose one or were auto-assigned. The transition isn't a future event, it's happening now.

2 The 5 Approved CMOs

NEW APPROVED CMOS

Aging & In-Home Services of Northeast Indiana (AIHS)
agingihs.org, 260-745-1200 (statewide)

Indiana Professional Management Group (IPMG)
gotoipmg.com, 866-672-4764

Inspire Case Management
inspirecm.com, 317-652-6928

The Columbus Organization
columbusorg.com, 800-229-5116

Unity of Indiana
unityofindiana.com, 317-888-1481

WHICH WAIVERS THEY COVER

- Family Supports Waiver
- Community Integration & Habilitation (CIH) Waiver
- Health & Wellness Waiver
- Traumatic Brain Injury (TBI) Waiver
- Money Follows the Person (Pathways FFS, Health & Wellness, or CIH).

3 Why This Matters for Your Agency

INTRO

This isn't just an administrative shuffle. It changes who signs off on your clients' care, and getting it wrong puts your authorizations at risk.

THE JULY 15 DEADLINE

No selection by July 15, 2026 means automatic assignment to one of the five approved CMOs. Clients who didn't act are being placed regardless.

A NEW CASE MANAGER MEANS CHANGE

Every client whose CMO changed has a new case manager, a new point of contact, and possibly new expectations for how your agency communicates and documents.

AUTO-ASSIGNED CLIENTS

Clients who were auto-assigned didn't choose their CMO. Their case manager may not know their history, and the client may not know who to call. That gap is where things fall through the cracks.

4 What to Do Now

INTRO

Four habits will protect your agency through this transition: know who's managing each client, keep contact info current, protect every authorization, and document everything.

KNOW WHICH CASE MANAGER EACH CLIENT HAS

Don't assume the case manager on file is still correct. Confirm it for every waiver client, even the ones you haven't heard from.

Ask directly: "Has your CMO or case manager changed recently?" Many clients don't realize they've been reassigned until something goes wrong.

Track this information with client name, current CMO, case manager name, phone, email, and last verified date, and set a recurring reminder to re-verify it monthly through at least the end of 2026.

4 What to Do Now

KEEP CONTACT INFO CURRENT

A case manager's direct line and email can change when they move CMOs, so don't rely on info from six months ago. Verify contact info every time you're notified of a change, not just once, and store it somewhere your whole team can access rather than one person's inbox.

MONITOR AUTHORIZED SERVICES

Case managers develop the Plan of Care, issue the Notice of Action, and manage authorizations. Review it carefully for procedure codes, hours, frequency, and duration, and if a client's needs change, contact the case manager before you change what you deliver. Delivering beyond what's authorized, even with good intentions, puts your agency at risk of recoupment.

COMMUNICATE & DOCUMENT EVERYTHING

Tell the case manager about changes in condition, functional status, or safety, missed visits or service gaps, caregiver changes, or any sign the authorized service level no longer fits the client's needs. Use written communication whenever possible, and keep your own log of who you contacted, what was discussed, and what was decided.

5 Building Relationships with New Case Managers

INTRO

The agencies that come through this transition smoothly are usually the ones that treat every new case manager relationship as worth investing in from day one.

FIRST IMPRESSIONS COUNT

Introduce your agency and key contacts as soon as a new case manager is assigned. Be responsive, follow through on what you say you'll do, and share your day-to-day observations and clinical notes. The case manager doesn't see the client like you do, and that information helps them keep the care plan accurate.

KEEPING IT STRONG OVER TIME

Check in regularly, not just when you need something. A quick update builds trust before you ever need a favor. Be pleasant and professional even when you're frustrated, since case managers remember who's easy to work with, and say thank you when they move fast for you. Come to calls with specifics: client name, what you need, and why. Providers who are organized and easy to work with get responded to faster.

6 Ready-to-Use Contact Templates

Copy, personalize, and send. Use these for every new case manager assignment and for periodic check-ins that keep the relationship strong.

TEMPLATE 1: INTRODUCING YOURSELF TO A NEW CASE MANAGER

Subject: Introducing [Agency Name] – [Client Name]

Hi [Case Manager Name], my name is [Your Name] with [Agency Name]. I saw you're now the case manager for [Client Name], and wanted to introduce our agency.

We've been providing [type of care] for [Client Name] since [date], and want to make this transition smooth for you and them.

A few quick things that might help:

- best way to reach me is [phone/email]
- billing/auth contact is [Colleague Name], [contact info],
- current auth status is [brief note].

Happy to be a resource, whether it's documentation, a care plan update, or background on the client. Looking forward to working together.

[Your Name]
[Agency Name]
[Phone] | [Email]

6 Ready-to-Use Contact Templates

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TEMPLATE 2: CHECKING IN (PERIODIC RELATIONSHIP-BUILDER)

Subject: Quick update on [Client Name]

Hi [Case Manager Name],

I wanted to send a quick update since I know it helps to hear how things are going outside of authorization time.

[1-2 sentences of actual observation, e.g. a mobility change, medication concern, or improvement worth factoring into the next care plan review.]

No action needed on your end, just wanted to keep you in the loop. Thanks for everything you do, I know your caseload keeps you busy.

[Your Name]
[Agency Name]
[Phone] | [Email]

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THANKS FOR READING!

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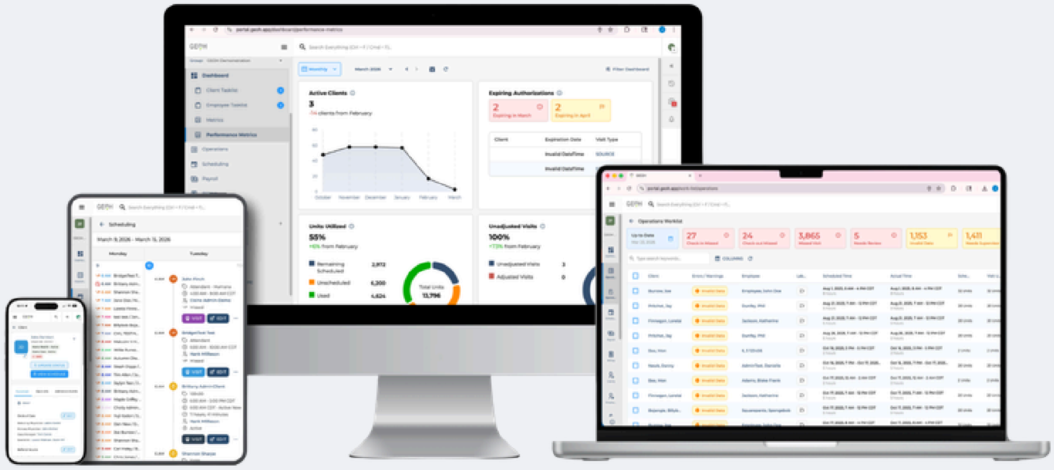
Call (317) 455-3218



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