



RE: December 2025 Waiver Amendments – Music Therapy

Submitted by:

Association for Indiana Music Therapy (AIMT)

Government Relations Chairperson

July 21, 2025

To Whom It May Concern:

The Association for Indiana Music Therapy (AIMT) is a non-profit organization dedicated to promoting access to and awareness of music therapy in Indiana through education, advocacy, and professional development. Currently, music therapy is available through Medicaid Waivers in 67 of Indiana's 92 counties, and there are over 300 Board-Certified Music Therapists (MT-BCs) practicing in the state.

We appreciate the opportunity to provide feedback on the proposed amendments to the Community Integration and Habilitation (CIH) and Family Supports Waivers (FSW), as outlined in the December 2025 Waiver Amendments. AIMT is encouraged to see the state's continued commitment to person-centered care and planning. Music therapy aligns naturally with this approach—it is inherently person-centered, strengths-based, and closely reflects the LifeCourse framework. This is due in part to the assessment/ support plan completed and attention to preferred music and activities through individual-specific session planning.

We are pleased that music therapy remains a covered service, and we commend the state for maintaining the current rate structure amidst ongoing efforts toward fiscal responsibility and sustainability.

However, AIMT has serious concerns regarding the proposed **caps** on music therapy services. As currently presented, these caps would limit individuals to **six hours of music therapy per month or less**. This proposal raises several critical issues, which we outline below:

Lack of Budget Flexibility

A month-to-month cap does not allow for the natural ebb and flow of services over the course of a year. For example, higher service hours are often needed during:

- Intake and assessment periods
- Quarterly meetings and report preparation
- Response to incident reports or behavioral/emergency needs

- When a rescheduled appointment due to holidays/ weather/ sickness/ vacations affects the number of weeks in two months

We respectfully request **written clarification** confirming whether the proposed cap is intended as a **monthly or annual** cap. While it was stated as a monthly cap during the DDRS Advisory Committee Meeting, written clarification is necessary for providers and families to plan appropriately.

Undermining Person-Centered Care

The cap imposes a “one-size-fits-all” limit that does not reflect the diverse needs of waiver participants. While many individuals benefit from one music therapy session per week, others with more complex needs require more intensive therapy models. For these individuals—who may not respond to other waiver services—music therapy has been life-changing and essential to their ability to thrive in their communities.

Additionally, some individuals successfully utilize a **hybrid model** that includes one weekly individual session supplemented by group therapy. This model allows for private processing followed by skill application in a structured social setting—an approach that is both therapeutically effective and fiscally responsible, as group therapy costs are shared among participants.

These diverse needs cannot be met effectively through a single, capped service model. Therefore, AIMT strongly recommends that the state recognize and define **three distinct types of music therapy services that can be used collectively or individually**, rather than treating them as variations within one service:

- **Individual Music Therapy**
- **Group Music Therapy**
- **Intensive Music Therapy**

Recognizing these distinctions will allow service plans to better reflect clinical need and participant choice, while optimizing cost-effectiveness.

Clarification Needed on the 45/15-Minute Rule and Direct/Indirect Billing Ratio

The current waiver amendment references the “**45/15-minute rule**” and specifies that the number of direct service units billed should exceed the number of indirect units, reflecting a **general ratio of 75% direct units to 25% indirect units**.

However, this language is unclear and inconsistent with the realities of service delivery. A 75/25 ratio differs significantly from a more flexible and commonly necessary model where the units billed must exceed the indirect units such as a **51/49 ratio**, which is particularly necessary in the following scenarios:

- When individuals require shorter sessions (e.g., 30-minute weekly sessions), which reduces direct billable time but does not reduce the planning and documentation workload.
- When services are delivered in group formats, where the direct time billed per participant is significantly lower due to cost-sharing among members, yet indirect duties remain unchanged.

We urge the state to clarify this section and provide guidance that allows for individualized ratios where clinically appropriate, particularly when shorter sessions or group services are being provided.

Conclusion

We deeply value the opportunity to contribute to this important conversation and are committed to working collaboratively with the state to improve the clarity and implementation of music therapy services under the waivers.

We firmly believe that Indiana can continue to provide **high-quality, person-centered supports** for Hoosiers with disabilities while maintaining **fiscal responsibility**. Thank you for your consideration. As always, we welcome the opportunity to collaborate on service improvements that enhance the quality and accessibility of music therapy under the Medicaid Waiver system.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Lindsey Wright', with a stylized flourish at the end.

Lindsey Wright, MT-BC
Government Relations Chairperson
Association for Indiana Music Therapy (AIMT)