Dear [REPRESENTATIVE NAME],

Hello. My name is [NAME]. I live at [ADDRESS]

Indiana FSSA has made a decision that changed my life suddenly, dramatically, and for the worse.

In July 2024, FSSA started a waitlist for the Indiana PathWays for Aging Medicaid waiver.

I am [AGE] years old and have lived in this community for [LENGTH OF STAY] years. Previously, I used to [LIFE STORY – what did you do for a living? Are you a veteran? Volunteer?] But now I can no longer take care of myself due to [CURRENT MEDICAL CONDITIONS / REASON FOR LEVEL OF CARE], so I am in need of HCBS services to meet my care needs.

FSSA is not providing any information on how long I will have to wait until my case is processed.

I’m worried every day about where I’m going to live and how I am going to receive needed medical and care services until FSSA ends the waitlist – if it ever does.

My only option now is to leave my community and go to a nursing home – which I hate, but might not have a choice. I chose assisted living, which was an ideal solution for me, because of the quality care and independence it gives me. It is simply unfair to cut off people like me.

Please contact FSSA and ask them to end the waiver waitlist now, so I have the care I need to remain safe without moving to a nursing home.

Thank you – [NAME]