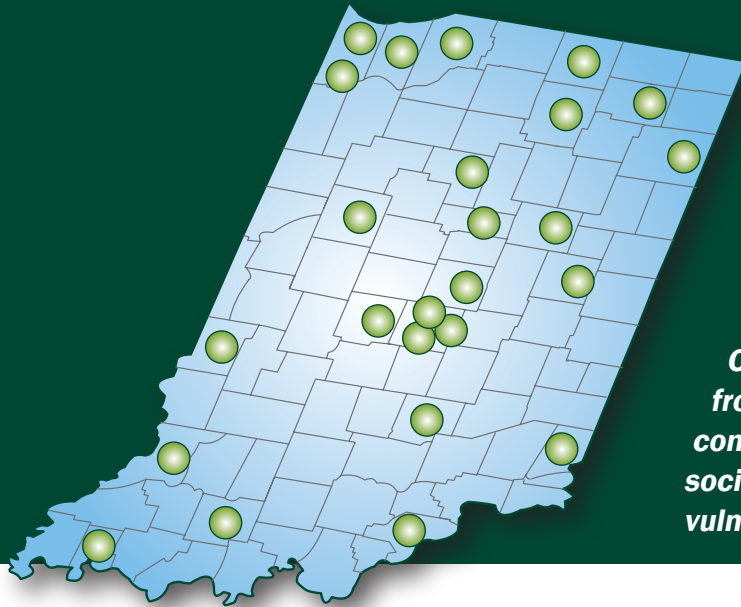


*Indiana Council of Community Mental Health Centers, Inc.*

# *Legislative and Administrative Public Policy 2018 PLATFORM*



*The Indiana Council of Community Mental Health Centers represents the collective interests of all community mental health centers (CMHCs) currently certified and accredited to provide community-based behavioral health services across all ninety-two counties in Indiana. CMHCs in Indiana serve over 120,000 behavioral health consumers every year. CMHCs provide services primarily to those suffering from severe behavioral health and substance abuse conditions which further reduce additional costs to society by directing coordinated care to our most vulnerable citizens.*

## ***Administrative Action Required***

***ADMINISTRATION OF MANAGED CARE ENTITIES (MCEs):*** The Indiana Council seeks to ensure the State of Indiana actively enforces executed contract language with MCEs related to the implementation of managed care under the Medicaid program. The Indiana Council seeks enforceable actions that could be undertaken to improve current MCE administration processes, including timely payment and credentialing.

***MEDICAID REHABILITATION OPTION (MRO) REBALANCING:*** The Indiana Council seeks to actively work with FSSA to modernize the current MRO program by providing the opportunity for behavioral health professionals to make clinical indicated decisions for consumers based on allowable billable services. This could be accomplished by improving rates associated with non-ADL billing under MRO using a cost analysis to justify rates related to services. In addition, Medicaid claims analytics should be utilized to fully understand consumers utilization through the health system for both primary and behavioral healthcare.

***INTERN/PRACTICUM STUDENT BILLING IMPLEMENTATION:*** The Indiana Council seeks to work with FSSA to administratively implement the intern/practicum student billing program authorized by the Indiana General Assembly. Once approved by CMS, the program should be appropriately implemented to ensure mid-level students gain valuable experience without unnecessary administrative burden, while expanding access to treatment for the consumers we serve.

***REDUCING STATE ADMINISTRATIVE REPORTING:*** The Indiana Council seeks to work with state agencies, such as FSSA and DCS, to reduce unneeded, burdensome, and onerous reporting requirements. CMHCs are increasingly required to submit reports and data with little or no value to the overall clinical care of consumers. As a result, CMHCs are required to incur significant costs associated with state reporting requirements. The Indiana Council requests state agencies undertake an intensive investigation into CMHC reporting requirements and identify those areas which could be reduced or eliminated.



# **Legislative and Administrative Public Policy** **2018 PLATFORM**

**Indiana Council of Community Mental Health Centers, Inc.**

## **Administrative Action (Continued)**

**IMPROVING STATE REPORTING AND ASSESSMENT SYSTEMS:** The Indiana Council seeks to work with FSSA to improve state reporting and assessment systems. The current utilization of reporting and assessment systems by FSSA for areas such as: DARMHA, WITS, TOBI, CANS, and ANSA remain challenging for CMHCs. The systems are often not coordinated and the purpose of reporting requirements are often unclear. The CANS and ANSA could be improved to ensure assessments are being properly undertaken for the betterment of mental health and substance use consumers. In addition, service standards between programs are inconsistent and need to be streamlined. Further, DARMHA requires extensive reporting with little value understood by CMHCs. Under the system, data is not being properly examined to ensure CMHCs have an improved understanding of consumer needs. The WITS system utilized for Recovery Work is cumbersome and administratively challenging for CMHCs.

**HOME AND COMMUNITY BASED RESIDENTIAL STANDARDS:** The Indiana Council seek to work with FSSA to address home and community based residential standards. Under proposed federal rules, home and community based residential standards limit the ability of CMHCs to properly provide mental health and substance use services in a residential setting. Under the rules, CMHCs would be unable to limit access to alcohol, food, times of operation, among other considerations. Such requirements hamper a consumer's movement towards recovery.

**HOME AND COMMUNITY BASED WAIVERS:** The Indiana Council seeks to work with FSSA to modify and improve the AMHH program. The 1915(i) program was originally designed to provide habilitation services for consumers unable to move into recovery. However, the program was not well developed and because of overly onerous administrative processes has limited the number of consumers served under the program. The AMHH could be improved to provide intensive care coordination services. The Indiana Council seek to modify the requirement of BPHC services which limits access to those consumers below 100% of the FPL. Many consumers benefit from BPHC services which were established to ensure those individuals with access to treatment above 138% but on SSI spend down did not lose access to critical mental health treatment. FSSA has restricted access to the program for those below 100% of the FPL and by modifying the program, consumers are assured of continuing coverage.

## **Legislative Action Required**

**WORKFORCE CONSIDERATIONS:** IPLA requires a supervision component in addition to an exam for licensure of mid-level clinicians. The Indiana Council seeks legislation to allow mid-level mental health and substance use professionals to complete their licensure exam upon graduation and prior to the completion of supervisory hour requirements. The current process is creating an arbitrary and unnecessary administrative burden in the mental health and substance abuse workforce pipeline.

The Indiana Council seeks to remove the requirement that MSWs, pursuing their LCSWs, are required to become a LSW to provide billable services. MCEs and commercial insurance carriers often mandate additional requirements; however, such a licensure requirement is not mandated through the Medicaid program. In addition, we seek to pursue the removal of requirements that physicians providing services in CMHCs be State Board certified. By removing such requirements, CMHCs are better prepared to provide Medicaid-based treatment services by increasing access to treatment while under supervision.

**Medicaid Audits:** The Indiana Council seeks to improve the Medicaid Audit process by restricting to three (3) years the period FSSA may "look back" related to the audit timeframe. We also seek to require appropriate notice prior to an audit, restrict the method extrapolation is undertaken to ensure CMHCs are not unduly penalized, and promote FSSA "best practice" training to ensure providers fully understand expectations related to audit requirements.

# Legislative and Administrative Public Policy 2018 PLATFORM

Indiana Council of Community Mental Health Centers, Inc.

## Legislative Action (Continued)

**MCE ADMINISTRATIVE INCONSISTENCIES:** The Indiana Council seeks to establish legislation mandating improved payment for clean claims within a given period, including interest payments, for claims payments unnecessarily delayed by Managed Care Entities (MCEs). In addition, we seek legislation that will ensure MCEs comply IHCP regulations and the current contract requirement between FSSA and MCEs, with respect to the administration of Medicaid Program. We also seek to require uniform standards and administrative consistency between MCEs with respect to the administration of the program.

Improving administrative consistency between plans reduces costs, while improving the ability to provide direct consumer care for mental health and addiction treatment.

**STATEWIDE CREDENTIALING PROCESS:** The Indiana Council supports legislation that would require the state implement an automatic, uniform, and efficient credentialing process for health care providers upon hiring. The current credentialing process for Medicaid-based managed care entities is inefficient, slow, and costly to the healthcare provider system as qualified professionals are unable to be reimbursed for critical behavioral health services. Improving the credentialing process improves access to care and allows CMHCs to better respond to the current Opioid crisis.

**County Funding for CMHCs:** The Indiana Council seeks to pursue legislation to improve the communication requirements of CMHCs in reporting to county government related to county funds provided to a CMHC. In addition, the Indiana Council will work cooperatively with county government to require CMHCs to be bound by the percentage impact of the property tax circuit breaker rate reduction to demonstrate our good faith effort to work with county government, while ensuring counties continue to pay the obligation under IC 12-29-2-2.

**CRIMINAL BACKGROUND CHECK STANDARDS FOR DCS PROVIDERS:** The Indiana Council seeks to address administrative inconsistencies in the criminal background check standards for DCS providers. DCS currently requires CMHCs to directly contact the law enforcement agencies counties in which job applicants have resided. Many CMHCs utilize professional criminal background check services which meet and exceed DCS standards, but are unable to utilize those reports to satisfy background check requirements. This administrative burden is not only costly for CMHCs, but prolongs gaps in services for young Hoosiers and their families who need treatment.

**ADDICTION TREATMENT TEAMS AND ASSERTIVE COMMUNITY TREATMENT EXPANSION:** The Indiana Council seeks to expand last year's Addiction Treatment Team legislation from Recovery Works to the Medicaid program on a pilot basis. Operationalizing the Addiction Treatment Team legislation from the last legislative session is difficult because Recovery Works consumers in rural areas are relatively spread out. Due to the lack of billing opportunities, it becomes financially unviable to send mobile units to these Mental Health Care Professional Shortage Areas based on current reimbursement models. Expanding Addiction Treatment Teams and Assertive Community Treatment teams to the MRO program allows for greater penetration into rural and underserved areas, through an approved and existing federal program allowing service expansion to our most vulnerable Hoosiers.

**LIABILITY PROTECTION FOR ADDICTION TREATMENT PROVIDERS:** The Indiana Council seeks to pursue legislation granting some liability protection to Medication Assisted Treatment providers and for emergency responders administering Naloxone in response to an overdose. Many physicians, particularly those who have had bad experiences with MAT in other states, are leery of participating in MAT due to liability concerns. This concern negatively impacts the supply on an already limited pool of qualified MAT providers.

Additionally, emergency responders administering Naloxone in response to an overdose need liability protection. The perceived fear of liability should not be a variable when an emergency responder is deciding whether to administer a potentially life-saving drug.



101 W. Ohio Street, Suite 610  
Indianapolis, IN 46204  
317.684.3684 | [www.indianacouncil.org](http://www.indianacouncil.org)

Matt Brooks  
President & Chief Executive Officer