

Indiana Council of Community Mental Health Centers, Inc.

Legislative and Administrative Public Policy 2021 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.

Legislative and Administrative Action Required

TELEHEALTH: The Indiana Council seeks to ensure a continuation of telehealth services to provide comprehensive behavioral health treatment within Community Mental Health Centers in a post-COVID environment. The Indiana Council seeks appropriate reimbursement for telehealth services provided in different locations and utilizing multiple technology platforms to ensure mental health and addiction consumers can receive services regardless of location.

INTAKE REIMBURSEMENT: The Indiana Council seeks to work with FSSA on a reimbursement model for triage, intake, and assessment for behavioral health, including addiction. Such a model would support opportunities for consumers to receive early engagement and treatment and avoid unnecessary hospitalization or incarceration.

HOME HEALTH MODEL: The Indiana Council seeks federal approval for an integrated health home model in Indiana. Such a model promotes the integration of behavioral and primary care through the use of coordination teams within the community mental health system, while improving health outcomes for consumers.

ADMINISTRATIVE CONSIDERATIONS: The Indiana Council seeks to address administrative inconsistencies in numerous state agency requirements, such as criminal background checks and fingerprinting. Such administrative requirements are already a part of the Community Mental Health Center accreditation and credentialing process. Administrative burdens add to Community Mental Health Center costs and redirects limited funding away from direct consumer care. These administrative burdens are not only costly for CMHCs, but prolongs gaps in services for individuals and their families who need treatment.

STATEWIDE CREDENTIALING PROCESS: The Indiana Council supports implementation of previous legislation which required the state to implement an automatic, centralized, and efficient credentialing process for health care providers upon hiring. The current credentialing process utilized by 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. While legislation was previously passed by the Indiana General Assembly, it was not implemented by the Family and Social Services Administration. Improving the credentialing process improves access to care.

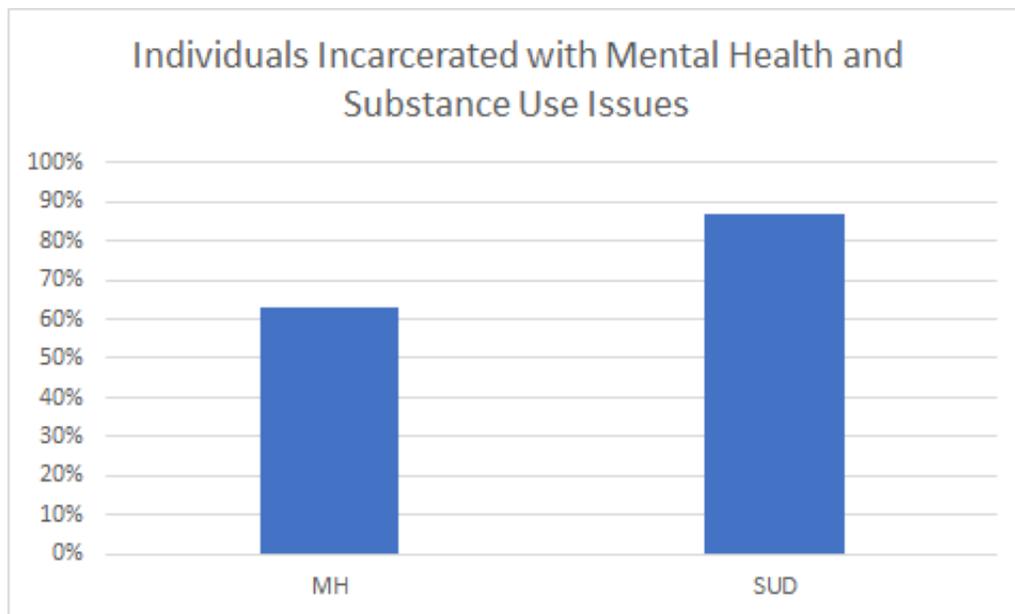


RESIDENTIAL ADDICTION SERVICES: The Indiana Council seeks to improve the residential addiction treatment ASAM 3.1 program by authorizing Medicaid Rehabilitation reimbursement in such facilities. The current ASAM 3.1 reimbursement rate is not sufficient to cover operational costs. As such, Medicaid Rehabilitation services should be available to ensure a more robust service delivery for consumers residing in residential addiction programs.

HOME AND COMMUNITY BASED WAIVERS: The Indiana Council seeks to work with FSSA to modify and improve the Adult Mental Health Habilitation program. This program was originally designed to provide habilitation services for consumers unable to move into mental health recovery. However, the program has numerous, burdensome administrative rules and limited opportunity for funding reimbursement. As such, the Indiana Council supports improvement to the AMHH program to provide intensive habilitation services.

MEDICAID REHABILITATION OPTION (MRO) REBALANCING: The Indiana Council seeks to actively work with FSSA to modernize the current MRO program by providing behavioral health professionals the opportunity to enhance clinical decision-making for consumers. This could be accomplished by improving rates associated with non-ADL billing under MRO using a cost analysis to justify rates related to services. Such an approach to MRO rebalancing will enhance the level of mental health and addiction treatment services being provided by community mental health without adding to state costs.

CRIMINAL JUSTICE: The Indiana Council seeks to ensure that behavioral health jail contracts are completed in cooperation with the designated CMHC serving the community where the jail is located or as directed by the county in special circumstances. Further, the Indiana Council seeks to improve the Justice Reinvestment Advisory Council (JRAC) to enhance representation of mental health and addiction treatment providers within the Council. The current structure of the Council is directed towards criminal justice approaches to mental health and addiction treatment. The Indiana Council seeks to pursue alternatives to the criminal justice system by redirecting such individuals away from incarceration and into treatment. According to the American Psychological Association 64% of individuals currently in jail suffer from mental health disorders. The Council of State Governments report that approximately 87% of incarcerated individuals abuse drugs or alcohol. County jails are not designed nor are staff appropriately trained to address mental health and addiction treatment services.



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