



of Community Mental Health Centers, Inc.



Update on 2018 Indiana General Assembly legislation Impacting Community Mental Health

Indiana Council Webinar Series
Indiana Council of Community Mental Health Centers
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HB1007 - Expanding Mental Health Access - Rep. Kirchhofer

- Requires OMPP to implement a centralized credentialing process for providers under the Medicaid program.
- Allows DMHA to grant approval for nine additional opioid treatment programs if operated by qualifying hospitals and CMHCs.
- Creates a new, one-year, temporary license category for mid-level mental health and addiction professionals who are pursuing required clinical supervisory hours needed for clinical licensure. Allows such individuals to maintain temporary license if examination is failed during one-year timeframe.
- Allows clinical social work experience hours obtained under a temporary permit to be counted supervised work experience requirements.
- Allows a temporary permit to be issued to an individual who either meets certain educational requirements or holds a diploma from an accredited institution.
- Provides that the temporary permits are not renewable.

Legislative Update - 1007

- Requires certain policies of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment provided by a licensed addiction counselor.
- Requires: (1) an accident and sickness insurer; and (2) a health maintenance organization; to provide provisional credentialing to a provider for which a credentialing determination is not completed in at least 30 days if certain requirements are met.

HB1059 - Professional Licensing Agency - Rep. Bacon

- Specifies that the statutes concerning behavioral health and human services professionals may not be construed to limit addiction counseling performed by certain students, interns, and trainees studying in certain institutions.
- Requires an individual who is licensed as an addiction counselor or a clinical addiction counselor to: (1) display a counselor license or a clear copy of a counselor license at each location where the addiction counselor or clinical addiction counselor regularly practices; and (2) include certain information on the individual's professional marketing material.
- Changes the educational accrediting body for licensed addiction counselors from the Commission on Recognition of Postsecondary Accreditation to the Council for Higher Education Accreditation (CHEA) and adds the National Addiction Studies Accreditation as accrediting body. Allows the licensing board additional flexibility with regard to accrediting g bodies accepted.
- Removes “treatment planning” and adds “group work” related to required curriculum for LACs and LCACs.

Legislative Update

HB1141 Community Mental Health Center Funding - Rep. Schaibley

- This is the primary bill this session related to county funding of CMHCs. The companion bill, SB 397, is no longer moving through the legislative process.
- Specifies the funding amounts that must be provided by counties to community mental health centers.
- Provides that a county's maximum funding amount for a year is equal to the maximum funding amount for the previous year multiplied by the percentage change in the county's general fund property tax levy, after subtracting circuit breaker credits (but provides that the maximum funding amount will not be less than the preceding year's maximum funding amount).
- Phases-in this change in the case of Marion County.
- Requires the department of local government finance (DLGF) to verify the maximum appropriation calculation as part of the DLGF's certification of the county's budget.

Legislative Update- HB 1141

- Specifies that the funding provided by a county to community mental health centers shall be used solely for: (1) the operations of community mental health centers serving the county; or (2) contributing to the nonfederal share of medical assistance payments to community mental health centers serving the county.
- Provides that unless otherwise agreed to by the county and the community mental health center, the county payment to the community mental health center shall be paid by the county treasurer to the community mental health center's at least as frequently as semiannually (in July and in December).
- Provides that a county's funding for community mental health centers where more than one operates shall be apportioned according to the proportion of: (1) the county's population residing in the primary service area of each center that is certified by the division of mental health and addiction; to (2) the total population of the county.

Legislative Update HB 1141

- Provides the governing board of a community mental health center must include a member of a county fiscal body or a member of a board of county commissioners, appointed by the board of county commissioners of the county where the community mental health center maintains its corporate mailing address.
- Requires the annual report by a community mental health center to be made to the DMHA and to the fiscal body and the board of county commissioners of each county located in the community mental health center's primary service area.
- Specifies certain information that must be included in the annual reports provided by community mental health centers.
- Requires DMHA to specify the format of the annual reports that must be provided by community mental health centers to counties.
- Requires DMHA to provide an annual report containing certain information to the county fiscal body and board of county commissioners of each county.

HB1220 - FSSA Matters - Sen. Kirchhofer

- Allows money in the mental health and addiction forensic treatment services account to be used as the state match under the Medicaid program. (Current law limits use of money in the account for the state match to the Medicaid rehabilitation program and the Behavioral and Primary Health Coordination program.)

SB 224 - Behavioral Health and Human Services Licensing - Senator Head

- Allows up to 50% of the supervised experience hours required for licensure as the following to be accounted for through virtual supervision by the appropriate supervisor: (1) Clinical social worker. (2) Mental health counselor. (3) Marriage and family therapist. (4) Addiction counselor.
- Requires an applicant for licensure as a mental health counselor or mental health counselor associate to complete a clinical practicum, an internship, or field experience in a counseling setting of at least 700 clock hours, including at least 66 hours of face to face supervision. (Current law requires an applicant for licensure as a mental health counselor or mental health counselor associate to complete a clinical practicum, internship, or field experience in a counseling setting of at least 1,000 clock hours, including at least 100 hours of face to face supervision.)

SB 363 - FSSA Matters - Senator Charbonneau

- Requires OMPP to reimburse Medicaid providers who provide medically necessary telemedicine services or telehealth services.
- A 2nd amendment has been filed on this bill being heard today in the House. The amendment would mandate that OMPP accept claims from providers within one hundred and eighty (180) days. As you may know, OMPP is proposing to require providers submit claims within ninety (90) days.

QUESTIONS?



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