Legislative and Administrative Action Required

TELEHEALTH: The Indiana Council seeks to include other behavioral health and qualified behavioral health professionals as it was during the pandemic executive orders. Currently the system employs approximately 3,000 of these individuals who work under a licensed professional and are the treatment team’s extender and are crucial to engaging with our clients. 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.

LICENSING: The Indiana Council supports legislation that expands universal licensure recognition language to behavioral health licenses under the State Psychology board and Behavioral Health & Human Service board while simultaneously supporting the implementation of physician and psychology compacts as well as other future compacts advocated for by other IPLA recognized behavioral health professions. The Indiana Council also supports the modernization and increasing digitization of the IPLA licensing process.

WORKFORCE: The Indiana Council supports legislation for mental health and substance use disorder treatment tuition assistance, scholarships, and loan repayment.

The Indiana Council supports the state undertaking a Medicaid rate study of select behavioral health and substance use specific service types to include psychotherapy CPT codes, Medicaid Rehabilitation Option rates and structure, certified peer recovery services, and substance use disorder treatment residential and transitional residential per diem.

The Indiana Council supports legislation that requires the State to develop a plan for the continuation and expansion of the Certified Community Behavioral Health Center (CCBHC) grantee program, while developing infrastructure and implementation of Prospective Payment System rate methodology along with transition of all current CMHCs to the CCBHC model over a period of 3 years. CCBHC service requirements shall be considered an emerging best practice for comprehensive behavioral health service providers accredited by the Division of Mental Health & Addictions. Transition to CCBHC model implementation shall consider needed support to Medicaid Rehabilitation Option during this transition and determining where it fits within this new payor structure.

The Indiana Council supports a study regarding the barrier of criminal record barriers to employment in behavioral health including certified peer recovery positions and other behavioral health professionals.
ADMINISTRATIVE CONSIDERATIONS: The Indiana Council seeks to work across state government entities;

- To streamline the intake process
- Identify and address duplicated reporting
- Improve the credentialing process
- Address administrative inconsistencies in numerous state agency requirements, such as criminal background checks and fingerprinting.
- Improve Mental Health Literacy
- Continue work with Managed Care Organizations in reducing the administrative burden

Being solution focused will enhance and enable the services of the CMHC system which will allow us to meet the increased demand for services.